



# AHEC Scholars Program Curriculum Handbook

INAGURAL CLASS 2018

## The Arizona Area Health Education Scholars Program

### Curriculum Handbook

**Introduction.** The Arizona AHEC Scholars Program (ASP) is a two-year interprofessional program comprised of community-based experiential training conducted in rural and/or underserved settings within each of the Arizona AHEC five regional centers. The ASP builds from the Rural Health Professions Program (RHPP) and curriculum content devised in collaboration with each participating RHPP program and each regional AHEC center.

To become an AHEC Scholar, Fellows must apply and be accepted into their participating college's RHPP program. Each RHPP program is responsible to recruit and select AHEC Scholars and evaluate outcomes.

The AHEC Scholar's application is conducted online and available at:

[AzaHEC Scholars Program Application](#)

The ASP enhances health profession Fellows' RHPP program by providing an advanced, interprofessional community-based experiential fellowship program of study.

A \$2,000 stipend is provided for Fellows participating as ASP fellows. The stipend is provided to assist covering a student's general living expenses. Stipends are payable at the beginning of the semester by the sponsoring regional AHEC center twice each year for two years (\$500 fall term 2018 and 2019; \$500 spring term 2019 and 2020) for a total of \$2,000.

**Background.** The ASP is a new program that is supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration and the Arizona Area Health Education Centers Program with financial support from the Arizona Lottery. The goal of the Arizona ASP is for fellows to acquire deep knowledge about rural and underserved populations and communities specifically through interprofessional and collaborative practice educational innovations. Fellows learn about rural and medically underserved populations and communities from multiple disciplinary and community perspectives and fellows learn to contribute meaningfully as members of interprofessional teams collaborating with an assigned regional AHEC center.

Transformative learning as described by the Institute of Medicine Committee on Educating Health Professionals to Address the Social Determinants of Health's (SDOH) framework for lifelong learning for health professionals in understanding and addressing the social determinants of health will guide community-engaged learning for AHEC Scholars.<sup>1</sup> Core components of transformative learning in the educational domain of this framework include experiential learning, collaborative learning, integrated curriculum, and continuing professional development. These components are embedded in the ASP curriculum.

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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *A framework for educating health professionals to address the social determinants of health*. Washington, DC: The National Academies Press. doi: 10.17226/21923.

Again, the ASP elevates select Fellows to complete a two-year fellowship that advances IPE RHPP training. Basically, the ASP is “tier two” of Arizona’s 20+ year, mature RHPP program and transforms learning about rural and MUCs through IPE and team based collaboration. Additionally, all ASP fellows must be admitted to and complete the RHPP program operated by each participating school. The ASP also does not substitute any disciplinary requirements each student must complete in their respective college to receive their degree. It is up to the participating college to determine where ASP program requirements may also meet degree requirements. The AzaHEC does not get involved with any college’s academic requirements and decisions about acceptable learning activities to achieve the degree.

The learning strategies presented in this handbook summarizes collaborative planning by the RHPP Directors, the AzaHEC Program, and the Regional AzaHEC Center Directors. The curriculum moves from introduction through immersion with collaborative learning activities comprised of IPE didactic seminars, simulation, community immersion, and community engaged experiential learning.

### **ASP Learning Objectives:**

Objectives of the Arizona AHEC Scholars Program includes the following:

- ASP fellow teams are the central feature of rural and/or medically underserved interprofessional, community-based experiential learning designed to develop skills to enhance ability to work collaboratively with members of the care team, rural patients, and rural and medically underserved communities (MUC)
- Patients (defined as individuals, families and/or communities in this model) are partners in shaping and delivering the educational experience
- The ASP learning model is progressive from introduction through informed dissemination allowing Fellows to immerse and integrate rural/MUC health practice and theoretical community-engaged principles
- The curriculum is reflective promoting active learning and critical inquiry
- Fellows learn from directly engaging the community as teams guided by faculty and the regional AHEC centers to gain understanding of core issues including social determinants of health, cultural competency, behavior health integration, practice transformation and current and emerging health issues
- Learning activities grow in complexity from introductory experiences such as windshield surveys, reflective journaling, to community assessments, simulated case learning, team-based scholarly projects, and professional presentations and dissemination throughout a two-year program
- The learning model facilitates collaborative relationships between fellows and academic institutions, faculty mentors, community agencies, community members, patients, and providers

**Strategies to Achieve Program Goals:** The ASP is at minimum a two-year commitment (80 hours per year inclusive of didactic and community-based experiential learning activities). Students may extend the time to complete beyond two years as long as faculty approves the

extension. Students must complete all components of the program before graduation to receive the certificate of completion.

The ASP does not grant the fellow's disciplinary degree and completion of the degree is not dependent on completion of the ASP. Fellows receive their respective degree from their home program. A Certificate of Completion from the ASP is given to recognize successful completion of the ASP program. Completion of the ASP program does not replace requirements Fellows have for their respective RHPP program. The ASP is meant to enhance the RHPP experience by providing advanced interprofessional education and collaborative experiences to critically immerse, integrate and disseminate information about rural and/or urban underserved communities and what it means to practice in such settings.

The ASP also is not a substitute for supervised clinical practice requirements that fellows may need to complete degree requirements. Any direct patient care experience must follow standard placement protocols of the respective college including the appropriate execution of clinical affiliation and/or preceptor agreements and the appropriate faculty supervision and evaluation. Approval of direct patient care experiences as a component of the ASP must be vetted through the RHPP directors and evidence of appropriate placement protocols as required by the participating college must be on file with the AzaHEC program office.

**Conceptual Learning Model.** The ASP learning model is based on progressive learning building through four interrelated phases inclusive of introduction to rural and medically underserved communities (MUC), immersion in select rural and MUCs, integration of select principles of rural and MUCs practice and informed dissemination.

Introduction is designed to rapidly familiarize Fellows to the basic concepts and vocabulary about rural and MUCs, team-based learning and collaborative practice, core concepts underpinning the program, and strategies to succeed in the ASP. Core topics include social determinants of health, cultural competence, behavioral health integration, practice transformation, and current and emerging health issues. Additional topics include methodologies and techniques related to required learning activities.

Immersion involves direct engagement with select populations within the Fellows' assigned regional AHEC center. Populations may include individual patients, families and/or communities and recognizes variations and unique characteristics of Arizona's communities and regional AHEC centers. Again, direct patient care must be approved through the protocols of the participating college with all necessary affiliation agreements and preceptor agreements current for the experience.

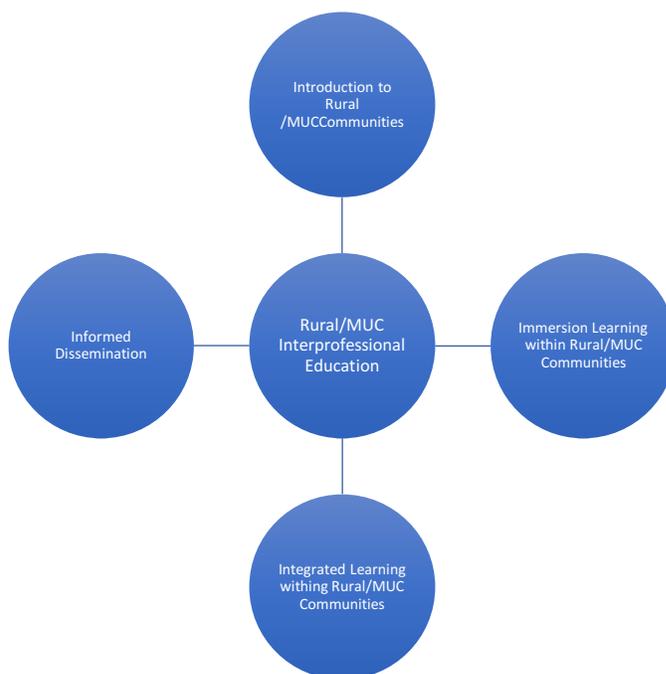
Learning activities are designed to provide a broad range of engagement within the communities and foster team-based, collaborative interactive work to assess and work on select problems identified within their population of interest. Fellows learn about and with each other as well as community partners. Learning is a hands-on experience where fellows apply theoretical knowledge to assess their population of interest. Fellows should anticipate spending time in their assigned communities as well as time with their team. Fellows will stay in the same team cohort and community throughout the duration of the ASP.

Integration involves student teams working together on a hand-on scholarly project identified from their population of interest and assessment activities. Select seminars will focus on methodologies relevant for the projects. Completing the seminars and scholarly project is designed to expand the experience and competencies of the fellow as well as influence practice location choice after graduation. Integration is designed to empower ASP fellows and involves synthesis of content, teaching, learning, knowledge about rural and MUC, as well as outreach and community engagement to prepare ASP graduates with practice-ready team-based skills to effectively work with rural and MUCs.

Informed dissemination prepares ASP fellows with skills to present and disseminate their work to professional and community-based audiences.

The Arizona AHEC Scholars Conceptual Learning Model is shown in Figure 1 below.

**Figure 1: Arizona AHEC Scholars Conceptual Learning Model**



The following section describes the requirements for the ASP. A snapshot of timeline is shown in Table 1, page 13.

### **I. Introductory Community-based Experiential Interprofessional Learning**

**Timeline: ASP year one:** The first phase of the AHEC Scholars (AS) curriculum involves introducing fellows to rural communities through each of the five Arizona AHEC Regional Centers. Each Center will sponsor an AS team comprised of fellows from the RHPP programs of the University of Arizona (UA), Arizona State University (ASU) and Northern Arizona

University (NAU). The disciplines include the UA Colleges of Medicine, Tucson and Phoenix (COM-T and COM-P), the UA Colleges of Nursing (CON), Pharmacy (COP), and Public Health (COPH) as well as the ASU and NAU Colleges of Nursing. Fellows include medical, nurse practitioner, pharmacy, and public health students.

Introduction involves two activities:

1. Didactic Orientation and monthly seminars
2. Community Orientation

Orientation occurs on June 9, 2018, as a one-day introduction to the AHEC Scholars Program (ASP). Attendance is mandatory for all fellows participating in the ASP. Electronic connection and archived materials will be provided for fellows that will not be on campus before August and includes the following:

- Review of the ASP expectations
- Introduction of interprofessional education and collaboration expectations
- Introduction to the AHEC Regional Centers
- Introduction to Core Topics underpinning learning experiences

Community orientation and immersion begins the weekend of August 24, 2018 and includes the following:

- Each student team will spend time in their sponsoring AHEC regional center community
- The team will conduct a windshield survey and prepare a written summary that will be submitted to their faculty mentors by (insert due date)
- Participate in local learning activities sponsored by the AHEC regional center
  - Submission of reflective journaling as a result of participating in local learning activities
    - Reflective journaling guidelines are shown at the end of this section

Seminars will occur monthly beginning in September. Electronic delivery of the seminar will occur and fellows will be emailed a link on how to access the seminar. After the presentation fellows will convene electronically with their faculty mentor for greater discussion about the presented topic.

**Guidelines for conducting a windshield survey:** In collaboration with the regional AHEC director choose a community within your regional AHEC center’s geographic location that is within driving distance of the regional center (your host location when staying in the community). Conduct a “windshield survey” by driving through the community and viewing it through the car windshield. Note condition of the streets, houses, types and sizes of homes, businesses, evidence of home and business upkeep. Notice if homes have gardens, air conditioners, TV cable and/or cable/satellite dishes. Observe for evidence of community sanitation, locations of schools, churches and other significant community institutions and resources. Observe for evidence of community culture as expressed by community symbols (e.g. signs that mark town limits, evidence of community centers, planned development such as main street development). Write your team’s summary report that should **not to exceed 3 pages**.

**Expectations for Seminar Attendance:** Fellows are required to attend the seminars and participate in facilitated discussion with faculty mentors. Attendance may be electronic.

### Reflective Journaling

Reflective journaling provides evidence of reflective thinking about critical learning event(s) that happen when fellows are in the community. Fundamentally, critical reflection allows fellows to reflect on their actions and engage in continuous learning and improve skills as a health care provider.<sup>2</sup> Fellows should select a significant learning event and reflectively analyze what that event contributed to having better understanding and practice better in a rural and/or urban medically underserved community.

A good theoretical discussion about reflection is provided in the following article

- Sadlon, P. The process of reflection: A principle-based concept analysis. *Nursing Forum*. 2018; 1-5. <https://doi.org/10.1111/nuf.12251>

A practical article about why journaling matters in health science education and how to do it is provided in this article:

- Koshy, K., Limb, C. and Jafree, D. Reflective practice in health care and how to reflect effectively. *International Journal of Surgical Oncology*. 2017. July; 2(6): e20

Throughout the fellowship reflective journaling should occur about learning experiences that occur in the field. A minimum of one journal entry per semester is expected. Fellows should prepare a concise, short write-up of their experience and include the following:

**Situation:** what actually happened and in what order; state in detail what happened without emotions, reflection or assumptions. This does not have to be a situation that went well or as planned. Write as much as needed. Include your role and the final outcome.

**Affect and emotional state:** what was the impact of the situation personally (e.g. how it affected you personally, your emotions, what you felt). Again, the affect can be positive or negative.

**Interpretation about what happened:** why did it happen? what was learned from the experience? Explain how the learning confirms or contradicts personal prior knowledge, theories, or understanding. Was it different from what you learning in class? Could the situation have been managed differently? What did you do well?

**Decision and how practice will be changed:** what decision(s) were made to become a better health care provider? How will this decision impact future practice (e.g. what might you change, do differently, and/or do better).

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<sup>2</sup> Koshy, K., Limb, C. and Jafree, D. Reflective practice in health care and how to reflect effectively. *International Journal of Surgical Oncology*. 2017. July; 2(6): e20

## II. Immersion in Community-based Interprofessional Experiential Learning

**Timeline:** Begins in August 2018 and concludes in May 2019 of ASP year one. Fellows move from introduction to integration with progressive learning activities.

The second phase of the AHEC Scholars (AS) Curriculum involves moving from introduction to immersion of Fellows within rural and medically underserved communities through each of the five Arizona AHEC Regional Centers. Immersion and integration are longitudinal learning experiences and follow tenets of transformative learning as described by the Institute of Medicine Committee on Educating Health Professionals to Address the Social Determinants of Health's *framework for lifelong learning for health professionals in understanding and addressing the social determinants of health* will guide longitudinal community-engaged clinical immersion.<sup>3</sup> Core components of transformative learning of this framework include experiential learning, collaborative learning, integrated curriculum, and continuing professional development.

Immersion is a community-engaged educational experience and depends on beneficial partnerships between the UA and the communities where students will be placed. The AzaHEC has 30 years of strong, local and regional engagement with Arizona communities and each regional center serves as a host and sponsor site for community-engaged experiential learning. The ASP is contingent upon co-learning with other disciplines and health professionals and the interprofessional and collaborative learning planned throughout the ASP occurs in and with the communities. Each participating AzaHEC regional centers will provide local contextual learning opportunities for AHEC Scholar trainees to learn about the residents and communities. In collaboration with the regional AzaHEC centers the ASP project-based learning opportunities give fellows opportunities to confront real SDOH situations to gain better understanding of them within teams where they also learn from and about each other. Table Two at the end of this handbook provides sample learning activities available in each regional center. Immersion activities involves the following activities:

1. Continuing reflective journaling
2. Conducting a community assessment
3. Identifying one challenge from the assessment that serves as a foundation for a team-based scholarly project that will be done in year two
4. Attending the Interprofessional Rural Health Professions spring conference

### **Guidelines for conducting a community assessment:**

The community assessment and written report is a team project. Fellows will select a community within their regional AHEC to conduct the project. Each team will determine roles and responsibilities of each team member. As one example, the team may choose to divide the work into two processes such as certain team members will visit the community to collect data

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<sup>3</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *A framework for educating health professionals to address the social determinants of health*. Washington, DC: The National Academies Press. doi: 10.17226/21923.

whereas other team members will conduct all electronic data searches such as Census Bureau and other public health information. Other team members may be responsible for organizing and cataloging data coming in from those in the community and those who do electronic data searches.

### **Format for the Written Community Assessment Report**

The community assessment report should be written in a scholarly fashion and written in APA format. Number all pages (the title page is number 1) and refer to references in the text using the author, year format. Use double spacing, and you do not need to use a running head. The paper should follow the format listed below. The report is due April 1. This is a team-based paper, meaning only one paper is submitted by students assigned to each regional centers.

Preparing team-based papers often occurs in the real world. Examples include grant proposals, team-based research reports, and business plans. A component of this paper is to learn how to negotiate team member responsibilities and expectations including how to give credit to members who contribute to the paper. As an example, this can take the form of crediting authorship (e.g. who should be first author to last author depending on how much the team member contributes).

An example of the team-writing process can be viewed online at the University of North Carolina, Chapel Hill at: <https://writingcenter.unc.edu/tips-and-tools/group-writing/>

### **Title page (page 1)**

**Executive Summary (page 2).** The executive summary is the abstract of the assessment. It should include information on how the assessment was conducted, the important findings and principal diagnoses.

### **Body of the Paper**

- 1) Table of Contents
- 2) Purpose Statement and Methods
- 3) Assessment Data
- 4) Description of the Community Core and Windshield Survey
- 5) List the demographic characteristics of the community
- 6) List health status data for the community
- 7) Physical environment and windshield survey
- 8) Describe the history and culture of the community
- 9) Presentation of the Community Subsystems
- 10) If data is presented in a table, interpret the table in the text. Interpretation means identify the important points for the reader. For the following subsystems, be sure to include the specified information
- 11) Physical environment: Include information on air quality (EPA standards) and status of rivers, lakes, etc.
- 12) Communication: Include the proportion of households without telephone service and

- without mail delivery
- 13) Economics: Include a description of the grocery stores available in the community.
  - 14) Safety and Transportation:
  - 15) Identify the number of households without private transportation.
  - 16) Describe water, sewage, and garbage collection
  - 17) Water supply: identify the percent of households served by city water, individual household wells, and cisterns, tanks, or trucked water. Is the water supply chlorinated/fluorinated? Is the water supply monitored for biologic or toxic contaminants?
  - 18) Wastewater removal: Identify the percent of households served by sewer & central treatment facilities, septic tank, other (e.g. cesspools). Is the integrity of the system monitored? Is there control and monitoring for toxic contaminants?
  - 19) Garbage collection: Identify the percent of households with public garbage collection services, including disposal of large items, & private or no services. How is garbage treated?
  - 20) Electrical service: Identify the percent of households without electrical power.
  - 21) Assessment of Community Competence
  - 22) Provide data on each dimension and develop your assessment based on the data.
  - 23) Analysis and Results of Assessment:
    - Develop a rural impact profile. Identify the impact of rural on the community and describe the implications for health and health care services.
    - For each subsystem, summarize the important findings and describe the implications for health and health care services in the community.
- XXIV. Conclude with statement of problem for scholarly project.** This is a short statement where the team identifies a significant health issues of the target community. Provide the rationale for why this is an issue based on evidence from the community assessment.

## **References**

### References:

List your references using APA format on a separate page.

Tables and graphs: Put each table or graph on a separate page and attach in order after the references.

## **Tips for the paper's development: Obtaining vital statistics electronically**

1. Go to the following website: <http://www.azdhs.gov/preparedness/public-health-statistics/index.php>. Look for county vital statistics for the county of the community selected for assessment. List major health indicators. Identify where county health indicators exceed national health averages. What are the health care implications?
2. Go to the following website: <https://census.gov>. Find census data for Arizona. Find data for the selected county/community. Describe the populations characteristics for the selected county. What can you infer about health care needs from general demographic data?

### **Annual Spring Interprofessional Rural Health Professions Conference:**

AHEC Scholars are required to attend the annual Interprofessional Rural Health Professions Conference held each spring in April (dates announced annually). Year one teams are encouraged but not required to submit a poster for presentation based on their community assessment. Teams who do submit a poster should include the following elements in the poster:

Title: (Example) “A Community Assessment of Globe, Arizona”

Purpose: (Example) “The purpose of this presentation is to report the results of a team-based field experience in X community”

Methods: Describe the team’s approach and strategies for conducting the assessment

Findings/Outcomes: Describe the community; Summarize key rural or urban medically underserve, and concepts about the community; Summarize key health challenges that will underpin a scholarly project (scholarly projects may also have implications for health policy); describe the next steps are with respect to the team’s scholarly project

Teams should inform the AzaHEC program office of their intent to present a poster at the conference by contacting [insert email link] no later than three weeks before the conference date.

Year two fellows are required to do an oral podium presentation of their scholarly project. Guidelines follow in Section IV.

### **III. Integration in Community-based Interprofessional Experiential Learning**

#### **Timeline: ASP year two (August 2019 through May 2020).**

The third phase of the AHEC Scholars (AS) Curriculum involves moving learning from immersion to integration by enhancing community-engaged experiences of fellows within rural and medically underserved communities through each of the five Arizona AHEC Regional Centers. Integration involves the following activities:

1. Conducting of a scholarly project related to the health problem identified in the community assessment using a process of quality improvement.
2. Preparation of a written scholarly report.
3. Continuing reflective journaling
4. Participating in seminars designed to inform conduct and write-up of scholarly project

**Guidelines for the Scholarly Report are as follows:** The scholarly paper is a short, well-written paper that is an opportunity to conduct, analyze and demonstrate and synthesize knowledge related to the team’s selected scholarly project about their rural and/or urban medically underserved community.

Page limits apply to the body of text of the paper. The paper should not exceed 15 pages of text (minus title page, references, tables, figures and charts). Evaluation will focus on the text of the paper. Evaluation will also take into consideration the topic, the strength of the presentation and argument(s) presented within the paper, the quality of supporting data, the quality of writing style, and the grammar and overall aesthetics of the paper’s appearance.

Teams should think about this paper as a potentially publishable manuscript. General style guidelines are as follows:

Style: APA

Length: 15 pages

Title Page: Follow APA Style

Abstract: the abstract should briefly summarize the paper in no more than 300 words. The abstract should contain the purpose, key points/findings and conclusions of the paper. Do not include abbreviations or references in the abstract.

Key Words: Identify three key words that reflect the nature of the paper. The key words can be listed after the abstract on the abstract page.

Text, Tables, Figures, References, Appendices: Follow APA Style

The paper is due by April 1, 2020

Again, only one paper is presented per assigned regional center. Again, an example of the team-writing process can be viewed online at the University of North Carolina, Chapel Hill at:

<https://writingcenter.unc.edu/tips-and-tools/group-writing/>

#### **IV. Informed Dissemination about Community-based Interprofessional Experiential Learning**

The final phase of the AHEC Scholars curriculum involves moving from integrated learning to professional informed dissemination by the ASP teams and this phase prepares Fellows to present findings to professional audiences. Informed dissemination involves a *required oral presentation of the scholarly paper at the Interprofessional Rural Health Professions Conference.*

Guidelines for Team Presentation at the Interprofessional Rural Health Professions Conference:

- Prepare a PowerPoint presentation of the team's paper and submit this to the conference organizer (details will be sent separately). Provide a statement from the team's faculty mentor that the mentor has reviewed the presentation and approves readiness for submission.
- The presentation should follow the format of the scholarly paper.
- Submit the PowerPoint and abstract from the scholarly paper. These will be published in conference proceedings for attendees.
- The team will have 20 minutes to present. Three teams will present within 60 minutes. Teams should allow about 5 minutes of their allotted time for questions from the audience.

**Fellows Evaluation and Evidence Achieve Certificate of Completion:** Evaluation is done by participation. The experiences are not graded. The program engages fellows through immersion in a select rural or urban medically underserved community and provides skills to meaningfully engage communities, work effectively with each other, and impact future practice.

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<b>Table 1: Two-Year Snapshot of AHEC Scholars Program (ASP)</b>												
Summer Year One		Summer Year One		Fall Year One				Spring Year One				
May	June	July	August	September	October	November	December	January	February	March	April	
AHEC Scholars IPE Orientation 6 hrs		Community Immersion (sponsoring AHEC Center) 16 hrs		Seminar 2 hr  Assessing health disparities and social determinants of health in community settings (HRSA core topic)	Seminar 2 hr  Cultural Competency Why it matters (HRSA core topic)	Seminar 2 hr  Challenges experienced by rural and MUC health service systems (bring in behavior health integration)	Simulation 2 hours)	Simulation 2 hours	Seminar 2 hr  Current and emerging rural and MUC issues (e.g. Opioid Epidemic)	Seminar 2 hr  How to develop and present a professional poster	IPE RHPP Conference 12 hr  Community Assessment Paper due  Optional Poster Presentation Due	
		Windshield survey completed during this immersion experience  Reflective Journaling Begins		16 hours of community-based experiential work to conduct a community-assessment as arranged between the fellow teams and the regional AHEC center director  Reflective Journaling Continues				16 hours of continued community-based experiential work to conduct a community-assessment as arranged between the fellow teams and the regional AHEC center director  Reflective Journaling Continues				
Summer Year Two		Summer Year Two		Fall Year Two				Spring Year Two				
May	June	July	August	September	October	November	December	January	February	March	April	
Community Assessment or Community-based project 24 hours Identification of scholarly project topic at conclusion of written community assessment  Reflective Journaling Continues				IPE Community Immersion rural, MUC 16 hrs to develop scholarly project 6 hours online learning related to development of scholarly project (e.g. action research methods; quality improvement methods; root cause analysis)  Reflective Journaling Continues				IPE Community Immersion rural, MUC 24 hrs Emphasizes time to complete scholarly project paper Includes seminar on how to prepare a professional presentation  Reflective Journaling Concludes				Presentation @ IPE RHPP Conference 12 hours

**Table 2: Regional AHEC Center Potential Immersion Experiences**

				
<p><b>EAHEC</b> Offer the students an opportunity to meet with and hear from local leaders, medical providers etc; panel format. Regarding the most pressing rural issues as they relate to our area. An emphasis will be placed on current health care needs and expected needs for the future. A Q &amp; A opportunity will then be offered to the students.</p> <p>An educational class specifically taught by EAHEC staff can be offered on the following topics (to be chosen by faculty): Leadership; Communication; Generational Differences; Cultural Competency; Emotional Intelligence; Conflict Resolution; Stress Management; Time Management; Soft Skills Training. This class is approximately 1 hour.</p> <p>If we do not have time to do a tour of sorts of the community, including San Carlos we will</p>	<p><u>Homeless and food insecure populations:</u> Genesis Project Apache Junction presentation and participate in hot meal service. Presentation on Pinal homeless count project coordinated by the Community Action Human Resources Agency and United Way of Pinal County. St. Vincent, St. Mary’s, United Food Bank, Lifebridge Community Alliance presentation, tour and volunteer experience.</p> <p><u>Senior population experience:</u> Sensory training such as Walk in My Shoes, partnering with Pinal Gila Council for Senior Citizens. Falls Prevention program with Aging Studies Project ATSU. Chronic Disease Self-Management with Arizona Living Well Institute. Senior SNAP and TANF programs. Health Fair or health screenings type experience at a senior living facility such as Beatitudes in Phoenix.</p>	<p><b>NAHEC</b> Overview: IPE windshield survey which would take about 4 hours total (intro, community visits &amp; debriefing), with facilitated interprofessional cases at the end to illustrate and practice integration into patient scenarios. “Poverty pie” and/or Health Partners demonstration of the social determinants of health and NCHC’s innovative referral model. Telemedicine and/or ECHO demonstration. Aging empathic training (facilitated by UA AzGWEP).</p> <p><u>Tours</u> of NCHC, Tuba City Regional Health Care Corporation, and/or Flagstaff Medical Center. Expert panel with representatives from FQHC (North Country), tribal health organizations (NACA or Sacred Peaks), free clinic (Poore clinic) and hospital (FMC). Mini-health fair at Flagstaff Family Food Center or homeless shelter.</p>	<p><b>SEAHEC</b> Possible topics &amp; activities for the two-day service learning: Border health – 1 day in Nogales AZ / 1 day in Nogales, Sonora. <i>AZAHEC or respective University program should cover cost of transporting students to and from Nogales/SEAHEC sites.</i></p> <p><u>Day 1 Morning</u> - Overview of Border region, border health issues. Orientation to SEAHEC, health workforce issues &amp; our programs. Introduction to US Mexican history, politics, migration &amp; impact on health. <u>Afternoon</u> - Service learning activities may include: Mosquito</p>	<p>Overview: Yuma county – Health Care and Social Determinants of the region.</p> <p><u>Day 1</u> Students will be exposed to the Behavioral Health – Primary Care Model by RCBH, Autism Resource Center and CAPAZ-MEX a Private Medical Discount Network created by RCBH. Students will gain an overview of health disparities and the needs of this area. Moreover, Students will be touring the Cocopah Tribe reservation, Yuma Food Bank or Yuma Regional Medical Center.</p>

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<p>work to have a San Carlos representative on the panel.</p> <p><u>Resources</u>-EAHEC to host breakfast or lunch regarding the time that works best.</p>	<p><u>Opioid Crisis:</u> Discussion/presentations on evidence-based interventions including needle exchange programs, pain prescription recommendations, alternative pain treatments and MAT programs. First- hand experience at a MAT program.</p> <p><u>Resources</u>- We are anticipating that travel can be done locally and that overnight accommodations will not be necessary. GVAHEC will provide lunch and refreshments.</p>	<p>Practice transformation – standardization activity.</p> <p>If time and agenda allows, tour of Museum of Northern Arizona collections and/or other local historic sites.</p> <p><u>Resources</u>-we own a condo where we regularly house students, but it does not have capacity for 15. We can work to arrange housing locally, however.</p>	<p>Borne Illness control &amp; prevention– community outreach w ADHS/Office of border Health. Developmental disabilities agencies assistance – Santa Cruz Ranch. Community Health worker visits Mariposa CHC .</p> <p><u>Day 2 Morning</u> - Overview of Mexican health system. Tour of IMSS hospital and/or Centro de Salud. Preparation &amp; training for community service learning/ outreach. <u>Afternoon</u> - Nogales SN Service learning activity may include Door to door education with CHW. Mosquito borne vector control. Eye and vision screening. Diabetes education. Debrief &amp; Guided Reflections at SEAHEC.</p> <p><u>Resources</u> - SEAHEC can accommodate housing for 15 students plus 3 faculty at AMERICANA Hotel for ONE night</p>	<p><u>Day 2</u> Presentation on needs assessment of Yuma County and Border Region. Students will get to tour private, state and federal hospitals. RCBH/WAHEC will provide the Binational Initiatives (COBINAS).</p> <p><u>Resources:</u> Cocopah Resort is located in South Yuma County. Transportation can be coordinated.</p>
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			and cover costs of two Lunches and one dinner (breakfast on day 2 is included in cost of hotel).	

