

## **Revision of the Community Health Aide Basic Training Curriculum – 2010 (to be revised)**

### What has changed:

- The document is now in Word (Microsoft Word 2003, Windows xp Professional), making it easier to use (for printing and additional information see “Working with this Curriculum Document” last page of notebook).
- Each individual objective now has a performance level.
- Performance levels have been adjusted for consistency between units and to reflect CHA scope of practice.
- Minor revisions have been made to begin the process of matching the content of the 2006 CHAM.
- Minor revisions have been made to begin the process of incorporating the findings from the December 2009 “Alaska CHA/P Clinical Practice Description” study. Increased emphasis on:
  - respiratory distress
  - bleeding in pregnancy
  - non-trauma chest pain
  - chronic disease
- To make the Curriculum more user friendly, it now has enhanced consistency between units, the ☉ symbol is clarified and a new symbol ∇ is introduced. “∇ = taught in” indicates that the subject is specifically covered and evaluated in another unit.

### What is the same:

- This 2010 Revision is not a major revision.
  - additional content units have not been added.
  - content has not been moved from one session to another.
  - time allocations have not been changed.

### What will be done in the future:

- Review the “Alaska CHA/P Clinical Practice Description” study findings further.
- Continue matching the Curriculum with the 2006 CHAM.
- Identify additions/changes for the next CHAM revision.

## **Teaching the CHA Basic Training Curriculum:**

When you start planning the CHA’s learning experiences, do the following:

- Review the “How to Use the Curriculum Units” section for important concepts, p. 12.
- Understand that these curriculum units are not lesson plans. They do not include teaching notes/suggestions needed to reinforce content.
- Read through the whole curriculum unit.
- Be familiar with the content referenced in other units.
- Review related lesson plans or other teaching materials.

These curriculum units represent the content to be covered. The units are intended to keep the instructor focused on essential information for Basic Training. Learning should be enjoyable; this Curriculum allows you to use your own creative processes to help CHAs learn the content.

## **Process for Review and Revision of the CHA Basic Training Curriculum:**

Keep an accurate record of problems and concerns encountered in using the curriculum. Comments or suggestions for corrections and revisions should be directed to the Academic Review Committee through a Training Center Coordinator or to the Community Health Services CHAP/Rural Health Consultant, at the Alaska Native Tribal Health Consortium (ANTHC), 907-729-3642.

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# COMMUNITY HEALTH AIDE BASIC TRAINING CURRICULUM – 2010

Revision **February 2017**

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**Community Health Aide Program  
2010 Basic Training Curriculum Hours by Session – Revised 2/2017**

Description	Unit	Session I				Session II				Session III				Session IV				Total
		Class	Skills	Clinic	⊗	Class	Skills	Clinic	⊗	Class	Skills	Clinic	⊗	Class	Skills	Clinic	⊗	
Introduction to CHAP	1	1.5				1.5												3
Gen. Health & Disease	2a	2																2
Immune Sys/Infection	2b	1																1
Anatomy & Function	3	3																3
History	4a	1	2.5		⊗	0.5	1		⊗				⊗		0.5	1.5	⊗	7
Exam	4b	1.5	5.5	4	⊗	0.5	2	1	⊗				⊗			1	⊗	15.5
Assessment	4c	0.5	1		⊗				⊗				⊗				⊗	1.5
Plan	4d	0.5	1		⊗				⊗				⊗				⊗	1.5
Using CHAM	4e	1	1		⊗				⊗				⊗				⊗	2
Reporting	4f	0.5	1		⊗		1		⊗				⊗		1		⊗	3.5
Med. Vocabulary	4g	0.5			⊗				⊗				⊗				⊗	0.50
Summary Pt Encounter	4h	2	1	12		1		12								8		36
Cleaning Med Equip.	5a1	1																1
Handwashing	5a2		0.25		⊗				⊗				⊗				⊗	0.25
Standard Precautions	5a3		1		⊗				⊗		0.5		⊗				⊗	1.5
Response to Contamin.	5a4	0.5			⊗				⊗	0.25			⊗				⊗	0.75
Clean/Sterile Techniques	5a5		1		⊗				⊗				⊗				⊗	1
IV Therapy	5b1		3				3				3				3			12
Plaster Splinting	5b2						2											2
Crutch Fitting / Walking	5b3						0.5											0.50
Eye Skills	5b4		2.25												2			4.25
Ear Skills	5b5		1.25															1.25
Postural Drain/Clapping	5b6						0.5								0.5			1
Wound Care	5b7		4				4				3				3			14
Blood Drawing	5c1		2	1			1.5	1			1		⊗		1		⊗	7.5
Hemoglobin Testing	5c2		1				0.5											1.5
Blood Glucose Testing	5c3		1												0.5			1.5
TB Skin Test	5c4						1								0.5			1.5
Sputum and TB Culture	5c5						0.5											0.50
Throat Swab/Strep Test	5c6		0.75															0.75
Culture for Infection	5c7		0.25															0.25
Urine Sample & Dipstick	5c8		1				0.5											1.5
Specimen-Urine Culture	5c9						0.25											0.25
Urine Pregnancy Test	5c10						0.5				0.25							0.75
Specimen:GC/Chlamydia	5c11										0.5							0.50
Stool Specimens/Tests	5c12						0.75											0.75
Injections	5d1		4		⊗		2		⊗				⊗				⊗	6
Mixing Powdered Meds	5d2		1															1
Meds Given by Inhalation	5d3		0.75												0.75			1.5
Emergency Care Skills	6a	12.75	10.25															23
Poisoning	6b	2																2
Emergency Care Review	6c					2	8.5			1.5	6.5			1.5	6.5			26.5
Eye	7	2	0.5			1								2	0.5			6
Ear	8	2	2	1		1.5	1.5				1			1	2	1		13
Mouth/Teeth Concepts	9a					1.5	1.5											3.0
Mouth/Teeth Pt Visit	9b					2.25	0.75											3.0
Respiratory System	10	3	1	1		2	1	1						2	2	1		14
Circulatory System	11					3	1	1						3	2	1		11
Digestive System	12	3	1	1		3	1	1						2	1	1		14
Urinary System	13					2	0.5			1								3.5
Repro System - Male	14a					1	0.5			1	1							3.5
Repro System-Female	14b					3	1			2	1				1	4		12
Breast	15									1	1					1		3
Musculoskeletal Sys	16					2.5	1.5							2	2			8
Nervous System	17					3.5	1.5							2	2			9
Endocrine System	18a					1								1	0.5			2.5
Diabetes	18b					1								3	0.5			4.5
Skin	19	1	2			2	2							1	1			9

Description	Unit	Session I				Session II				Session III				Session IV				Unit
		Class	Skills	Clinic	⚙	Class	Skills	Clinic	⚙	Class	Skills	Clinic	⚙	Class	Skills	Clinic	⚙	Total
Intro to Mental Health	20a	0.5				1												1.5
MH Promotion for CHA	20b	2				2								2.5				6.5
Mental Hlth Emergencies	20c	0.5	0.5			1												2
MH Promotion – patients	20d					2												2
Mental Illness	20e					3	1	4										8
Substance Abuse Concepts	20f1					0.5							1	0.5				2
Substance Abuse Pt. Visit	20f2					1							2	1				4
Family Problems/Abuse	20g									4								4
Sex Abuse/Rape	20h									1.5								1.5
Grief/ Loss, Death/Dying	20i					2												2
Suicide	20j	2																2
Family Planning	21a									3								3
Pregnancy & Prenatal	21b					2	1	2		6	2.5	8		2	2	3		28.5
Fetal Alcohol Spectrum	21c									2								2
Labor & Delivery –village	21d									2	2							4
Postpartum Care	21e									1	1	1						3
Approach to Child Care	22a	1		2				4										7
Newborn	22b									1	1	1		1	1	1		6
Well Child	22c									2.5	4	8		1.5	0.5	3.5		20
Sick Child	22d	2	2	4		3	1	4		2		4				4		26
Ages 5 to 18	22e									4								4
Approach-Elder H. Care	23													4				4
Gen Info about Medicines	24a	1.5	0.5				0.5				0.5			2	0.5			5.5
CHAM Med / Giving Med	24b	2	3.5		⚙	2.5	0.5		⚙								⚙	8.5
Managing Meds in Clinic	24c					1	0.5											1.5
Intro Communicable Dz	25a	1.5																1.5
Immunizations	25b					0.5	1		⚙	2	1		⚙		1		⚙	5.5
Tuberculosis	25c					0.25								3				3.25
STI	25d					2	1			2	1	4						10
HIV/AIDS	25e					2												2
Intro Environment Health	26a													1.5				1.5
Food/Waterborne Dz	26b													2				2
Rabies	26c													1				1
Injury Prevention	26d													2				2
Health Promo/Surveillance	27a				⚙				⚙				⚙	2.5	1.5		⚙	4
Health/Patient Education	27b	0.5			⚙	1			⚙				⚙	0.5	1		⚙	3
Nutrition	27c									3	3			2			⚙	8
Chronic Disease	27d													1.5	1	4		6.5
Cancer	27e													2				2
CHA Ongoing Education	28	0.5				0.5								0.5				1.5
Clinic Management	29													2				2

⚙ = Practice as part of general clinic time within session.

	Session I			Session II			Session III			Session IV			Total
	Class	Skills	Clinic	Class	Skills	Clinic	Class	Skills	Clinic	Class	Skills	Clinic	
Hours per Unit per Session	56.25	60.75	26	63.25	50	31	42.75	34.75	26	57	44.75	34	527.50
Hours per Session		143.00			144.25			103.50			135.75		527.50
Orientation Time		2.00			1.00			1.00			1.00		5.00
Evaluation Time		14.00			14.00			14.00			14.00		56.00
Total Hours		159.00			159.25			118.50			150.75		588.50



Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session III	1	1 (objective 4)	
Session IV		1 (objective 4)	objective 4 practiced with Unit 14b

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. <u>Anatomy and Function</u> – using the <u>CHAM</u> as primary reference:
		3		A. Describe the general function of the breast: <ul style="list-style-type: none"> <li>• Milk production for the baby.</li> </ul>
		2		B. Identify the basic anatomy and describe the basic function of the parts of the breast: <ul style="list-style-type: none"> <li>• Nipples.</li> <li>• Areola.</li> <li>• Milk glands and ducts.</li> <li>• Fatty tissue.</li> <li>• Lymph vessels and nodes.</li> </ul>
		2		
		2		
		2		
		2		
		1		• Normal changes during puberty, pregnancy, lactation, menopause, birth control pills.
				C. Relate general concepts of disease process to the breast anatomy and function.
		1		• Hormone imbalance as a cause of abnormal breast development (examples: adrenal genital syndrome; teen male).
		2		• Causes of breast pain and/or lumps (examples: hormone change; cysts; infection [increased risk in post partum]; cancer).
		2		• Causes of nipple discharge (examples: hormone problems; drugs/medicines; pregnancy; cancer; infection).
		2		• Additional exam changes associated with breast cancer: asymmetry; dimpling; skin changes; enlarged lymph nodes.
		3		2. <u>Beginning a CHAM problem-specific section</u> :
				A. Where to begin in the <u>CHAM</u> : Using the <u>CHAM</u> , locate the “Do NOT begin here” and “Begin here” statements in the problem-specific sections.
				B. Immediate Care: Recognize findings of breast problems that require immediate or emergency care before proceeding with the HEAP work-up. <ul style="list-style-type: none"> <li>• None.</li> </ul>
		3		3. <u>History</u> :
				A. Using the <u>CHAM</u> , locate the proper section to take a history of a breast problem. <ul style="list-style-type: none"> <li>• Breast Problems (Female and Male). <u>Note to instructor</u> Review the keys points in the breast problem history.</li> <li>• Other related histories:                             <ul style="list-style-type: none"> <li>– Prenatal. ( ▽ = taught in Unit 21b)</li> <li>– Postpartum. ( ▽ = taught in Unit 21e)</li> <li>– Female Cancer Screening: Breast and Cervical. ( ▽ = taught in Unit 14b)</li> </ul> </li> </ul>
		▽	▽	
		▽		
	▽	▽	▽	

I	II	III	IV	The CHA will:
				4. <u>Exam</u> :
				A. Using the <u>CHAM</u> , demonstrate physical exam skills for the breast and determine if the findings are normal or abnormal:
				• Appearance.
		2	3	– General appearance.
		2	3	– Appearance pertaining to chief complaint (examples: looks uncomfortable or in pain).
				• Breast Appearance: (sitting, compare sides with arms in different positions).
		2	3	– Difference in size.
		2	3	– Skin looks pulled in (dimpling, retraction, puckering).
		2	3	– Redness, red streak, rash?
				– Nipples.
		2	3	▪ Retracted? Pointing in different directions?
		2	3	▪ Spontaneous discharge, bleeding?
		2	3	▪ Rash?
				• Feel for lymph nodes.
		2	3	– Armpits.
		2	3	– Above and below collarbone.
		2	3	• Feel for tenderness.
		2	3	• Feel for breast lumps (if a lump: location, size, shape, movable, tenderness, soft/firm/hard).
		2	3	• Describe the technique for breast exam for a male.
				<u>Note to instructor</u> After teaching the exam above, go to the <u>CHAM</u> Problem sections for this body system and briefly discuss the relevance of any other body parts to be examined.
		3	3	B. Using the <u>CHAM</u> , identify <u>when</u> the following lab tests and procedures are indicated to help assess a breast problem.
				<u>Note to instructor</u> Skill not taught in basic training. CHA will be directed by health care provider.
				• Sample of nipple discharge for lab test.
		3	3	C. Record normal and abnormal physical findings.
		3		5. <u>CHAM Assessments</u> :
				A. Using the <u>CHAM</u> , locate the Assessment list for different types of breast problems.
				• Breast Problems.
				B. <u>CHAM Assessments</u> :
				From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments. Recall the very basic anatomy and disease process of each Assessment.
				• <u>CHAM</u> Assessments with possible Standing Order:
				<u>Note to instructor</u> See statewide Alaska CHA Program Standing Orders (SO) list.
		3		– None.

(objective continues)



I	II	III	IV	The CHA will:
				B. <u>CHAM Assessments</u> : (objective continued) From the history and exam findings, use the CHAM to make and record the following Assessments. Recall the very basic anatomy and disease process of each Assessment.
				• Other <u>CHAM Assessments</u> :
		2		– Breast Pain, No Signs of Infection.
		2		– Breast Lump.
		2		– Nipple Discharge.
		2		– Breast Infection.
		2		– Other Breast Problem.
		∇		– Breast problems when breastfeeding: see <u>CHAM</u> Postpartum. ( ∇ = taught in Unit 21e)
		3		6. <u>Plan</u> : Demonstrate the ability to follow and record the <u>CHAM</u> Plan for a breast Assessment.
		3		A. Reporting: Demonstrate familiarity with the different reporting options (statements) in <u>CHAM</u> Plans. – Report NOW (an emergency). – Report NOW, if .... (patient has any of the listed findings). – ALWAYS report even if you have a current Standing Order for this problem, if .... (patient has any of the listed findings). – Report all Assessments for which you do not have a Standing Order.
		3		• Demonstrate the ability to identify which breast Assessments must always be reported NOW (as an emergency). – None.
		3		• Demonstrate the ability to identify when breast Assessments must be reported NOW because of abnormal findings (“Report NOW <u>if...</u> ”). – None.
		3		• Demonstrate the ability to identify abnormal findings that must always be reported even with a Standing Order. – No Standing Orders.
		3		• Report all Assessments for which you do not have a Standing Order.
				B. Special Care:
		3		• Demonstrate the ability to identify special care indicated in a breast Plan, using the <u>CHAM</u> . – None.

I	II	III	IV	The CHA will:
				C. Patient Education:
		3		<ul style="list-style-type: none"> <li>Demonstrate the ability to give <u>CHAM</u> patient education about the Assessment to include basic anatomy and disease process, treatment and prevention.</li> </ul>
				<u>Note to instructor</u> Discuss the following important patient education concepts:
		3		– Importance of self breast exam/awareness.
		2		– Importance of mammogram screening.
		∇		– General breastfeeding information. ( ∇ = taught in Unit 21e)
				D. Medicine:
		3		<ul style="list-style-type: none"> <li>Demonstrate the ability to use the <u>CHAM</u> Plan and <u>CHAM</u> <u>Medicine Handbook</u> to give a medicine correctly which includes reviewing: the warnings, dosage schedule and patient education.</li> </ul>
				<u>Note to instructor</u> Discuss the following important medicine concept:
		1		– Medicines can affect the breasts in female and male. Examples: hormones; spironolactone.
		3		E. Additional Care: Demonstrate the ability to identify additional care indicated in a breast Plan, using the <u>CHAM</u> .
		3		F. Recheck: Demonstrate the ability to give appropriate recheck information for an acute, chronic or preventive care visit.

MUSCULOSKELETAL SYSTEM, Unit 16

Session	Class hrs.	Skills practice hrs.
Session II	2.5	1.5 (objective 4 )
Session IV	2	2 (objective 4 & use of Musculoskeletal Assessment charts)

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
∇				1. <u>Anatomy and Function</u> – using the <u>CHAM</u> as primary reference: A. Describe the general function of the musculoskeletal system: ( ∇ = introduced in Unit 3)
	2		3	<ul style="list-style-type: none"> <li>Makes up the body's frame, protects and supports the body, and allows for body movement.</li> </ul>
∇				B. Identify the basic anatomy and describe the basic function of the parts of the musculoskeletal system: ( ∇ = introduced in Unit 3)
	3		3	<ul style="list-style-type: none"> <li>Bone.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>Joint.</li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Ligament.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>Muscle.</li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Tendon.</li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Cartilage.</li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Using the <u>CHAM</u>, identify the names of the bones:                             <ul style="list-style-type: none"> <li>Common names.</li> </ul> </li> </ul>
	1		1	<ul style="list-style-type: none"> <li>Medical names.</li> </ul>
				C. Relate general concepts of disease process to the musculoskeletal system anatomy and function.
	2		3	<ul style="list-style-type: none"> <li>Causes/mechanisms of musculoskeletal injury:                             <ul style="list-style-type: none"> <li>Blunt trauma to soft tissue or bone.</li> <li>Muscle/tendon/ligament stretched and/or torn (strain or sprain).</li> <li>Bone stressed (bent) to breaking point.</li> <li>Joint stressed to point of dislocation.</li> </ul> </li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Causes of musculoskeletal problems without known injury:                             <ul style="list-style-type: none"> <li>Infection reaches joint or bone via bloodstream, puncture, or extension from soft tissue infection.</li> <li>Muscle/tendon overstretched (neck/back/muscle strain).</li> <li>Repetitive/overuse injury (tendonitis).</li> <li>Chronic wear and tear of joints (osteoarthritis).</li> <li>Autoimmune injury to joints (rheumatoid arthritis).</li> </ul> </li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Normal movement requires functional nervous and musculoskeletal systems working together.</li> </ul>
	1		2	<ul style="list-style-type: none"> <li>Injury or pain in one body part affecting another body part.</li> </ul>
	2		3	<ul style="list-style-type: none"> <li>Possible presentation of small child with musculoskeletal problem: child won't move or use an arm or leg.</li> </ul>

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
 Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
 Level 2: Knowledge: recall; Skills: demonstrates with limited guidance from instructor  
 Level 3: Knowledge: application; Skills: demonstrates without guidance from instructor

MUSCULOSKELETAL SYSTEM, Unit 16

I	II	III	IV	The CHA will:
	3		3	2. <u>Beginning a CHAM problem-specific section:</u> A. <u>Where to begin in the CHAM:</u> Using the <u>CHAM</u> , locate the “Do NOT begin here” and “Begin here” statements in the problem-specific sections.
	3		3	B. <u>Immediate Care:</u> Using the <u>CHAM</u> , recognize findings of musculoskeletal system problems that require immediate or emergency care and what to do before proceeding with the HEAP work-up. <u>Note to instructor</u> This list comes from the <u>CHAM</u> “Do NOT begin here (go to Emergency chapter)” and “Immediate Care” prompts. This objective does not address teaching the immediate or emergency care skills. It pertains to recognizing when the intervention is needed and what to do. ( ∇ = skills/interventions taught in other units)
∇	3∇	∇	3∇	<ul style="list-style-type: none"> <li>Severe injuries including: head, neck, back, chest, rib, pelvis, femur, hip. (Unit 6a obj.5, obj.6, and obj.7; Unit 6c obj.4 and obj.5)</li> </ul>
∇	3		3	<ul style="list-style-type: none"> <li>Chest pain not from injury. (Unit 6a obj.6)</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>Injuries.</li> </ul>
	3		3	3. <u>History:</u> A. Using the <u>CHAM</u> , locate the proper section to take a history of a musculoskeletal system problem. <ul style="list-style-type: none"> <li>Musculoskeletal Injuries and Other Musculoskeletal Problems. <ul style="list-style-type: none"> <li>Injury.</li> <li>Non-injury.</li> </ul> </li> <li>Arthritis: Chronic Care Visit.</li> </ul>
	3		3	B. Demonstrate the ability to take a musculoskeletal system problem history including exploring positive findings.
	2		3	C. Demonstrate the ability to record a musculoskeletal system problem history.
				4. <u>Exam:</u> A. Using the <u>CHAM</u> , demonstrate the physical exam skills for the musculoskeletal system and determine if the findings are normal or abnormal:
				<ul style="list-style-type: none"> <li>Appearance: <ul style="list-style-type: none"> <li>General appearance.</li> <li>Remember to compare from side to side.</li> <li>Appearance pertaining to chief complaint (examples: abnormal posture, gait, or movement of a body part; protecting a limb; wincing or groaning).</li> </ul> </li> </ul>
	3		3	<ul style="list-style-type: none"> <li>Choose the correct injury or non-injury physical exam.</li> </ul>

(objective continues)

MUSCULOSKELETAL SYSTEM, Unit 16

I	II	III	IV	The CHA will:
				4. Exam: (objective continued)
				<ul style="list-style-type: none"> <li>• Locate the <u>CHAM</u> musculoskeletal exams for each specific body part.</li> </ul>
	3		3	– Arm or Leg (Extremity).
	3		3	– Shoulder.
	3		3	– Elbow.
	3		3	– Wrist, Hand, Finger.
	3		3	– Hip.
	3		3	– Knee.
	3		3	– Ankle, Foot, Toe.
	3		3	– Neck (Cervical Spine).
	3		3	– Upper Back (Thoracic Spine).
	3		3	– Lower Back (Lumbar Spine).
				<ul style="list-style-type: none"> <li>• Demonstrate a <u>CHAM</u> extremity exam (remembering to compare sides).</li> </ul>
	2		3	– Appearance.
	2		3	– Soft tissue.
	2		3	– Bones.
	2		3	– Joints.
	2		3	– Circulation.
	2		3	– Sensation.
	2		3	– Range of motion (ROM) – passive and active.
	2		3	– Strength.
				<ul style="list-style-type: none"> <li>• Demonstrate the following parts of the <u>CHAM</u> lower back exam:</li> </ul>
	2		3	– Appearance.
	2		3	– Palpation of spine and muscles along each side of the spine.
	2		3	– Movement and range of motion.
	2/∇		3/∇	– Strength of legs and feet. ( ∇ = skill also taught in Unit 17)
∇	2/∇		3/∇	– CVA tenderness. ( ∇ = skill taught in Unit 12)
	2/∇		3/∇	– Circulation of legs and feet. ( ∇ = skill taught in Unit 11)
	2/∇		3/∇	– Sensation of legs and feet. ( ∇ = skill also taught in Unit 17)
	2/∇		3/∇	– Reflexes of knees and ankles. ( ∇ = skill also taught in Unit 17)
	2		3	– Straight leg raise test.
∇	∇		∇	– Abdomen. ( ∇ = skill taught in Unit 12)
	1		2	– {If patient has genital or urinary complaints} Describe the importance of testing sensation around anus and strength of anus muscle and checking for cervical motion tenderness.
	2		3	<ul style="list-style-type: none"> <li>• Review the parts of the <u>CHAM</u> neck exam.</li> </ul>
	2		3	– Demonstrate range of motion.
				<u>Note to instructor</u> Review the <u>CHAM</u> instructions regarding decision of whether to check ROM in patient with injury to neck.
				<u>Note to instructor</u> After teaching the exam above, go to the <u>CHAM</u> Problem sections for this body system and briefly discuss the relevance of any other body parts to be examined.

MUSCULOSKELETAL SYSTEM, Unit 16

I	II	III	IV	The CHA will:
	3		3	B. Using the <u>CHAM</u> , identify <u>when</u> the following lab tests and procedures are indicated to help assess a musculoskeletal system problem.
∇	∇			• Urine dipstick. ( ∇ = taught in Unit 5c8 )
	∇	∇		• Urine pregnancy test. ( ∇ = taught in Unit 5c10 )
	2		3	C. Record normal and abnormal physical findings.
	3		3	5. <u>CHAM Assessments</u> : A. Using the <u>CHAM</u> , locate the Assessment charts/lists for different types of musculoskeletal system problems. • Musculoskeletal Injuries. • Problem NOT Caused by Injury. • Arthritis, Chronic Care.
				B. <u>CHAM Assessments</u> : From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments. Recall the very basic anatomy and disease process of each Assessment.
				• <u>CHAM Assessments</u> with possible Standing Order. <u>Note to instructor</u> See statewide Alaska CHA Program Standing Orders (SO) list.
	3		3	– Sprain. (Session II SO)
	3		3	– Neck Pain with Muscle Strain. (Session II SO)
	3		3	– Low Back Pain with Muscle Strain. (Session II SO)
	3		3	– Minor Bruise Under Nail. (Session II SO)
	3		3	– Other Musculoskeletal Injury (bruise, swelling, muscle strain). (Session II SO)
				• Other <u>CHAM Assessments</u> : <u>Note to instructor</u> This includes some of the common and most of the serious Assessments. Due to training time constraints, not all <u>CHAM Assessments</u> are listed here.
∇	3		3	– Open Fracture.
∇	2		3	– Musculoskeletal Pain, Possible Closed Fracture.
∇	2		3	– Dislocation.
	2		3	– Red, hot, swollen joint or bone.
	2		3	– Joint aches.
	2		3	– Tendonitis.
	2		3	– Arthritis, chronic care.

MUSCULOSKELETAL SYSTEM, Unit 16

I	II	III	IV	The CHA will:
	3		3	<p>6. <u>Plan</u>: Demonstrate the ability to follow and record the <u>CHAM</u> Plan for a musculoskeletal Assessment.</p>
				<p><u>Note to instructor</u> The Plans for Assessments with possible Standing Orders, in 5B above, should be reviewed to level 3 in the session for which the statewide Standing Order may be granted.</p>
	3			<p>A. Reporting: Demonstrate familiarity with the different reporting options (statements) in <u>CHAM</u> Plans.</p> <ul style="list-style-type: none"> <li>– Report NOW (an emergency).</li> <li>– Report NOW, if .... (patient has any of the listed findings).</li> <li>– ALWAYS report even if you have a current Standing Order for this problem, if .... (patient has any of the listed findings).</li> <li>– Report all Assessments for which you do not have a Standing Order.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify which musculoskeletal Assessments must always be reported NOW (as an emergency). <ul style="list-style-type: none"> <li>– Open Fracture.</li> <li>– Dislocation.</li> <li>– Child with “Pulled” Elbow.</li> <li>– Red, Hot, Swollen Joint or Bone.</li> </ul> </li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when musculoskeletal system Assessments must be reported NOW because of abnormal findings (“Report NOW <u>if...</u>”).</li> </ul> <p><u>Note to instructor</u> Discuss the following <b>partial</b> list of abnormal findings that would require “Report NOW” for <u>CHAM</u> Assessments [<i>in brackets</i>].</p> <ul style="list-style-type: none"> <li>– Signs of poor circulation in an arm or leg: blue color, weak pulse, or no pulse. [<i>Musculoskeletal Pain, Possible Closed Fracture</i>]</li> <li>– Numbness, trouble moving fingers or toes, or other sign of nerve damage. [<i>Musculoskeletal Pain, Possible Closed Fracture</i>]</li> <li>– Possible abuse. [<i>Musculoskeletal Pain, Possible Closed Fracture</i>]</li> <li>– Weakness in arms or legs. [<i>Neck Pain with Muscle Strain</i>]</li> <li>– Fever. [<i>Neck Pain with Muscle Strain; Low Back Pain with Muscle Strain; Other Musculoskeletal Problem (non-injury); Arthritis, Chronic Care</i>]</li> <li>– Weakness in legs. [<i>Low Back Pain with Muscle Strain</i>]</li> <li>– Numbness around anus, penis, or vagina. [<i>Low Back Pain with Muscle Strain</i>]</li> <li>– Difficulty urinating or unable to control bowel movements. [<i>Low Back Pain with Muscle Strain</i>]</li> </ul>

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
Level 2: Knowledge: recall; Skills: demonstrates with limited guidance from instructor  
Level 3: Knowledge: application; Skills: demonstrates without guidance from instructor

MUSCULOSKELETAL SYSTEM, Unit 16

I	II	III	IV	The CHA will:
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when musculoskeletal system Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported.                             <ul style="list-style-type: none"> <li>– Sprain <u>if</u> any of the following:                                     <ul style="list-style-type: none"> <li>▪ if child younger than 3 years.</li> <li>▪ severe bruise or swelling, with a lot of pain or tenderness in one spot.</li> <li>▪ possible abuse.</li> </ul> </li> <li>– Neck Pain with Muscle Strain <u>if</u> any of the following:                                     <ul style="list-style-type: none"> <li>▪ pain spreads down arm or into back.</li> <li>▪ numbness or tingling.</li> <li>▪ possible abuse.</li> </ul> </li> <li>– Low Back Pain with Muscle Strain <u>if</u> any of the following:                                     <ul style="list-style-type: none"> <li>▪ pain spreads down legs.</li> <li>▪ numbness or tingling.</li> <li>▪ blood in urine.</li> <li>▪ possible abuse.</li> </ul> </li> <li>– Minor bruise under nail <u>if</u> any of the following:                                     <ul style="list-style-type: none"> <li>▪ no history of injury.</li> <li>▪ has possible broken bone under the nail.</li> </ul> </li> <li>– Other musculoskeletal injury <u>if</u> any of the following:                                     <ul style="list-style-type: none"> <li>▪ a child younger than 3 years.</li> <li>▪ any injury with a lot of pain, swelling, and tenderness in one spot.</li> <li>▪ no clear history of injury to explain bruising.</li> <li>▪ possible abuse.</li> </ul> </li> </ul> </li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Report all Assessments for which you do not have a Standing Order.</li> </ul>
	3		3	<p>B. Special Care:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to identify special care indicated in a musculoskeletal problem Plan, using the <u>CHAM</u>.</li> </ul>
				<p><u>Note to instructor</u> Discuss the following important special care concepts:</p>
∇	3		3	<ul style="list-style-type: none"> <li>– Care for open fracture. (∇ = skill taught in Unit 6a.7 and Unit 5b7 Wound Care)</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>– Importance of reducing a dislocation as soon as possible.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>– When using elastic wraps or splints, the importance of serial monitoring for circulation, sensation and movement.</li> </ul>



MUSCULOSKELETAL SYSTEM, Unit 16

I	II	III	IV	The CHA will:
	3		3	<p>C. Patient Education:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to give <u>CHAM</u> patient education about the Assessment to include basic anatomy and disease process, treatment and prevention.</li> </ul>
				<p><u>Note to instructor</u> Discuss the following important patient education concepts:</p>
	3		3	<ul style="list-style-type: none"> <li>– Role of good body mechanics and exercises for prevention and treatment of musculoskeletal problems.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>– The importance and use of rest, ice, compression and elevation (RICE) for musculoskeletal injuries.</li> </ul>
	∇			<ul style="list-style-type: none"> <li>– Importance of proper home care of a splint or cast. ( ∇ = taught in Unit 5b2)</li> </ul>
	∇			<ul style="list-style-type: none"> <li>– Importance of proper crutch fitting and patient education for crutch walking. ( ∇ = taught in Unit 5b3)</li> </ul>
	3		3	<p>D. Medicine:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to use the <u>CHAM Plan</u> and <u>CHAM Medicine Handbook</u> to give a medicine correctly which includes reviewing: the warnings, dosage schedule and patient education.</li> </ul>
				<p><u>Note to instructor</u> Discuss the following important medicine concepts:</p>
	3		3	<ul style="list-style-type: none"> <li>– Contraindications and potential serious side effects of medicines commonly used for musculoskeletal problems. Example: Ibuprofen; Acetaminophen - “Warnings” box.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>– Potential side effects and risks of narcotic pain medicines. Example: see Acetaminophen with Codeine.</li> </ul>
	1		2	<ul style="list-style-type: none"> <li>• Potential serious side effects of disease modifying anti-rheumatic drugs and biologics associated with high risk health conditions. Examples: Methotrexate; Enbrel®.</li> </ul> <p><u>Note to instructor</u> Content not currently in <u>CHAM Medicine Handbook</u>.</p>
	3		3	<p>E. Additional Care:</p> <p>Demonstrate the ability to identify additional care indicated in a musculoskeletal Plan, using the <u>CHAM</u>.</p>
	3		3	<p>F. Recheck:</p> <p>Demonstrate the ability to give appropriate recheck information for an acute, chronic or preventive care visit.</p>



ENDOCRINE SYSTEM, Unit 18a

Session	Class hrs.	Skills practice hrs.
Session II	1	
Session IV	1	0.5 (objective 4)

Note to instructor

Also see Unit 18b, Diabetes

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
∇				1. <u>Anatomy and Function</u> – using the <u>CHAM</u> as primary reference:
	2		3	A. Describe the general function of the endocrine system: ( ∇ = introduced in Unit 3)
				• Produces chemicals (hormones) that help regulate most body functions.
∇				B. Identify the basic anatomy and describe the basic function of the parts of the endocrine system: ( ∇ = introduced in Unit 3)
	1		1	• Pituitary gland.
	1		2	• Thyroid gland.
	1		1	• Parathyroid glands.
	1		1	• Thymus.
	1		1	• Adrenal glands.
	1∇		∇	• Pancreas. ( ∇ = also taught in Unit 18b)
	1∇	∇	∇	• Ovaries. ( ∇ = also taught in Unit 14b)
	1∇	∇		• Testicles. ( ∇ = also taught in Unit 14a)
				C. Relate general concepts of disease process to the endocrine system anatomy and function.
	1		1	• Abnormal growth due to high or low levels of growth hormone from the pituitary gland.
	1		1	• Altered body metabolism due to high or low thyroid hormone levels (hyper or hypothyroid).
	1		1	• Abnormal water and salt balance and sexual characteristics due to altered hormone production by the adrenal glands (Congenital Adrenal Hyperplasia).
	1∇		∇	• Abnormal blood sugar control due to altered insulin function or production (diabetes). ( ∇ = also taught in Unit 18b)
	3		3	2. <u>Beginning a CHAM problem-specific section:</u>
				A. Where to begin in the <u>CHAM</u> : Using the <u>CHAM</u> , locate the “Do NOT begin here” and “Begin here” statements in the problem-specific sections.
	3		3	B. Immediate Care: Recognize findings of endocrine system problems (other than diabetes) that require immediate or emergency care before proceeding with the HEAP work-up.
				• None.

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
 Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
 Level 2: Knowledge: recall; Skills: demonstrates with limited guidance from instructor  
 Level 3: Knowledge: application; Skills: demonstrates without guidance from instructor

ENDOCRINE SYSTEM, Unit 18a

I	II	III	IV	The CHA will:
	3		3	3. <u>History:</u> A. Using the <u>CHAM</u> , locate the proper section to take a history of an endocrine system problem. <ul style="list-style-type: none"> <li>• Thyroid Problem or Chronic Care Visit.</li> <li>• Steroid-Dependent Patient Who Feels Sick.</li> </ul>
	∇		∇	• Patient with Diabetes Who Feels Sick. ( ∇ = taught in Unit 18b)
	∇		∇	• New High Blood Sugar Reading. ( ∇ = taught in Unit 18b)
	∇		∇	• Diabetes: Chronic Care Visit. ( ∇ = taught in Unit 18b)
	∇	∇		• Menstrual Problems. ( ∇ = taught in Unit 14b)
	3		3	B. Demonstrate the ability to take an endocrine system problem history including exploring positive findings.
	2		3	C. Demonstrate the ability to record an endocrine system problem history.
				4. <u>Exam:</u> A. Using the <u>CHAM</u> , demonstrate physical exam skills for the endocrine system and determine if the findings are normal or abnormal: <ul style="list-style-type: none"> <li>• Appearance:  <ul style="list-style-type: none"> <li>– General appearance.</li> <li>– Appearance pertaining to chief complaint (examples: nervous, shaky, wide-eyed).</li> </ul> </li> </ul>
	3		3	• Describe significance of weight change.(∇ = skill taught in Unit 4b obj. 4)
∇	1		2	• Thyroid exam: (∇ = introduced in Unit 4b)
∇	2		2	– Enlarged?
	2		2	– Symmetric?
	2		2	– Soft, firm or hard?
	2		2	– Lump?
	2		2	▪ [If lump felt] Measure size. Is it hard or soft?
	2		2	– Tenderness?
∇	∇		∇	• Foot exam for patient with diabetes. ( ∇ = taught in Units 19 & 18b)
∇	∇	∇	∇	• Measurements of growth and development. ( ∇ = taught in Patient Encounter, Unit 4b; also see Well Child, Unit 22c)
	∇	∇		• Testicles. ( ∇ = taught in Unit 14a)
	∇	∇	∇	• Ovaries. ( ∇ = taught in Unit 14b)
				<u>Note to instructor</u> After teaching the exam above, go to the <u>CHAM</u> Problem sections for this body system and briefly discuss the relevance of any other body parts to be examined.
				B. Using the <u>CHAM</u> , identify <u>when</u> the following lab tests are indicated to help assess an endocrine problem. <u>Note to instructor</u> This objective does not address teaching the lab test or procedure skill. It pertains to identifying when the lab test/procedure is indicated. ( ∇ = shows which session each skill is taught)
∇	2∇		3∇	• Blood glucose test. (Unit 5c3)
∇	2∇		3	• Urine dipstick. (Unit 5c8)
	2		3	C. Record normal and abnormal physical findings.

I	II	III	IV	The CHA will:
	3		3	5. <u>CHAM Assessments</u> : A. Using the <u>CHAM</u> , locate the Assessment charts/lists for different types of endocrine system problems. <ul style="list-style-type: none"> <li>• Thyroid Problem or Thyroid Chronic Care.</li> <li>• Steroid-Dependent Patient Feels Sick.</li> </ul>
	∇		∇	• Sick Patient Who Has Diabetes. ( ∇ = taught in Unit 18b)
	∇		∇	• New High Blood Sugar Reading. ( ∇ = taught in Unit 18b)
	∇		∇	• Diabetes: Chronic Care. ( ∇ = taught in Unit 18b)
				B. <u>CHAM Assessments</u> : (See Unit 18b for diabetes Assessments) From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments. Recall the basic anatomy and disease process of each Assessment.
	3		3	<u>CHAM Assessments</u> with possible Standing Order: <ul style="list-style-type: none"> <li>• None.</li> </ul>
				Other <u>CHAM Assessments</u> :
	1		2	• Thyroid Problems or Thyroid Chronic Care. (See Information for CHA/P: Thyroid Problems)
	1		2	• Steroid-Dependent Patient Feels Sick.
	2		3	6. <u>Plan</u> : Demonstrate the ability to follow and record the <u>CHAM</u> Plan for an endocrine system Assessment. (See Unit 18b for diabetes Plans)
	3			A. Reporting: Demonstrate familiarity with the different reporting options (statements) in <u>CHAM</u> Plans. <ul style="list-style-type: none"> <li>– Report NOW (an emergency).</li> <li>– Report NOW, if .... (patient has any of the listed findings).</li> <li>– ALWAYS report even if you have a current Standing Order for this problem, if .... (patient has any of the listed findings).</li> <li>– Report all Assessments for which you do not have a Standing Order.</li> </ul>
	3		3	• Demonstrate the ability to identify which endocrine system Assessments must always be reported NOW (as an emergency). <ul style="list-style-type: none"> <li>– None.</li> </ul>
	3		3	• Demonstrate the ability to identify when endocrine system Assessments must be reported NOW because of abnormal findings (“Report NOW if...”) <ul style="list-style-type: none"> <li>– Looks very sick. [Steroid-Dependent Patient Feels Sick]</li> <li>– Urine dipstick positive for ketones. [Steroid-Dependent Patient Feels Sick]</li> <li>– Severe dehydration. [Steroid-Dependent Patient Feels Sick]</li> <li>– Vomiting all medicines. [Steroid-Dependent Patient Feels Sick]</li> </ul>

I	II	III	IV	The CHA will:
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when endocrine system Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported.                             <ul style="list-style-type: none"> <li>– No Standing Orders.</li> </ul> </li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Report all Assessments for which you do not have a Standing Order.</li> </ul>
				<b>B. Special Care:</b>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify special care indicated in an endocrine system Plan, using the <u>CHAM</u>.</li> </ul>
				<u>Note to instructor</u> Discuss the following important special care concept:
	2		3	<ul style="list-style-type: none"> <li>– Emergency treatment for steroid dependent patient who feels sick.</li> </ul>
				<b>C. Patient Education:</b>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to give <u>CHAM</u> patient education about the Assessment to include basic anatomy and disease process, treatment and prevention.</li> </ul>
				<b>D. Medicine:</b>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to use the <u>CHAM</u> Plan and <u>CHAM Medicine Handbook</u> to give a medicine correctly which includes reviewing: the warnings, dosage schedule and patient education.</li> </ul>
				<u>Note to instructor</u> Discuss the following important medicine concepts:
	1		3	<ul style="list-style-type: none"> <li>– Thyroid hormone replacement and lab monitoring.</li> </ul>
	1		2	<ul style="list-style-type: none"> <li>– Use of steroids in steroid-dependent patients who are sick.</li> </ul>
	3		3	<b>E. Additional Care:</b> Demonstrate the ability to identify additional care indicated in an endocrine system Plan, using the <u>CHAM</u> .
	3		3	<b>F. Recheck:</b> Demonstrate the ability to give appropriate recheck information for an acute, chronic or preventive care visit.

DIABETES, Unit 18b

Session	Class hrs.	Skills practice hrs.
Session II	1	
Session IV	3	0.5 (objective 4)

Note to instructor

Also see Unit 18a, Endocrine System

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. <u>Anatomy and Function</u> – using the <u>CHAM</u> as primary reference:
				A. Describe the basic anatomy and endocrine function of the pancreas in relationship to the disease diabetes.
	2		3	<ul style="list-style-type: none"> <li>• Produces the hormone insulin to regulate blood sugar.</li> </ul>
				B. Describe general disease concepts of diabetes.
	1∇		2	<ul style="list-style-type: none"> <li>• Abnormal blood sugar control due to altered insulin function or production (diabetes). ( ∇ = also taught in Unit 18a)</li> </ul>
	1		2	<ul style="list-style-type: none"> <li>• Health problems caused by diabetes: increased risk of serious infection; nerve damage (pain and decreased sensation in the feet); artery damage (heart attack, stroke, kidney failure, decreased circulation to the feet, blindness).</li> </ul>
	3		3	2. <u>Beginning a CHAM problem-specific section:</u>
				A. Where to begin in the <u>CHAM</u> : Using the <u>CHAM</u> , locate the “Do NOT begin here” and “Begin here” statements in the problem-specific sections.
				B. Immediate Care: Recognize findings in diabetic patients that require immediate or emergency care before proceeding with the HEAP work-up. <u>Note to instructor</u> This objective does not address teaching the immediate or emergency care skills. It pertains to recognizing when the intervention is needed.
	3		3	<ul style="list-style-type: none"> <li>• Patient with Diabetes Who Feels Sick.</li> </ul>
	3		3	– Blood sugar less than 70.
	3		3	– Blood sugar more than 400, AND patient has mental changes (confused, very sleepy).
				3. <u>History:</u>
				A. Using the <u>CHAM</u> , locate the proper section to take a history of a diabetic patient problem.
	3		3	<ul style="list-style-type: none"> <li>• Patient with Diabetes Who Feels Sick. (See Information for CHA/P: Signs and Symptoms of Low and High Blood Sugar)</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• New High Blood Sugar Reading.</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Diabetes: Chronic Care Visit.</li> </ul>
	3		3	B. Demonstrate the ability to take a diabetic patient problem history including exploring positive findings.
	2		3	C. Demonstrate the ability to record a diabetic patient problem history.

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
 Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
 Level 2: Knowledge: recall; Skills: demonstrates with limited guidance from instructor  
 Level 3: Knowledge: application; Skills: demonstrates without guidance from instructor

I	II	III	IV	The CHA will:
				4. <u>Exam</u> :
				A. Using the <u>CHAM</u> , demonstrate specific physical exam skills for the patient with diabetes and determine if the findings are normal or abnormal:
				• Appearance:
	3		3	– General appearance.
	3		3	– Appearance pertaining to chief complaint (examples: overweight).
∇	2		2	• Describe significance of weight change. (∇ = skill taught in Unit 4b obj. 4)
				• Eyes: if patient complains of vision problem. ( ∇ = skills taught in Unit 8)
∇	1		1∇	– Snellen Test.
∇	1		1∇	– Pupil reaction and eye movements.
∇	∇			• Foot and leg exam for patient with diabetes (include use of <u>CHAM</u> Diabetic Foot Screen sheet). ( ∇ = also taught in Unit 19)
∇	2		3	– Appearance:
	1		2	▪ Shoes and socks: Condition and fit.
	1		1	▪ Foot shape: Normal? Deformity?
	3		3	▪ Skin (including between toes):
	3		3	– Dry, cracked?
	3		3	– Ulcers or sores? (measure in mm)
	3		3	– Callus buildup?
	3		3	– Toenails thick or overgrown?
	3		3	– Can patient see bottom of feet?
	3		3	▪ Swelling? Check for pitting edema on shinbones.
	3		3	– Pulses: Top of foot.
	2		2	▪ Behind medial ankle.
				– Sensation of feet:
	2		3	▪ Use 5.07 monofilament.
	2		3	▪ Test five places on each foot per <u>CHAM</u> .
				<u>Note to instructor</u> After teaching the exam above, go to the <u>CHAM</u> Problem sections for this body system and briefly discuss the relevance of any other body parts to be examined.
				B. Using the <u>CHAM</u> , identify <u>when</u> the following lab tests are indicated to help assess a patient with diabetes or a new high blood sugar reading.
				<u>Note to instructor</u> This objective does not address teaching the lab test or procedure skill. It pertains to identifying when the lab test/procedure is indicated. ( ∇ = shows which session each skill is taught)
∇			∇	• Blood glucose test. (Unit 5c3)
∇	∇			• Urine dipstick. (Unit 5c8)
	2		3	C. Record normal and abnormal physical findings.



I	II	III	IV	The CHA will:
	3		3	5. <u>CHAM Assessments</u> A. Using the <u>CHAM</u> , locate the Assessment charts/lists for a patient with diabetes or a new high blood sugar reading. <ul style="list-style-type: none"> <li>• Sick Patient Who Has Diabetes.</li> <li>• New High Blood Sugar Reading.</li> <li>• Diabetes: Chronic Care.</li> </ul>
				B. <u>CHAM Assessments</u> : From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments for patient with diabetes or a new high blood sugar reading. Recall the basic anatomy and disease process of each Assessment.
	3		3	<u>CHAM Assessments with possible Standing Order</u> : <ul style="list-style-type: none"> <li>• No Standing Orders.</li> </ul>
				Other <u>CHAM Assessments</u> :
	1		2	• Sick Patient Who Has Diabetes.
	1		2	• New High Blood Sugar Reading.
			2	• Diabetes, Chronic Care.
			3	– Skin Ulcer or Sore on Foot or Leg.
	2		3	6. <u>Plan</u> : Demonstrate the ability to follow and record the <u>CHAM</u> Plan for an Assessment of diabetes or a new high blood sugar reading.
	3			A. Reporting: Demonstrate familiarity with the different reporting options (statements) in <u>CHAM</u> Plans. <ul style="list-style-type: none"> <li>– Report NOW (an emergency).</li> <li>– Report NOW, if .... (patient has any of the listed findings).</li> <li>– ALWAYS report even if you have a current Standing Order for this problem, if .... (patient has any of the listed findings).</li> <li>– Report all Assessments for which you do not have a Standing Order.</li> </ul>
	3		3	• Demonstrate the ability to identify which diabetes Assessments must always be reported NOW (as an emergency). <ul style="list-style-type: none"> <li>– None.</li> </ul>

I	II	III	IV	The CHA will:
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when diabetes Assessments must be reported NOW because of abnormal findings (“Report NOW <u>if...</u>”)                             <p><u>Note to instructor:</u> Discuss the following <b>partial</b> list of abnormal findings that would require “Report NOW” for <u>CHAM</u> Assessments [<i>in brackets</i>].</p> <ul style="list-style-type: none"> <li>– Is younger than 12 years. [<i>Sick Patient Who Has Diabetes</i>]</li> <li>– Blood sugar higher than 300. [<i>Sick Patient Who Has Diabetes</i>]</li> <li>– Signs of dehydration. [<i>Sick Patient Who Has Diabetes</i>]</li> <li>– Confused. [<i>Sick Patient Who Has Diabetes</i>]</li> <li>– Looks sick. [<i>Sick Patient Who Has Diabetes; New High Blood Sugar Reading; Diabetes Chronic Care</i>]</li> <li>– Fever. [<i>Diabetes Chronic Care</i>]</li> <li>– Skin infection. [<i>Diabetes Chronic Care</i>]</li> <li>– Red streak or black spot or ulcer on foot. [<i>Diabetes Chronic Care; Skin Ulcer or Sore on Foot or Leg</i>]</li> <li>– Urine dipstick positive for ketones. [<i>Diabetes Chronic Care, Steroid-Dependent Patient Feels Sick</i>]</li> <li>– Cannot feel pulse in foot <u>and</u> foot is painful. [<i>Skin Ulcer or Sore on Foot or Leg</i>]</li> </ul> </li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when diabetes Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported.                             <ul style="list-style-type: none"> <li>– No Standing Orders.</li> </ul> </li> </ul>
	3		3	<ul style="list-style-type: none"> <li>• Report all Assessments for which you do not have a Standing Order.</li> </ul>
				<b>B. Special Care:</b>
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify special care indicated in a diabetes Plan, using the <u>CHAM</u>.</li> </ul>
				<p><u>Note to instructor</u> Discuss the following important special care concepts:</p>
▽	2		3	<ul style="list-style-type: none"> <li>– Emergency treatment of low and high blood sugar. ( ▽ = treatment for hypoglycemia taught in Unit 6a obj. 4)</li> </ul>
	3		3	<ul style="list-style-type: none"> <li>– Diabetic wound care for skin ulcer or sore on foot or leg.</li> </ul>

I	II	III	IV	The CHA will:
				C. Patient Education:
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to give <u>CHAM</u> patient education about the Assessment to include basic anatomy and disease process, treatment and prevention.</li> </ul>
				<u>Note to instructor</u> Discuss the following important patient education concepts:
	2		3	<ul style="list-style-type: none"> <li>– Self care for diabetes, including prevention, weight control, diet, exercise, foot care, and keeping a blood sugar diary.</li> </ul>
	2		3	<ul style="list-style-type: none"> <li>– Warning signs and treatment of low and high blood sugar. (See Information for CHA/P: Signs and Symptoms of Low and High Blood Sugar)</li> </ul>
	1		2	<ul style="list-style-type: none"> <li>– Diabetic complications. (See Information for CHA/P: Long-term Complications of Diabetes)</li> </ul>
				D. Medicine:
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to use the <u>CHAM Plan</u> and <u>CHAM Medicine Handbook</u> to give a medicine correctly which includes reviewing: the warnings, dosage schedule and patient education.</li> </ul>
				<u>Note to instructor</u> Discuss the following important medicine concepts:
	1		2	<ul style="list-style-type: none"> <li>– The relationship of food intake and blood sugar-lowering medicines to blood sugar levels.</li> </ul>
∇	∇			<ul style="list-style-type: none"> <li>– Insulin syringes. ( ∇ = taught in Unit 5d1)</li> </ul>
				E. Additional Care
	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify additional care indicated in a diabetes Plan, using the <u>CHAM</u>.</li> </ul>
				<u>Note to instructor</u> Discuss the following important additional care concepts:
	1		2	<ul style="list-style-type: none"> <li>– Blood sugar goals and role of lab work (fasting, 2 hrs after meals, Hgb A1c).</li> </ul>
	3		3	F. Recheck: Demonstrate the ability to give appropriate recheck information for an acute, chronic or preventive care visit.



SKIN and SOFT TISSUE, Unit 19

Session	Class hrs.	Skills practice hrs.
Session I	1	2 (objectives 3 & 4 and use of Skin/Soft Tissue Assessment charts)
Session II	2	2 (objectives 3 & 4 and Standing Orders Assessments and Plans)
Session IV	1	1 (objective 4 and use of Skin/Soft Tissue Assessment charts)

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. <u>Anatomy and Function</u> – using the <u>CHAM</u> as primary reference:
∇				A. Describe the general function of the skin: (∇ = introduced in Unit 3)
2	2			• Insulates and pads body tissues below it.
2	2			• Protects body from physical, thermal (hot or cold), bacterial and chemical damage.
2	2			• Prevents water loss.
2	2			• Regulates heat loss and body temperature.
2	2			• Provides awareness of the environment through sensation.
∇				B. Identify the basic anatomy and describe the basic function of the parts of the skin. (∇ = introduced in Unit 3)
2	2			• Epidermis.
2	2			• Dermis.
2	2			• Subcutaneous tissue.
				C. Relate general concepts of disease process to skin anatomy and function.
2	3			• Definitions: – Lesion. – Blister. – Rash.
2	3		3	• Causes of injury to the skin and soft tissues: – Physical trauma (wounds, pressure sores). – Heat (burns). – Cold (frostbite). – Chemical (contact dermatitis, diaper rash, chemical burn).
∇				• Determining burn severity (cause, location, size and degree). See <u>CHAM</u> Information Chart: Burns. (∇ = taught in Unit 6a obj.8)
2	3		3	• Causes of infection of the skin and soft tissues: – Bacteria (impetigo, acne, cellulitis, abscess, infected wound). – Fungus (diaper rash, ring worm, athlete's foot). – Viral (herpes, chickenpox, shingles, warts).
1	3		3	• Other causes of inflammation of the skin: – Chronic skin problems (eczema, psoriasis). – Insect/bug bites, stings, or entry into the skin (lice, scabies, mosquitoes/gnats, etc). – Allergy. – Reaction to medicines.

(objective continues)

SKIN and SOFT TISSUE, Unit 19

I	II	III	IV	The CHA will:
				C. Relate general concepts of disease process to skin anatomy and function. (objective continued)
	1		2	<ul style="list-style-type: none"> <li>• Skin cancer and sun damage.</li> </ul>
1	2		3	<ul style="list-style-type: none"> <li>• Lumps / growths attached to skin or underlying tissue.</li> </ul>
1	2		3	<ul style="list-style-type: none"> <li>• Normal healing process of an open wound (from bottom up, from outer edge in).</li> </ul>
			2	<ul style="list-style-type: none"> <li>• Normal skin changes of aging (thinning; wrinkles; decreased elasticity; increased bruising; dry skin with increased itching).</li> </ul>
2	3		3	<p>2. <u>Beginning a CHAM problem-specific section:</u></p> <p>A. Where to begin in the <u>CHAM</u>: Using the <u>CHAM</u>, locate the “Do NOT begin here” and “Begin here” statements in the problem-specific sections.</p>
2	3		3	<p>B. Immediate Care: Recognize findings of skin problems that require immediate or emergency care before proceeding with the HEAP work-up.</p> <p><u>Note to instructor</u> This list comes from the <u>CHAM</u> “Do NOT begin here (go to Emergency chapter)” and “Immediate Care” prompts. This objective does not address teaching the immediate or emergency care skills. It pertains to recognizing when intervention is needed and what to do. ( ∇ = skills/interventions taught in other units)</p>
2	3		3	<ul style="list-style-type: none"> <li>• If irritating chemical spilled on skin.</li> </ul>
2∇	3∇	∇	3∇	<ul style="list-style-type: none"> <li>• If signs of a severe allergic reaction. (Unit 24a)</li> </ul>
2∇	3∇	∇	3∇	<ul style="list-style-type: none"> <li>• Wounds. (Unit 6a obj.2; Unit 5b7)</li> </ul>
2∇	3		3	<ul style="list-style-type: none"> <li>• Burns: (Unit 6a obj.8) <ul style="list-style-type: none"> <li>– Any burn.</li> <li>– Large burn.</li> <li>– Electric burn.</li> <li>– Chemical burn.</li> <li>– Chemical in eye.</li> <li>– Steaming, hot, wet clothing.</li> <li>– Burns on face, cough, or shortness of breath.</li> <li>– Burn with serious mechanism of injury.</li> </ul> </li> </ul>
2∇	3∇	∇	3∇	<ul style="list-style-type: none"> <li>• Cold Injuries. (Unit 6a obj.9; Unit 6c obj.6)</li> </ul>
2	3		3	<p>3. <u>History:</u></p> <p>A. Using the <u>CHAM</u>, locate the proper section to take a history of a skin system problem.</p>
				<ul style="list-style-type: none"> <li>• Skin and Soft Tissue Problems.</li> </ul>
				<ul style="list-style-type: none"> <li>• Wounds.</li> </ul>
				<ul style="list-style-type: none"> <li>• Burns.</li> </ul>
				<ul style="list-style-type: none"> <li>• Burns Recheck or Follow-up Visit.</li> </ul>
				<ul style="list-style-type: none"> <li>• Cold Injuries.</li> </ul>
				<ul style="list-style-type: none"> <li>• Foot Problems.</li> </ul>
	∇			<ul style="list-style-type: none"> <li>• Sores in the Mouth. ( ∇ = taught in Unit 9a)</li> </ul>
∇	∇		∇	<ul style="list-style-type: none"> <li>• Anus Problems. ( ∇ = taught in Unit 12)</li> </ul>
	∇	∇		<ul style="list-style-type: none"> <li>• A sore, rash or growth on genitals (Male Reproductive System, and Female Reproductive System). ( ∇ = taught in Unit 14a &amp; 14b)</li> </ul>
		∇		<ul style="list-style-type: none"> <li>• Breast Problems. ( ∇ = taught in Unit 15)</li> </ul>

I	II	III	IV	The CHA will:
2	3			B. Demonstrate the ability to take a skin system problem history including exploring positive findings.
2				C. Demonstrate the ability to record a skin system problem history.
				4. <u>Exam:</u> A. Using the <u>CHAM</u> , demonstrate physical exam skills for the skin and determine if the findings are normal or abnormal:
				• Appearance.
2	3		3	– General appearance.
2	3		3	– Appearance pertaining to chief complaint (examples: scratching; dressings; ointments/creams).
2	3		3	• Screening exam of the skin: look at and feel skin as you examine any part of the body.
2	3		3	• Skin appearance: – Location. – Number of lesions. – Size and shape. – Color. – Raised, flat, or sunken. – Moisture: Too wet, oily, or dry. – Other Appearance: Cracks, bleeding, scabs, crusts, scales.
2	3		3	• Feel the skin: Standard Precautions – gloves if appropriate. – Tender? – Other signs of inflammation? (redness, swelling) – Soft, firm, hard, pulsating?
2	3		3	• Check for dehydration: tenting?
2	3		3	• Other exam: – If a lump: soft, hard, movable, attached? – If edema: pitting edema?
2	3		3	• Lymph nodes: location, size, tenderness, movable?
2	3		3	• Look at and feel the scalp and hair.
2	3		3	• Look at and feel fingernails and toenails: – Color, shape, abnormal appearance.
2	3		3	• Look at both feet, compare: – Skin color, swelling, any open sores, rashes.
1	2		∇	– If possible diabetes or known diabetic patient, use <u>CHAM</u> Diabetes Foot Screen sheet. ( ∇ = taught in Unit 18b)
				<u>Note to instructor</u> After teaching the exam above, go to the <u>CHAM</u> Problem sections for this body system and briefly discuss the relevance of any other body parts to be examined.
				B. Using the <u>CHAM</u> , identify <u>when</u> the following lab tests and procedures are indicated to help assess a skin problem. <u>Note to instructor</u> This objective does not address teaching the lab test or procedure skill. It pertains to identifying when the lab test/procedure is indicated. ( ∇ = shows which session each skill is taught)
2	3		3	• Rapid Strep Test (if sore throat and 3 years or older)
2	3		3	• Hemoglobin (if patient may have lost a lot of blood [Wounds])
2	3		3	• Culture [See Plans for Infected Wound and Abscess]
2	2		3	C. Record normal and abnormal physical findings.

I	II	III	IV	The CHA will:
2	3		3	<p>5. <u>CHAM Assessments</u></p> <p>A. Using the <u>CHAM</u>, locate the Assessment charts/lists for different types of skin system problems.</p> <ul style="list-style-type: none"> <li>• Skin Rashes, Bites, Stings, Sores, Growths, Lumps.</li> <li>• Under-the-Skin Infections.</li> <li>• Wounds.</li> <li>• Burns.</li> <li>• Cold Injuries.</li> <li>• Foot Problems.</li> </ul>
2	3			<p><u>Note to instructor</u></p> <p>Mention the other Assessment charts/lists that include skin related assessments.</p> <ul style="list-style-type: none"> <li>• Eyelid Problems.</li> <li>• Sores in the Mouth.</li> <li>• Anus Problems.</li> <li>• Male Genital: Discharges and Genital Skin Problems.</li> <li>• Female Genital Problems: Vaginal Discharge, Infection and Skin Problems.</li> </ul>
				<p>B. <u>CHAM Assessments:</u></p> <p>From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments. Recall the very basic anatomy and disease process of each Assessment.</p>
				<ul style="list-style-type: none"> <li>• <u>CHAM Assessments with possible Standing Order.</u></li> </ul> <p><u>Note to instructor</u></p> <p>See statewide Alaska CHA Program Standing Orders (SO) list.</p>
∇	3∇	∇	∇	<ul style="list-style-type: none"> <li>– Mild Allergic Reaction. (Session II SO) ( ∇ = also taught in Unit 24a, obj.4)</li> </ul>
1	3			<ul style="list-style-type: none"> <li>– Insect Bite or Sting. (Session II SO)</li> </ul>
1	3			<ul style="list-style-type: none"> <li>– Dermatitis, Acute or Chronic. (Session II SO)</li> </ul>
1	3			<ul style="list-style-type: none"> <li>– Impetigo. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Chickenpox. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Lice. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Scabies. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Diaper Rash. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Fungus Skin Infection. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Acne. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Dandruff. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Warts. (Session II SO)</li> </ul>
∇	3∇	∇	∇	<ul style="list-style-type: none"> <li>– Laceration, Abrasion, or Puncture Wound. (Session II SO) ( ∇ = also taught in Unit 5b7)</li> </ul>
	3∇		∇	<ul style="list-style-type: none"> <li>– Small Foreign Body Under Skin. (Session II SO) ( ∇ = also taught in Unit 5b7)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Minor Burn, 1<sup>st</sup> degree. (Session II SO)</li> </ul>
	3			<ul style="list-style-type: none"> <li>– Minor Burn, 2<sup>nd</sup> degree. (Session II SO)</li> </ul>



SKIN and SOFT TISSUE, Unit 19

I	II	III	IV	The CHA will:
				<ul style="list-style-type: none"> <li>• Other <u>CHAM</u> Assessments:  <u>Note to instructor</u>  This includes some of the common and most of the serious Assessments. Due to training time constraints, not all <u>CHAM</u> Assessments are listed here.</li> </ul>
1	2		3	– Shingles.
1	2		3	– Skin Ulcer or Pressure Sore.
	1		2	– Scarlet fever.
1	2	∇	∇	– Abscess. ( ∇ = taught in Unit 5b7)
2	3			– Infected Wound.
2	3		3	– Cellulitis or Red Streak.
	1		1	– Severe Infection under the Skin.
1	2			– Human Bite or Animal Bite.
	1			– Ingrown Toenail.
	1			– Athlete's foot. (see Fungus Skin Infection SO Assessment above)
	1			– Wart on foot. (see Warts SO Assessment above)
				<u>Note to instructor</u> For skills practice, use the Assessments <u>noted above</u> for practicing history and exam techniques in specific sessions.
∇	∇	∇	∇	– Severe allergic reaction. ( ∇ = taught in Unit 24a, obj.4)
	∇		∇	– Open fracture ( ∇ = taught in Unit 16)
∇				– Electrical Burn. ( ∇ = taught in Unit 6a obj.8)
∇				– Chemical Burn. ( ∇ = taught in Unit 6a obj.8)
∇				– Severe Burn. ( ∇ = taught in Unit 6a obj.8)
∇	∇	∇	∇	– Frostbite, Body Part Still Frozen. ( ∇ = taught in Unit 6a obj.9 and 6c obj.6)
∇	∇	∇	∇	– Frostbite, Body Part Already Thawed. ( ∇ = taught in Unit 6a obj.9 and 6c obj.6)
∇	∇	∇	∇	– Immersion Injury. ( ∇ = taught in Unit 6a obj.9 and 6c obj.6)
	∇		∇	– Ulcer or sore on foot. (see Skin Ulcer Assessment above) ( ∇ = taught in Unit 18)

I	II	III	IV	The CHA will:
2	3		3	<p>6. <u>Plan</u>: Demonstrate the ability to follow and record the <u>CHAM</u> Plan for a skin Assessment.</p>
				<p><u>Note to instructor</u> The Plans for Assessments with possible Standing Orders, in 5B above, should be reviewed to level 3 in session for which the statewide Standing Order may be granted.</p>
2	3			<p>A. Reporting: Demonstrate familiarity with the different reporting options (statements) in <u>CHAM</u> Plans.</p> <ul style="list-style-type: none"> <li>- Report NOW (an emergency).</li> <li>- Report NOW, if .... (patient has any of the listed findings).</li> <li>- ALWAYS report even if you have a current Standing Order for this problem, if .... (patient has any of the listed findings).</li> <li>- Report all Assessments for which you do not have a Standing Order.</li> </ul>
2	3			<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify which skin Assessments must always be reported NOW (as an emergency).                             <ul style="list-style-type: none"> <li>- Severe Infection under the Skin.</li> <li>- Human or Animal Bite.</li> <li>- Electrical Burn.</li> <li>- Chemical Burn.</li> <li>- Severe Burn.</li> <li>- Frostbite, Body Part Still Frozen.</li> </ul> </li> </ul>
2	3			<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when skin system Assessments must be reported NOW because of abnormal findings (“Report NOW if...”).</li> </ul> <p><u>Note to instructor</u> Discuss the following <b>partial</b> list of abnormal findings that would require “Report NOW” for <u>CHAM</u> Assessments [<i>in brackets</i>].</p> <ul style="list-style-type: none"> <li>- Signs of infection. [Skin Ulcer or Pressure Sore]</li> <li>- You may NOT feel pulse in foot, and foot is painful. [Skin Ulcer or Pressure Sore]</li> <li>- There is a black spot (dead tissue) at bottom of sore. [Skin Ulcer or Pressure Sore]</li> <li>- Patient looks very sick and/or has fever. [Abscess; Cellulitis or Red Streak; Other Skin Problem]</li> <li>- Wound is large or looks serious. [Infected Wound; Laceration, Abrasion or Puncture Wound]</li> <li>- Loss of circulation, sensation or movement. [Infected Wound; Laceration, Abrasion or Puncture Wound]</li> <li>- Wound caused by human or animal teeth. [Infected Wound]</li> <li>- Wound occurred when working with sea mammal, fish slime, or rabbit. [Infected Wound]</li> <li>- Large area of redness, or more than one red streak. [Cellulitis or Red Streak]</li> <li>- Infant. [Cellulitis or Red Streak]</li> <li>- Severe pain. [Laceration, Abrasion or Puncture Wound; Frostbite, Body Part Already Thawed]</li> </ul>

I	II	III	IV	The CHA will:
1	3			<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when skin system Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported.</li> </ul>
				<ul style="list-style-type: none"> <li>– Mild Allergic Reaction <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ looks sick <u>or</u> is wheezing.</li> <li>▪ had a severe reaction, even if better now.</li> <li>▪ this is first time patient had this reaction.</li> <li>▪ reaction may have been caused by medicine.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Insect Bite or Sting <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ problem is severe (many bites, stings).</li> <li>▪ skin looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Dermatitis, Acute or Chronic <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ this is first time patient has had this problem.</li> <li>▪ patient looks sick or has fever.</li> <li>▪ rash is severe or covers large areas of body.</li> <li>▪ skin looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Impetigo <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ patient looks sick or has fever.</li> <li>▪ infected area 1 cm (1/2 inch) or larger across.</li> <li>▪ possible child neglect.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Chickenpox <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ child younger than one year.</li> <li>▪ an adult.</li> <li>▪ this is first patient in village with Chickenpox in past month.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Lice <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ pregnant woman.</li> <li>▪ child younger than one year.</li> <li>▪ child with lice on eyelashes.</li> <li>▪ skin looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Scabies <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ pregnant woman.</li> <li>▪ child younger than one year.</li> <li>▪ rash is severe.</li> <li>▪ skin looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Diaper Rash <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ child looks sick or has fever.</li> <li>▪ rash is severe.</li> <li>▪ skin looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Fungus skin infection <u>if</u>:                             <ul style="list-style-type: none"> <li>▪ fungus is on scalp.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Acne <u>if</u>:                             <ul style="list-style-type: none"> <li>▪ patient is requesting medicine.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Dandruff <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ patient has rash that seems severe.</li> <li>▪ skin looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Warts <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ warts are large or painful.</li> <li>▪ patient wants to have warts removed.</li> </ul> </li> </ul>

(objective continues)

I	II	III	IV	The CHA will:
1	3			<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when skin system Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported. (objective continued)</li> </ul>
				<ul style="list-style-type: none"> <li>– Laceration, Abrasion, or Puncture Wound <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ wound on face or hand.</li> <li>▪ animal bite or wound caused by human teeth.</li> <li>▪ wound is “dirty”.</li> <li>▪ wound over a joint.</li> <li>▪ wound happened more than 6 hours ago.</li> <li>▪ puncture wound.</li> <li>▪ puncture wound into foot, if object went through a sneaker.</li> <li>▪ wound happened when working with a sea mammal, fish slime, rabbit.</li> <li>▪ injury may be from abuse.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Small Foreign Body Under Skin <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ anything more than just a simple splinter or fishhook.</li> <li>▪ area that looks infected.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Minor Burn, 1<sup>st</sup> Degree <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ child younger than 6 years.</li> <li>▪ burns covers more than 50% of body, or it seems severe.</li> <li>▪ the pattern suggests abuse.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Minor Burn, 2<sup>nd</sup> Degree <u>if</u> any of the following:                             <ul style="list-style-type: none"> <li>▪ child younger than 6 years.</li> <li>▪ total burn area is more than 1% body surface area (more than the size of patient’s palm).</li> <li>▪ burn is on face, neck, hands, feet, or genitals.</li> <li>▪ the pattern suggests abuse.</li> </ul> </li> </ul>
2	3		3	<ul style="list-style-type: none"> <li>• Report all Assessments for which you do not have a Standing Order.</li> </ul>
				<b>B. Special Care:</b>
1	3		3	<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify special care indicated in a skin Plan, using the <u>CHAM</u>.</li> </ul>
				<u>Note to instructor</u>
				Discuss the following important special care concepts:
1	3			<ul style="list-style-type: none"> <li>– Monitoring changes in skin/soft tissue infections by marking the borders.</li> </ul>
1	3			<ul style="list-style-type: none"> <li>– Secondary infection of a skin rash (examples: dermatitis; impetigo).</li> </ul>
1	3			<ul style="list-style-type: none"> <li>– Importance of obtaining a culture of an infected wound before cleaning or starting antibiotics.</li> </ul>
	1	∇	∇	<ul style="list-style-type: none"> <li>– Opening an abscess. ( ∇ = taught in Unit 5b7)</li> </ul>
	1		3	<ul style="list-style-type: none"> <li>– Significance of diabetes or circulatory problems with regards to foot problems (corns, calluses and ingrown toenail).</li> </ul>
∇	∇	∇	∇	<ul style="list-style-type: none"> <li>– Infected wound care. ( ∇ = taught in Unit 5b7)</li> </ul>
∇	∇	∇	∇	<ul style="list-style-type: none"> <li>– Care for laceration, abrasion, or puncture. ( ∇ = taught in Unit 5b7)</li> </ul>
∇	∇	∇	∇	<ul style="list-style-type: none"> <li>– Care for human or animal bite. ( ∇ = taught in Unit 5b7)</li> </ul>
	∇		∇	<ul style="list-style-type: none"> <li>– Care for small foreign body under skin. ( ∇ = taught in Unit 5b7)</li> </ul>
∇				<ul style="list-style-type: none"> <li>– Burn care (severe and minor). ( ∇ = taught in Unit 6a8)</li> </ul>
∇	∇	∇	∇	<ul style="list-style-type: none"> <li>– Care for frostbite body part, still frozen. ( ∇ = taught in Unit 6a; 6c)</li> </ul>
∇	∇	∇	∇	<ul style="list-style-type: none"> <li>– Immersion injury care. ( ∇ = taught in Unit 6a; 6c)</li> </ul>
∇	∇	∇	∇	<ul style="list-style-type: none"> <li>– Wound care. ( ∇ = taught in Unit 5b7)</li> </ul>

I	II	III	IV	The CHA will:
				C. Patient Education:
2	3		3	<ul style="list-style-type: none"> <li>Demonstrate the ability to give <u>CHAM</u> patient education about the Assessment to include basic anatomy and disease process, treatment and prevention.</li> </ul>
				<u>Note to instructor</u> Discuss the following important patient education concepts:
1	3			– For skin problems: “if it’s wet, dry it and if it’s dry, wet it”.
1	3			– Personal care that can make a skin problem worse: scratching; scrubbing; harsh soaps/chemicals; hot water.
	2		2	– Increased risk of kidney damage due to untreated impetigo.
	2		3	– Importance of preventing a pressure sore in an at risk patient with limited mobility (examples: backboard; splint; wheelchair; bed bound).
1	2			– Avoid aspirin or ibuprofen when treating chickenpox with a patient under 18 years old.
	3			– Avoiding problems that can be caused by wet feet (examples: fungal infection; immersion foot).
	1		2	– Self care of ingrown toenail.
			∇	– Animal bites and rabies prevention. ( ∇ = taught in Unit 26C)
				D. Medicine:
2	3		3	<ul style="list-style-type: none"> <li>Demonstrate the ability to use the <u>CHAM</u> Plan and <u>CHAM Medicine Handbook</u> to give a medicine correctly, which includes reviewing: the warnings, dosage schedule and patient education.</li> </ul>
				<u>Note to instructor</u> Discuss the following important medicine concepts:
	2			– Risks of improper use of topical steroids.
	1			– Pain management for abscess, burns, frostbite care and shingles.
				E. Additional Care:
2	3		3	<ul style="list-style-type: none"> <li>Demonstrate the ability to identify additional care indicated in a skin Plan, using the <u>CHAM</u>.</li> </ul>
				<u>Note to instructor</u> Discuss the following important additional care concepts:
	2		3	– Protocol for animal bites.
	2		3	– Wounds and burns have special reporting requirements.
	3		3	F. Recheck: Demonstrate the ability to give appropriate recheck information for an acute, chronic or preventive care visit.



PREGNANCY-RELATED HEALTH CARE

Family Planning, Unit 21a

Session	Class hrs.
Session III	3

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
		3		1. Discuss family planning (birth control; contraception) concepts: <ul style="list-style-type: none"> <li>• Definition: A practice which allows a woman and her partner to choose when they have children or to space children for the health of the mother, baby and family.</li> </ul>
		2		<ul style="list-style-type: none"> <li>• Discuss medical and social reasons for preventing pregnancy:                             <ul style="list-style-type: none"> <li>– Teen pregnancy.</li> <li>– Vulnerable adults.</li> <li>– Medical conditions (examples: heart disease; diabetes; auto-immune disease; teratogenic medicines; substance abuse).</li> </ul> </li> </ul>
		2		<ul style="list-style-type: none"> <li>• Identify other resources for providing family planning advice. Acknowledge the importance of referring patients to that person.</li> </ul>
		2		<ul style="list-style-type: none"> <li>• Using the <u>CHAM</u>, discuss the methods and factors to consider when choosing a birth control option: age, health, lifestyle, habits, religious beliefs, partner acceptance, availability and effectiveness of method.                             <ul style="list-style-type: none"> <li>– Methods a person can get on their own:                                     <ul style="list-style-type: none"> <li>▪ Abstinence.</li> <li>▪ “Rhythm” Method.</li> <li>▪ “Withdrawal” Method.</li> <li>▪ Male Condoms.</li> <li>▪ Female Condoms (Dams)</li> <li>▪ Spermicidal Foam, Jelly, Suppository, or Film.</li> <li>▪ Vaginal Sponge.</li> </ul> </li> <li>– Methods a person can get from CHA after reporting to doctor:                                     <ul style="list-style-type: none"> <li>▪ Oral Contraceptives (“the Pill”)</li> <li>▪ Patch.</li> <li>▪ Vaginal Ring (NuvaRing®).</li> <li>▪ Depo-Provera® Shot.</li> <li>▪ Emergency Contraceptive Pills (“Morning After Pill”).</li> </ul> </li> <li>– Methods for which a person must see another Health Care provider:                                     <ul style="list-style-type: none"> <li>▪ Diaphragm.</li> <li>▪ Intrauterine Device (“IUD”) – Copper IUD; Mirena®.</li> <li>▪ Subcutaneous Implant (Nexplanon®).</li> <li>▪ Surgical Sterilization - Women: Tubal Ligation; Men: Vasectomy.</li> </ul> </li> </ul> <p><u>Note to instructor:</u> See <u>CHAM</u> Female Charts D, E and F for information on each method.</p> </li> </ul>
		2		<ul style="list-style-type: none"> <li>• If a couple is having difficulty getting pregnant, a specific history, exam, patient education and doctor referral should be done. See <u>CHAM</u> section: When a Woman Wants (is trying) to get Pregnant.</li> </ul>
		3		2. <u>Immediate Care:</u> Recognize findings of family planning problems that require immediate or emergency care before proceeding with the HEAP work-up. <ul style="list-style-type: none"> <li>• None.</li> </ul>

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
 Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
 Level 2: Knowledge: recall; Skills: demonstrates with limited guidance from instructor  
 Level 3: Knowledge: application; Skills: demonstrates without guidance from instructor

PREGNANCY-RELATED HEALTH CARE

Family Planning, Unit 21a

I	II	III	IV	The CHA will:
		3		3. <u>History</u> : A. Using the <u>CHAM</u> , locate the proper section to take a family planning history. <ul style="list-style-type: none"> <li>Starting a Birth Control Method.</li> <li>Refill Visit for Birth Control Pills, Patch or Vaginal Ring (NuvaRing®).</li> <li>Refill Visit for Depo-Provera®.</li> <li>Emergency Contraceptive Pills (ECPs).</li> </ul>
		2		B. Discuss the key points of a family planning history.
		3		4. <u>Exam</u> : A. Using the <u>CHAM</u> , identify the exam for the female requesting family planning: adult screening physical exam.
		3		B. Using the <u>CHAM</u> , identify <u>when</u> the following lab tests and procedures are indicated for a family planning visit: <u>Note to instructor</u> : This objective does not address teaching the lab test or procedure skill. It pertains to identifying when the lab test/procedure is indicated. ( ∇ = shows which session each skill is taught)
		∇		<ul style="list-style-type: none"> <li>Urine sample for GC/Chlamydia test.</li> </ul>
	∇	∇		<ul style="list-style-type: none"> <li>Obtain Urine Pregnancy test, unless patient is having her period now.</li> </ul>
		3		5. <u>CHAM Assessments</u> : A. Using the <u>CHAM</u> , locate the Assessments for family planning: <ul style="list-style-type: none"> <li>Family Planning.</li> <li>Refill Birth Control Pills (or Patch, or Vaginal Ring).</li> <li>Repeat Depo-Provera® Shot.</li> <li>___ Year Old Female Requesting Emergency Contraceptive Pills (ECPs).</li> </ul>
				B. <u>CHAM Assessments</u> : From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments. Recall the very basic anatomy and disease process of each Assessment. <ul style="list-style-type: none"> <li><u>CHAM Assessments</u> with possible Standing Order: <u>Note to instructor</u>: See statewide Alaska CHA Program Standing Orders (SO) list.</li> </ul>
		3		– Family Planning: Starting Other Birth Control Method. (Session III SO: Male Condom; or Spermicidal Foam, Film, Jelly or Suppository)
		3		– Refill Birth Control Pills, or Patch, or Vaginal Ring (NuvaRing®). (Session III SO)
		3		– Repeat Depo-Provera® Shot. (Session III SO)
		3		– ___ Year Old Female Requesting Emergency Contraceptive Pills (ECPs). (Session III SO)

(objective continues)

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
 Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
 Level 2: Knowledge: recall; Skills: demonstrates with limited guidance from instructor  
 Level 3: Knowledge: application; Skills: demonstrates without guidance from instructor



PREGNANCY-RELATED HEALTH CARE

Family Planning, Unit 21a

I	II	III	IV	The CHA will:
				<p>B. <u>CHAM Assessments</u>:</p> <p>From the history and exam findings, use the <u>CHAM</u> to make and record the following Assessments. Recall the very basic anatomy and disease process of each Assessment. (objective continues)</p>
				<ul style="list-style-type: none"> <li>• Other <u>CHAM Assessments</u>:                             <ul style="list-style-type: none"> <li>– Family Planning: Starting Birth Control Pills, Patch or Vaginal Ring.</li> <li>– Family Planning: Starting Depo-Provera®.</li> </ul> </li> </ul>
		2		
		2		
		3		<p>6. <u>Plan</u>:</p> <p>Demonstrate the ability to follow and record the <u>CHAM Plan</u> for a family planning Assessment.</p>
				<p><u>Note to instructor</u>:</p> <p>The Plans for Assessments with possible Standing Orders (in 5B above) should be reviewed to level 3 in the session for which the statewide Standing Order may be granted.</p>
		3		<p>A. <u>Reporting</u>: Demonstrate familiarity with the different reporting options (statements) in <u>CHAM Plans</u>.</p> <ul style="list-style-type: none"> <li>– Report NOW (an emergency).</li> <li>– Report NOW, if .... (patient has any of the listed findings).</li> <li>– ALWAYS report even if you have a current Standing Order for this problem, if .... (patient has any of the listed findings).</li> <li>– Report all Assessments for which you do not have a Standing Order.</li> </ul>
		3		<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify which family planning Assessments must always be reported NOW (as an emergency).                             <ul style="list-style-type: none"> <li>– None.</li> </ul> </li> </ul>
		3		<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when family planning Assessments must be reported NOW because of abnormal findings (“Report NOW <u>if</u>...”).                             <ul style="list-style-type: none"> <li>– None.</li> </ul> </li> </ul>
		3		<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when family planning Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported.                             <ul style="list-style-type: none"> <li>– Starting Other Birth Control Method <u>if</u>:                                     <ul style="list-style-type: none"> <li>▪ patient requests a birth control method that you cannot give, such as IUD, diaphragm, subcutaneous implant or tubal ligation.</li> </ul> </li> <li>– Refill Birth Control Pills, or Patch, or Vaginal Ring <u>if</u> any of the following:                                     <ul style="list-style-type: none"> <li>▪ blood pressure reading is high.</li> <li>▪ patient having any problems with birth control method.</li> <li>▪ has missed pills, or misused patch or ring more than twice in last 4 weeks.</li> <li>▪ patient is age 35 years or older, and smokes.</li> </ul> </li> </ul> </li> </ul>

(objective continues)

PREGNANCY-RELATED HEALTH CARE

Family Planning, Unit 21a

I	II	III	IV	The CHA will:
		3		<ul style="list-style-type: none"> <li>• Demonstrate the ability to identify when family planning Assessments with Standing Orders must ALWAYS be reported because of abnormal findings. Recall that a patient with any high risk health condition must always be reported. (objective continued)</li> </ul>
				<ul style="list-style-type: none"> <li>– Repeat Depo-Provera® Shot if any of the following:                             <ul style="list-style-type: none"> <li>▪ patient having any problems.</li> <li>▪ it is more than 12 weeks and 7days (13 weeks) since last shot.</li> <li>▪ patient has been on Depo-Provera® for two years in a row.</li> </ul> </li> </ul>
				<ul style="list-style-type: none"> <li>– Patient who is requesting Emergency Contraceptive Pills (ECPs) if:                             <ul style="list-style-type: none"> <li>▪ it has been more than 72 hours since having unprotected sex.</li> </ul> </li> </ul>
		3		<ul style="list-style-type: none"> <li>• Report all Assessments for which you do not have a Standing Order.</li> </ul>
		3		<p>B. Special Care:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to identify special care indicated in a family planning Plan, using the <u>CHAM</u>.</li> <li>– None.</li> </ul>
		3		<p>C. Patient Education:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to give <u>CHAM</u> patient education about birth control methods.</li> </ul>
				<ul style="list-style-type: none"> <li>• Also recall the following important patient education concepts:                             <ul style="list-style-type: none"> <li>– The importance of safe sex with any birth control method.</li> </ul> </li> </ul>
		3		<ul style="list-style-type: none"> <li>– The need to use a back-up birth control method if any primary method is delayed or missed.</li> </ul>
		3		<ul style="list-style-type: none"> <li>– Emergency Contraception is available if regular birth control method is delayed, missed or malfunctions.</li> </ul>
		2		<ul style="list-style-type: none"> <li>– The importance of including patient education on family planning as part of health care (examples: Well Child-Teen Visit; Women’s Health; STI visit).</li> </ul>
		3		<p>D. Medicine:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to use the <u>CHAM</u> Plan and <u>CHAM</u> Medicine Handbook to give medicine correctly, which includes warnings, dosage schedule and patient education.</li> </ul>
				<ul style="list-style-type: none"> <li>• Also recall the following important medicine concepts:                             <ul style="list-style-type: none"> <li>– Contraindications for hormonal birth control methods (always read <u>CHAM</u> warning boxes).</li> </ul> </li> </ul>
		3		<p>E. Additional Care:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to identify additional care indicated in a family planning Plan, using the <u>CHAM</u>.</li> </ul>
		3		<p>F. Recheck:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to give appropriate recheck information for a family planning visit.</li> </ul>

PREGNANCY-RELATED HEALTH CARE  
 Postpartum Care, Unit 21e

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session III	1	1 (objective 3)	1 (objective 3) May be done post delivery or postpartum

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. Using the <u>CHAM</u> , recall postpartum care for the first 24 hours after a woman has delivered in the village, including:
		2		• Massaging the uterus.
		2		• Vital signs.
		2		• Monitoring for bleeding.
		2		• Genital area care.
		2		• Rest, activity and diet.
		2		• Medicine (Methergine).
		2		• Recheck schedule.
		2		2. Recognize the <u>CHAM</u> , as the source for taking and recording a post-partum recheck history and exam; locating and using the proper section of the <u>CHAM</u> .
				3. Using the <u>CHAM</u> , demonstrate the following specific physical exam skills for the postpartum recheck visit and determine if the findings are normal or abnormal:
		2		• Breast exam.
		2		• Feeling the uterus.
		2		• Squeezing calf muscle.
		2		• External genital exam.
				4. Recall those history and exam findings of postpartum problems, which if missed may have serious consequences and must be reported:
				A. History findings:
		2		• Heavy bleeding after delivery.
		2		• Unable to urinate 8 hours after delivery.
		2		• Bleeding (like a heavy period) for longer than 7 days after delivery.
		2		• Sick, flu-like feeling.
		2		• Painful spot on breast.
		2		• Painful area of vagina or outer genital area.
				B. Exam findings:
		2		• Uterus feels soft and large.
		2		• Fever.
		2		• Tender uterus/lower abdomen.
		2		• Foul smelling discharge from vagina.
		2		• Warm, red, tender spot on breast.
		2		• Inflamed breast lump.
		2		• Enlarged, tender lymph nodes in armpit.
		2		• Red, swollen area of vagina or genital area.
		2		• Painful, swollen leg.

See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation  
 Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required  
 Level 2: Knowledge: recall; Skills: with limited guidance from instructor  
 Level 3: Knowledge: application; Skills: without guidance from instructor

PREGNANCY-RELATED HEALTH CARE  
 Postpartum, Unit 21e

I	II	III	IV	The CHA will:
		2		5. From the history and exam findings, use the <u>CHAM</u> to make an assessment of normal postpartum and postpartum problems.
		2		6. Demonstrate the ability to follow the <u>CHAM</u> Plan for each postpartum assessment.
		2		A. Patient Education: <ul style="list-style-type: none"> <li>• Demonstrate giving patient education to include information about what the assessment is and how to treat and/or prevent the problem.</li> </ul>
				<u>Note to instructor</u> The following specific common /important patient education information will also be taught in class:
		2		– Postpartum blues or feelings of depression.
		2		– Exercises.
				– Breastfeeding: <u>Note: moved from Breast, Unit 15</u>
		2		▪ Advantages of breast feeding.
		2		▪ Interaction with baby during breastfeeding.
		2		▪ Breastfeeding technique.
		2		▪ Milk supply: initial, normal, and decreasing.
		2		▪ Common breastfeeding problems: <ul style="list-style-type: none"> <li>- Sore or cracked nipples.</li> <li>- Blocked milk-duct.</li> </ul>
		∇		– Well child care. ( ∇ = taught in Well Child, Unit 22c)
		∇		– Family planning. ( ∇ = taught in Family Planning, Unit 21a)
		2		B. Medicine: <ul style="list-style-type: none"> <li>• Demonstrate use of the <u>CHAM</u> and <u>CHAM Medicine Handbook</u> to select the correct medicine and dosage schedule and to provide the patient with appropriate information about the medicine.</li> </ul>
				<u>Note to instructor</u> Discuss the following important medicine concepts:
		2		– Postpartum use of prenatal vitamins and iron.
				C. Recheck:
		2		• Demonstrate the ability to communicate appropriate recheck information to the patient:
		2		– Schedule.
		2		– Postpartum danger signs.

Note to instructor For immediate postpartum care (after delivery), see Labor and Delivery in the Village, Unit 21d.