

Colorado Asian Health Education Program (CAHEP) Clinic
Elective Curriculum Overview

I. Educational Purpose and Goals

BACKGROUND:

CAHEP is a safety net clinic that began in 2003. They deliver a broad range of health care services to medically underserved and uninsured populations, regardless of a patient's ability to pay. CAHEP works in collaboration with underserved individuals and families in the Asian-Indian, Korean, Thai, Filipino, Chinese, Vietnamese, Cambodian, Burmese, Laotian, Nepalese, Mongolian, Japanese, Pacific Islander, Cambodian, Bhutanese, Samarian, Iraqi, Iranian, Sudanese, Somali, Hmong, and other Arabian and Eastern European communities to improve their overall quality of life. The majority of the patients seen at CAHEP are recent immigrants or refugees.

Thirty nine percent (39%) of patients seen at CAHEP have no insurance; 44% have an annual household income of less than \$25,000; 28% did not complete high school; 29% do not speak any English; and 35% speak very little English. The Robert Wood Johnson Foundation Commission to Build a Healthier America reports that the medically uninsured face increased morbidity and mortality from essentially all illnesses as a result of disparate access to care. Furthermore, significant gaps in morbidity and mortality occur between different income levels, with the lowest income earners carrying the highest burden. For both men and women, more education often means a longer life. Limited English proficiency creates gaps in health literacy and contributes to health disparities. (Robert Wood Johnson Foundation 2009) Thus, the population served by CAHEP is underserved and vulnerable in multiple dimensions, including poor access to care.

PROPOSED CURRICULUM:

We propose to develop a site of practice for the Internal Medicine Residency Program at CAHEP. This will expand underserved clinic opportunities for our Internal Medicine residents and expose them to new models of caring for underserved populations. CAHEP is an underserved clinic site that provides patient navigators, case managers, and patient self-management training. In addition, this will add a diverse, underserved minority population that residents will have the opportunity to work with. Curricular content will include topics in refugee/immigrant health, working with limited English proficiency patients, working with patient navigators, and cultural competency.

EDUCATIONAL GOALS:

The goals of clinical rotations at CAHEP are:

- A. To expose residents to the healthcare needs of refugees
- B. To allow residents to work directly with the underserved and to leverage their clinical experiences and advocacy skills to promote community health
- C. For residents to experience working in a patient-centered clinic—with patient navigators, case managers, mental health services, and a curriculum focused on care of the

- undeserved—to prepare them to care for underserved populations and experience a positive model of primary care practice
- D. To increase cultural competence in our residents

II. Principle teaching methods

A. Supervised Direct Patient Care:

Residents will see patients in the outpatient setting. Residents will be supervised by CAHEP clinic providers, including non-physician providers, as well as University of Colorado General Internal Medicine Faculty. Emphasis will be placed on patient care, education, and advocacy within the structure of a patient-centered clinic for an underserved population. Communication skills and cultural competency in this setting will be a major focus of resident education.

B. Didactic sessions

Residents will attend any offered Internal Medicine Residency core didactic lectures while on these rotations, including Medical Grand Rounds and the weekly Wednesday morning conference series. In addition, residents who rotate at CAHEP while participating in the elective, Preparing for Global Health Work, will attend two weeks of didactic sessions covering topics pertinent to global health, instruction in performing basic microscopy, and small group case sessions. Residents who rotate at CAHEP while participating in the elective, LEADS Graduate Level Elective, will attend 3 weeks of didactic sessions in the mornings covering topics pertinent to leadership, health policy, health care systems, and advocacy skills.

III. Educational Content

A. Mix of diseases

Patients seen at CAHEP have a mix of chronic medical problems and diseases or medical problems unique to the immigrating and refugee population, such as latent and active TB, parasitic illnesses, and mental health disorders.

B. Patient characteristics

Patients are recent immigrants or refugees from wide ranging countries of origin.

C. Learning Venue

Patients will be encountered at the Colorado Asian Health Education Program Clinic

D. Procedures

Residents will learn to interpret tests related to caring for general internal medicine-related illnesses as well as testing specific to the refugee and recent immigrant population such as tuberculosis screening.

E. Ancillary Services

1. Primary care faculty and CAHEP clinic providers
2. Patient navigators
3. Case managers
4. Nursing Staff

5. Ancillary staff

F. Structure of Rotation

The rotation will consist of weekday, business hours without on-call duty or weekend hours. Structure of rotation will vary depending on resident elective:

1. LEADS Graduate Level Advocacy Elective—in conjunction with the existing graduate level elective, residents will have an underserved clinic opportunity at CAHEP.
2. Clinic Elective—A month-long clinical elective working with the underserved.
3. Continuity Clinic—a continuity clinic experience for IM residents will be developed at CAHEP.
4. Preparing for Global Health Work Elective—Residents will rotate at CAHEP to gain exposure to refugee and immigrant populations in addition to rotating at the Denver Public Health Tuberculosis clinic, Sexually Transmitted Diseases clinic, and Travel Medicine Clinic.

IV. Principal Ancillary Educational Materials

- A. All residents and managing staff will be provided with a Curriculum and Learning objectives prior to the start of each rotation.
- B. Residents in the Preparing for Global Health Elective will be provided with an extensive collection of the most recent literature in diverse topics in Tropical Medicine and Global Health.
- C. Residents in the LEADS Graduate Level Elective will be provided resource materials on leadership, health policy, healthcare systems, and advocacy skills.
- D. Full library services are available on-line and on campus through the Denison Library at the University of Colorado School of Medicine Anschutz Campus.

V. Methods of Evaluation

A. Resident Performance

1. Faculty complete computerized resident evaluation forms. The evaluation is competency-based. The evaluation is shared with the resident, who receives a copy, and is internally reviewed by the residency office. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.
2. In person feedback is given both at mid-month and at the end of the rotation.
3. Residents will evaluate both the rotation and the supervising faculty. These evaluations will be done anonymously.
4. Residents participating in the Preparing for Global Health Work will take a written exam, graded pass/fail, based on the didactic portion of the elective. The exam is graded by the course directors and reviewed with the residents at

the end of the two week didactics. Results of residents' performance is provided to the residency director for review and inclusion in the resident file.

5. Residents participating in the LEADS Graduate Level Elective will be graded pass/fail based on attendance, class participation, and completion of assignments.

B. Program and Faculty Performance

1. Upon completion of the rotation, residents complete a service evaluation commenting on the faculty, facilities and service experience. Evaluations are reviewed by the program and attending faculty physicians receive anonymous copies of completed evaluations. Collective evaluations serve as a tool to assess faculty development needs. The Training and Evaluation Committee reviews results annually.

VI. Institutional Resources: Strengths and Limitations

A. Strengths

1. Faculty and providers. Faculty at CAHEP are also faculty in the Division of General Internal Medicine at University of Colorado School of Medicine and have won numerous teaching awards. Non-MD providers at CAHEP have extensive experience providing care to the unique population of recent immigrants and refugees in a patient-centered clinic.
2. Clinic Model. CAHEP provides care in a multidisciplinary patient medical home system.
3. Patients. CAHEP patients come from diverse cultural and socio-economic backgrounds, are all recent immigrants or refugees. The patients have a mix of common chronic medical problems and issues unique to the immigrant and refugee population.

B. Limitations

Depending on the structure of the rotation, residents may not experience continuity of care for the rotation block.

VII. Rotation Specific Competency Objectives

A. Patient Care

Residents at all levels of training will provide direct patient primary care to patients at CAHEP. They will gain exposure to a unique population of patients—primarily refugee, immigrant, and Asian-Pacific Islanders from over 32 different ethnicities. PGY1 residents will develop their history taking skills with patients who limited proficiency in English and PGY 2 and PGY3 residents will refine these skills. Residents at all levels of training will refine physical exam skills, describing the physiological and anatomical basis for normal and abnormal findings. Residents of all levels will develop their skills in Medical Decision Making, developing a differential appropriate to the immigrant/refugee patient population and a management appropriate for a limited resource setting.

B. Medical knowledge

Residents of all levels of training will gain knowledge regarding the health issues that face refugees and recent immigrants. Residents will gain knowledge in the diagnosis, treatment, and management of common chronic conditions in populations with limited resources.

C. Practice-based learning and improvement

Residents of all levels of training will review the literature regarding the health needs of refugees and underserved populations and may participate in CAHEP clinic quality improvement projects.

D. Interpersonal and communication skills

Residents of all levels of training will learn how to work with patients that have limited English proficiency; residents will gain skills on using patient navigators to improve the health of their patients; residents will learn best practices in using an interpreter.

E. Professionalism

Residents of all levels of training will demonstrate sensitivity to the unique health needs of the patients served by CAHEP and understand the ethics of working with underserved populations.

F. Systems-based Practice

Residents of all levels of training will experience components of the patient centered medical home, including the use of patient navigators, integrated mental health services, and case managers to improve the health of the patient population; residents will evaluate patients for the social determinants of health and suggest possible system changes to improve the health of the community.