

COMMUNITY HEALTH AIDE BASIC TRAINING CURRICULUM

June 2010
Revised May 2018



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COMMUNITY HEALTH AIDE BASIC TRAINING CURRICULUM

Revision **May 2018**

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Recommended Resources for Instructors and Community Health Aides
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Community Health Aide Program
2010 Basic Training Curriculum Hours by Session – Revised May, 2018

Description	Unit	Session I				Session II				Session III				Session IV				Unit Total
		Class	Skills	Clinic	⊗	Class	Skills	Clinic	⊗	Class	Skills	Clinic	⊗	Class	Skills	Clinic	⊗	
Role of CHA	1a	1				1												2
Profess.Conduct/Ethics	1b	1				0.5												1.5
Gen. Health & Disease	2a	2																2
Immune Sys/Infection	2b	1																1
Anatomy & Function	3	3																3
Using CHAM	4a	1	1		⊗				⊗			⊗					⊗	2
Intro to Pt Encounter	4b	1		12				12								8		33
History	4c	1	2.5		⊗	0.5	1		⊗			⊗		0.5	1.5	⊗	7	
Exam	4d	1.5	5.5	4	⊗	0.5	2	1	⊗			⊗			1	⊗	15.5	
Assessment	4e	0.5	1		⊗				⊗			⊗					⊗	1.5
Plan	4f	1	1		⊗				⊗			⊗					⊗	2
Reporting	4g	1	1		⊗		1		⊗			⊗		1			⊗	4
Med. Vocabulary	4h	1			⊗				⊗			⊗					⊗	1
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

Description	Unit	Session I				Session II				Session III				Session IV				Unit
		Class	Skills	Clinic	⚙	Class	Skills	Clinic	⚙	Class	Skills	Clinic	⚙	Class	Skills	Clinic	⚙	Total
Skin	19	1	2			2	2							1	1			9
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

⚙= CHA will demonstrate a skill as part of clinical encounters, if the skill is available.

	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	45.75	34	527.50
Hours per Session		143.00			144.25			103.50			136.75		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			151.75		588.50

INTRODUCTION TO THE COMMUNITY HEALTH AIDE PROGRAM
 Role of the Community Health Aide, Unit 1a

Session	Class hrs.
Session I	1
Session II	1

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. Discuss the CHA as a primary health care provider in the village:
2	3			• Concept of a primary health care provider.
2	3			• Role within the health care system as a physician extender.
2	3			• Relationship with other health care providers, including emergency care givers.
2	3			• Relationship with the village council, the employer (tribal health organization) and the referral hospital.
				2. Discuss the CHA's general scope of practice to provide primary health care, according to the CHAM, including:
2	3			• Provide and assist in providing emergency medical care and transport.
2	3			• Provide acute and chronic health care services:
2	3			– Provide home visits for elderly, chronically ill, or very young patients who are acutely ill and cannot come to clinic.
2	3			• Provide and assist in providing preventive health services based on regional guidelines, which include:
				– Well Child care (birth to 18 years old).
				– Prenatal care.
				– Postpartum care.
				– Fluoride treatment.
				– Family planning.
				– Health surveillance (adults).
				– Immunizations.
				– Participation in health education/promotion measures and participation in community health care problem-solving.
2	3			• Provide, assist with or arrange for follow-up care of patients after having an illness, surgery, or other acute health problem.
2	3			• Assist in providing additional follow-up or long-term medical care for chronically or terminally ill patients as needed. Home health care is not the responsibility of the CHA.
3	3			• Consult with the referral doctor or his/her designee for:
				– Care of all patients requiring intervention not covered by written Standing Orders.
				– Care beyond the CHA's comfort/skill level.
1	2			• Cooperate with itinerant health care providers in the provision of specialized health care services.
1	1			• Perform clinic management functions necessary for the delivery of village health services. Note to instructor See CHAM Clinic Management section.

INTRODUCTION TO THE COMMUNITY HEALTH AIDE PROGRAM
 Role of the Community Health Aide, Unit 1a

I	II	III	IV	The CHA will:
3	3			3. Discuss that the CHA's specific scope of work is determined by the following: <ul style="list-style-type: none"> • Use of the CHAM.
2	3			<ul style="list-style-type: none"> – The CHAM also includes descriptions of skills not routinely taught in CHA Basic Training. These descriptions are to reinforce skills learned by CHAs/CHPs in additional training or to assist a doctor in talking a CHA/CHP through an emergency procedure.
1	2			<ul style="list-style-type: none"> • Basic Training Curriculum.
3	3			<ul style="list-style-type: none"> • Level of training and experience.
3	3			<ul style="list-style-type: none"> • Medical authorization of the referral provider by medical traffic.
1	3			<ul style="list-style-type: none"> • Written Standing Orders as given to a CHA by the supervising doctor.
2	3			<ul style="list-style-type: none"> • Other employer/regional guidelines.
				4. Identify the medical-legal coverage of the CHA within her/his scope of work:
3	3			<ul style="list-style-type: none"> • Use of CHAM as the CHA's guidelines for health care.
3	3			<ul style="list-style-type: none"> • Use the CHAM for every patient encounter.
2	3			<ul style="list-style-type: none"> • The CHAM can be used to guide emergency care while trying to reach the doctor (see also Using the CHAM, Unit 4a).
1	3			<ul style="list-style-type: none"> • The CHAM can only be used as Standing Orders if specific Standing Orders are signed off by the supervising doctor.
1	2			<ul style="list-style-type: none"> • Malpractice coverage by the Federal Torts Claim Act.
	2			<ul style="list-style-type: none"> • Good Samaritan Act.
1	3			<ul style="list-style-type: none"> • Treating minors only with permission of parent, except in emergencies, emancipated minor or care related to pregnancy, family planning or STIs (Alaska statute). Minor = less than 18 years old.
1	2			<ul style="list-style-type: none"> • Other employer policies and procedures.
3	3			<ul style="list-style-type: none"> • Patient records viewed as legal documents: <ul style="list-style-type: none"> – Importance of accurate, complete charting. – Release of information only when authorized by court order or by the patient after signing appropriate paperwork.
2	3			<ul style="list-style-type: none"> • Legal obligation (per Alaska statute) to report all cases of suspected or known: <p><u>Note to instructor</u> See CHAM, Clinic Management, Special Reports.</p> <ul style="list-style-type: none"> – Child abuse/neglect/sexual assault (any child younger than 18 y.o). – Abuse/neglect/sexual assault of vulnerable adults. – Serious burns. – Injury from a gun. – Intentional injuries caused by a sharp object. – Injury that was NOT an accident that might result in death of patient. – Animal bites (e.g. dog/fox). – Reportable diseases.

INTRODUCTION TO THE COMMUNITY HEALTH AIDE PROGRAM
 Role of the Community Health Aide, Unit 1a

I	II	III	IV	The CHA will:
				5. Discuss the history of the CHA program, the functions of the CHA program-related statewide groups, and the role of the CHA representatives in those groups:
1				<ul style="list-style-type: none"> • History of the CHA program: see CHAM chapter "Overview of the Alaska Community Health Aide Program".
	1			<ul style="list-style-type: none"> • Community Health Aide Program Certification Board (CHAPCB): Standards and Procedures.
	1			<ul style="list-style-type: none"> • Association of Community Health Aides/Practitioners.
	1			<ul style="list-style-type: none"> • Association of Alaska Community Health Aide Program Directors (AACHAPD).
	1			<ul style="list-style-type: none"> • Academic Review Committee (ARC).
	1			<ul style="list-style-type: none"> • Review and Approval Committee of Training Centers (RAC).

INTRODUCTION TO THE COMMUNITY HEALTH AIDE PROGRAM
CHA Professional Conduct and Medical Ethics, Unit 1b

Session	Class hrs.	Clinical hrs.
Session I	1	⊗ (all objectives)
Session II	0.5	⊗ (all objectives)
Session III		⊗ (all objectives)
Session IV		⊗ (all objectives)

⊗ = Demonstrate skills as part of clinical encounters, if available.

See session column below for clinical performance level in brackets.

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor

Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. Describe/demonstrate appropriate interaction skills that are important during each patient encounter (practiced throughout all clinical encounters):
3	3	⊗[3]	⊗[3]	• Professional appearance and dress code in accordance to regional policy,
3	3	⊗[3]	⊗[3]	• Greeting, introducing oneself.
3	3	⊗[3]	⊗[3]	• Protect and respect patient privacy.
3	3	⊗[3]	⊗[3]	• Confidentiality.
2	3	⊗[3]	⊗[3]	• Body language of CHA and patient.
2	3	⊗[3]	⊗[3]	• A caring, respectful and supportive attitude and behavior.
2	3	⊗[3]	⊗[3]	• Communicating with the patient throughout the encounter.
2	3	⊗[3]	⊗[3]	• Interactions between parent-child-examiner.
				2. Discuss CHA professional conduct as a student and provider, including: Note to instructor Refer to your Training Center policies.
3	3	⊗[3]	⊗[3]	• Courtesy and respect for others.
3	3	⊗[3]	⊗[3]	• Responsibility and reliability.
3	3	⊗[3]	⊗[3]	• Punctuality.
3	3	⊗[3]	⊗[3]	• Sobriety while on duty.
3	3	⊗[3]	⊗[3]	• Honesty in documentation, as well as reporting.
2	3	⊗[3]	⊗[3]	• Recognize when help is needed and have willingness to ask for help.
2	3	⊗[3]	⊗[3]	• Identify and follow regional policies and procedures.
1	2	⊗[3]	⊗[3]	• Review CHAPCB Standard 4.10.010, Grounds for Discipline.
				3. Practice medical ethics when providing patient care:
3	3	⊗[3]	⊗[3]	• Patient confidentiality.
3	3	⊗[3]	⊗[3]	• Patient's rights.
3	3	⊗[3]	⊗[3]	• HIPAA (specifics taught by employing Tribal Health Organization).
3	3	⊗[3]	⊗[3]	• Handling of Controlled Medicine.
				Note to instructor See CHAM Reference: Clinic Management; CHAM Medicine: Controlled Medicine.

THE PATIENT ENCOUNTER
Using the CHAM, Unit 4a

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	1	1 (all objectives, case studies)	☼ (all objectives)
Session II			☼ (all objectives)
Session III			☼ (all objectives)
Session IV			☼ (all objectives)

☼ = Demonstrate skills as part of clinical encounters, if available.
See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Note to instructor

For more information and detail see "How to Use the CHAM" in the "About" section in the CHAM.

Performance level at end of session				Objective:
I	II	III	IV	The CHA will:
3	☼[3]	☼[3]	☼[3]	1. Understand that the CHAM: <ul style="list-style-type: none"> • Must be used by all CHA/Ps for every patient encounter. Regional notes and variations are possible. • Provides patient care protocols and consistent treatment guidelines for CHA/P. • Guides the CHA/P through the patient encounter (HEAP) when providing health care in the village. • Describes the way CHA/Ps are trained to examine, perform procedures and treat various problems. Other health care providers may do things differently from their training and experience.
2				2. Understanding the importance of keeping your CHAM current and fully functional. <ul style="list-style-type: none"> • Connect your CHAM device to the Internet frequently to ensure the most current version of the iCHAM application. • If the PDF or eBook version is used, it must be manually downloaded. • Check with your information service/technology department to make sure you have the latest iOS (operating system) in your device.
2	☼[3]	☼[3]	☼[3]	3. Understand the parts of the CHAM well enough to provide patient care: <ul style="list-style-type: none"> • "How to Use the CHAM" – found in "About" section in the CHAM. <ul style="list-style-type: none"> – information is included that is so basic to providing good health care that it is not repeated anywhere else in the CHAM. • Launch page (also called Home page) is designed to assist in determining where to begin the patient encounter. It includes navigation to: <ul style="list-style-type: none"> – For a New Problem or Complaint. – Emergency. – Child Younger than 8 Years Who May Be Very Sick. – Recheck Visit of Problem Treated at a Village Clinic. – Follow-up After Hospital or Regional Clinic Visit. – Chronic Care Visit. – Preventive (Wellness) Care Visit. And includes beginning of history for New Problem or Complaint.

(objective continues)

THE PATIENT ENCOUNTER
Using the CHAM, Unit 4a

I	II	III	IV	The CHA will:
				3. Understand the parts of the CHAM well enough to provide patient care: (objective continued)
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Components: <ul style="list-style-type: none"> – Emergency Field Handbook. – Patient Care Visit. – Reference and Procedures. – Medicine Handbook. – About.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Table of Contents/Index/Symptom Index/Search.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Scrolling.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Hyperlinks.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Personalization features (examples: bookmarks; regional notes).
				4. Demonstrate how to navigate the CHAM when a patient visit is for:
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • New complaint or health problem. <ul style="list-style-type: none"> – For a chief complaint that has an appropriate problem specific section. – When CHA cannot find a section for the patient's chief complaint. – When patient has more than one complaint.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Emergency: <ul style="list-style-type: none"> – Outside of the clinic. – In the clinic.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Child Younger than 8 Years Who May Be Very Sick.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Recheck of an acute problem.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Follow-up After Hospital or Regional Clinic Visit.
1			☉[3]	<ul style="list-style-type: none"> • Chronic care.
1	☉[2]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Preventive (wellness) care.
				5. Use the CHAM's order of steps when giving health care. Recognize the importance of:
3	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Going through the entire history and exam process prior to going to the Assessment chart.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Omitting a step if it has already been addressed or if it is not indicated during the patient visit.
3	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Encounter is not complete until all steps of the Plan have been implemented.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • When using a hyperlink to leave a section of the CHAM, CHA must return to the original section and finish all listed parts before the visit is complete.
				6. Make Assessments, using the CHAM:
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Demonstrate use of an assessment chart to match history and exam findings with common assessments.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • The Assessment "Other____Illness (Problem)" is used when the history and exam findings do not match adequately with a specific assessment.
2	☉[3]	☉[3]	☉[3]	<ul style="list-style-type: none"> • Assessment may be found in a list rather than a chart; see example Eye Chart A.
3	☉[3]	☉[3]	☉[3]	7. Demonstrate locating the appropriate CHAM Plan for an Assessment.

THE PATIENT ENCOUNTER
Introduction to the Patient Encounter, Unit 4b

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	1		⊙ (all objectives) 12 [Walk-in clinic (adult or child), CHA is Primary provider]
Session II			⊙ (all objectives) 12 [Walk-in clinic (adult or child), CHA is Primary provider]
Session III			⊙ (all objectives)
Session IV			⊙ (all objectives) 8 [Walk-in clinic (adult or child), CHA is Primary provider]

⊙ = Demonstrate skills as part of clinical encounters, if available.
See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
2	⊙[3]	⊙[3]	⊙[3]	1. Describe the components of an appropriate environment for a patient encounter: <ul style="list-style-type: none"> • Secure/private. • Adequate temperature. • Cleanliness. • Adequate lighting. • Well-organized equipment. • Adequately stocked materials.
2	⊙[3]	⊙[3]	⊙[3]	2. List the parts of the HEAP (<u>H</u> istory, <u>E</u> xam, <u>A</u> ssessment, <u>P</u> lan) format and discuss the importance of using the HEAP format for each patient encounter: <ul style="list-style-type: none"> • An organized problem-solving method to address all aspects of the patient encounter. • An organized way to document patient information. • A standardized method for all health care providers to communicate patient information.
2	⊙[3]	⊙[3]	⊙[3]	
2	⊙[3]	⊙[3]	⊙[3]	
2	⊙[3]	⊙[3]	⊙[3]	3. Discuss the importance of documenting the patient encounter according to the CHAP PEF Documentation Guidelines. <u>Note to instructor</u> Hand out to students and review the CHAP PEF Documentation Guidelines, see Appendix A in Curriculum Overview.

THE PATIENT ENCOUNTER
Taking a History, Unit 4c

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	1	2.5 (objectives 6 & 7)	⊗ (objectives 6 & 7)
Session II	0.5	1 (objectives 6 & 7)	⊗ (objectives 6 & 7)
Session III			⊗ (objectives 6 & 7)
Session IV		0.5 (objectives 8 & 9)	1.5 (objective 10) ⊗ (objectives 6 & 7)

⊗ = Demonstrate skills as part of clinical encounters, if available.
See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: **Knowledge:** familiarity, awareness; **Skills:** no practice or return demonstration required

Level 2: **Knowledge:** demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: **Knowledge:** demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
2				1. Define a health history and why collecting a thorough History is important.
2				2. Identify sources of history information: <ul style="list-style-type: none"> • Patient. • Family members. • Other observers. • Patient's chart including Problem List. • Inquiries to other health care providers.
3				3. Using the CHAM, locate the histories for different types of patient encounters: <ul style="list-style-type: none"> • New Problem or Complaint. • Emergency Visit • Sick Child Younger than 8 Years. • Recheck Visit. • Follow-up after Hospital or Regional Clinic Visit. • Chronic Care Visit. • Preventive Care Visit.
3				4. Using the CHAM, locate and describe the Launch (Home) page history components: <ul style="list-style-type: none"> • Chief Complaint. • History of Present Illness. • Past Health History and Other History. • High Risk Health Conditions.
2				5. Using the CHAM, locate and describe the Problem-Specific history (which goes into more detail) components: <ul style="list-style-type: none"> • History of Present Illness includes review of body systems. • Past Health History (includes illnesses/ chronic diseases). • Other History: may include family health history, personal/social history and surgical history).
2	3	⊗[3]	⊗[3]	6. Demonstrate the ability to take and record the history information for a new body system complaint (Launch page and Problem-Specific history. <ul style="list-style-type: none"> • All applicable history findings must be recorded (positive and negative). Note to instructor Reference CHAP PEF Documentation Guidelines, Appendix A in Curriculum Overview.

THE PATIENT ENCOUNTER
 Taking a History, Unit 4c

I	II	III	IV	The CHA will:
				7. Using a variety of communication skills, be able to get a thorough history from the patient.
2	3	☉[3]	☉[3]	<ul style="list-style-type: none"> • Ask all questions in the CHAM unless not appropriate for the patient. • Use appropriate methods of questioning, including: <ul style="list-style-type: none"> – Open-ended questions. – Multiple-choice questions. Examples: Does it stay in one place or move around? – Closed-ended (Yes/No answer) questions. – Compound questions (multiple questions in one). Example: Feeling sick, weak, tired? – Active listening. – Clarification of unclear responses. • Explore positive findings in history using questions similar to the Launch Page History of Present Illness; example “When did it start?” • Describe and practice ways of coping with a difficult patient. For example: the patient who resists answering questions; rambles and gets off topic; is upset or angry; or, voices complaints.
2	2	☉[3]	☉[3]	– Open-ended questions.
2	2	☉[3]	☉[3]	– Multiple-choice questions. Examples: Does it stay in one place or move around?
2	2	☉[3]	☉[3]	– Closed-ended (Yes/No answer) questions.
2	2	☉[3]	☉[3]	– Compound questions (multiple questions in one). Example: Feeling sick, weak, tired?
2	2	☉[3]	☉[3]	– Active listening.
2	2	☉[3]	☉[3]	– Clarification of unclear responses.
2	2	☉[3]	☉[3]	• Explore positive findings in history using questions similar to the Launch Page History of Present Illness; example “When did it start?”
2	2	☉[3]	☉[3]	• Describe and practice ways of coping with a difficult patient. For example: the patient who resists answering questions; rambles and gets off topic; is upset or angry; or, voices complaints.
	1		2	8. Using the CHAM, locate and describe the Complete History components: <ul style="list-style-type: none"> • Chief Complaint. • History of Present Illness. • Past Health History. • Review of Body Systems. • Family Health History. • Personal and Social History, including habits history.
	1		2	9. Using the proper section of the CHAM, identify when a CHA may be asked to perform a Complete History as part of a patient encounter. <ul style="list-style-type: none"> • Patient has many complaints or a confusing problem. • For health surveillance. • At the time of a major change in health status, when requested by referral provider. • For a job or school physical. • A new patient for whom you have no information.
			2	10. Demonstrate the ability to take and record a Complete History, using the CHAM.

Detailed problem-specific history see:

Specific body system units.

Newborn history: Unit 22b.

Well Child history: Unit 22c.

Sick Child history: Unit 22d.

Prenatal history: Unit 21b.

Long-term care history for chronic disease: Chronic Disease, Unit 27d.

THE PATIENT ENCOUNTER
 Examining a Patient, Unit 4d

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	1.5	3.5 (objectives 3,4 & 5) 2 (objectives 7 & 10)	3 (objectives 4 & 5) 1 (objective 7) ⊗ (objectives 3,4 5 & 10)
Session II	0.5	2 (objective 7)	1 (objective 7) ⊗ (objectives 3,4 5 & 10)
Session III			⊗ (objectives 3,4 5 & 10)
Session IV			1 (objective 7) ⊗ (objectives 3,4 5 & 10)

⊗ = Demonstrate skills as part of clinical encounters, if available.
 See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor

Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor

Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	
				The CHA will:
2				1. Define the Exam: information that the provider obtains through observation, examination, lab tests, or procedures.
				2. Using the CHAM, locate major parts of the Exam portion of a patient encounter:
2				• General Appearance.
2				• Vital signs.
2				• Height, weight, and head circumference.
2				• Physical exam of body parts.
2				• Lab test results.
2	⊗[3]	⊗[3]	⊗[3]	3. Observe and describe general appearance as part of every physical exam.
				4. Demonstrate the ability to perform, record, and interpret vital signs of infants, children, and adults:
3	⊗[3]	⊗[3]	⊗[3]	• Temperature (oral, rectal, and axillary).
3	⊗[3]	⊗[3]	⊗[3]	• Pulse (radial and apical): +/- 4.
3	⊗[3]	⊗[3]	⊗[3]	• Respirations: +/- 2.
3	⊗[3]	⊗[3]	⊗[3]	• Blood pressure (manual): +/- 4 systolic, +/- 4 diastolic.
3	⊗[3]	⊗[3]	⊗[3]	• SpO2.

THE PATIENT ENCOUNTER
Examining a Patient, Unit 4d

I	II	III	IV	The CHA will:
				5. Demonstrate the ability to perform, record, and interpret measurements of children and adults:
3	☉[3]	☉[3]	☉[3]	• Height or length.
3	☉[3]	☉[3]	☉[3]	• Weight and calculate weight change.
				• Infant:
2	☉[3]	☉[3]	☉[3]	– Weight.
2	☉[3]	☉[3]	☉[3]	– Length.
2	☉[3]	☉[3]	☉[3]	– Head Circumference (to age three).
1	☉[2]	☉[3]	☉[3]	• Plot weight, length and head circumference, weight for length (birth to 3 yr), and BMI (age 2 to 20 yr) on growth chart for infants and children.
1	☉[2]	☉[3]	☉[3]	• Interpret the growth curves; identify normal and abnormal growth curves.
				6. Using the <u>CHAM</u> , describe the difference between a screening physical exam and a problem-specific exam, and demonstrate the ability to determine when each should be done in a patient encounter:
1	2			• A screening physical exam: – To screen a patient for problems. – To get to know what is normal for a patient. – If you cannot find a <u>CHAM</u> section for the problem.
1	2			• A problem-specific exam: a detailed exam of part of the body, done if patient has a specific complaint. (Exam technique covered in each body system unit).
1	2			• A combination of both.
				7. Demonstrate the ability to:
2	2		3	• Perform a screening physical exam on an adult, using the <u>CHAM</u> as a guide.
2	2		3	• Record a screening physical exam, using the <u>CHAM</u> as a guide.
∇	∇	∇	∇	8. Perform and record a problem-specific physical exam on a patient, using the <u>CHAM</u> . (∇ = taught in body systems Units 7 through 19, and 20e.)
1				9. Describe the potential use of Telehealth in the examination of a patient. <u>Note to instructor</u> Discuss what the students have in their village clinic. Use of Telehealth equipment is a skill taught regionally.
2	☉[3]	☉[3]	☉[3]	10. Demonstrate the proper use, care, and cleaning of equipment and supplies necessary for examining a patient. <u>Note to instructor</u> See Unit 5a Techniques to Prevent Spread of Communicable Diseases.

Detailed problem-specific exam: see specific body system units.

Specific body system units.

Newborn exam: Unit 22b.

Well Child exam: Unit 22c.

Sick Child exam: Unit 22d.

Prenatal exam: Unit 21b.

Long-term care exam for chronic disease: Chronic Disease, Unit 27d.

THE PATIENT ENCOUNTER
 Making an Assessment, Unit 4e

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	0.5	1	⊗ (objective 3)
Session II			⊗ (objective 3)
Session III			⊗ (objective 3)
Session IV			⊗ (objective 3)

⊗ = Demonstrate skills as part of clinical encounters, if available.
 See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	
				The CHA will:
2				1. Define the Assessment: <ul style="list-style-type: none"> The Assessment is the name of the patient's medical problem or condition. For a CHA it is based on matching the history and exam findings with a choice on a CHAM Assessment chart or list. Is often different than patient's chief complaint.
				2. Understand how to use the CHAM to make an Assessment.
2				<ul style="list-style-type: none"> A CHA's Assessment must be from the CHAM Assessment chart or list. Examples: bronchitis, common cold, botulism.
2				<ul style="list-style-type: none"> – "May be" or May have" in the Assessment Chart means the patient probably will have this, but might not. It could still be the correct Assessment without this finding.
2				<ul style="list-style-type: none"> – In the CHAM Assessment chart, "Other ____ (body system) Problem (Illness)" is used as the Assessment if history and/or exam findings do not match with a specific assessment. Example: "Other Ear Problem".
2				<ul style="list-style-type: none"> May be more than one Assessment. If more than one, number each Assessment in order of priority. Each Assessment will have a Plan.
2				<ul style="list-style-type: none"> When reporting, the referral provider's assessment/diagnosis may be different than the CHAM Assessment.
				3. Demonstrate the ability to make and record an Assessment for patient encounters, using the History and Exam information in the CHAM Assessment charts or lists.
2	⊗[2]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Assessments without Standing Orders.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Assessments with possible Standing Orders, appropriate for level of training.

THE PATIENT ENCOUNTER

Following a Plan and a Recheck Visit, Unit 4f

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	1	1 (objectives 2 & 6)	☉ (objectives 2, 3, 4, 5 & 6)
Session II			☉ (objectives 2, 3, 4, 5 & 6)
Session III			☉ (objectives 2, 3, 4, 5 & 6)
Session IV			☉ (objectives 2, 3, 4, 5 & 6)

☉ = Demonstrate skills as part of clinical encounters, if available.

See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: **Knowledge:** familiarity, awareness; **Skills:** no practice or return demonstration required

Level 2: **Knowledge:** demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: **Knowledge:** demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
				1. Using the CHAM, describe the possible elements of a Plan:
2				• Emergency Care (if not already done).
2				• Reporting options: <ul style="list-style-type: none"> – “Report NOW to referral doctor.” – “Report NOW to your referral doctor if…” [list of signs/symptoms]. – “Report to your referral doctor.” – “ALWAYS report, even if you have a current Standing Order for this problem, if:” – Use of Standing Order (no report needed).
2				• Special Care (examples: procedures, treatments).
2				• Patient Education.
2				• Medicine.
2				• Additional Care.
2				• While (If) Waiting to Transport to Hospital.
2				• Recheck (must be part of every plan if patient stays in village).
2				• Health surveillance / preventive health services.
2	☉[3]	☉[3]	☉[3]	2. Demonstrate the ability to locate, record and carry out a Plan appropriate for each Assessment, using the CHAM, CHAM Medicine Handbook, and referral provider.
2	☉[3]	☉[3]	☉[3]	• Record CHAM Plan title and number on Patient Encounter Form.
2	☉[3]	☉[3]	☉[3]	3. Recognize actions and treatments that can be taken before reporting: <ul style="list-style-type: none"> • While waiting to report, the CHA may follow the CHAM to implement appropriate parts of the Plan (for example: emergency interventions; patient education).
2	☉[3]	☉[3]	☉[3]	• In non-emergent situations, the CHA cannot give medicine unless authorized by the referral provider or Standing Order.
2	☉[3]	☉[3]	☉[3]	• In some emergent situations, the CHAM directs the CHA to give medicines before reporting to the doctor or while waiting to report (examples: epinephrine for anaphylaxis; oxygen for several emergencies; IV fluid bolus for shock).

THE PATIENT ENCOUNTER

Following a Plan and a Recheck Visit, Unit 4f Revision 2.9.18

I	II	III	IV	The CHA will:
2	⊗[3]	⊗[3]	⊗[3]	4. Recognize that Standing Orders are possible for some Plans as determined by both the statewide Alaska CHA Program Standing Orders (SO) list and regional guidelines. <u>Note to instructor</u> See specific information about Standing Orders in “How to Use the CHAM” and “CHAP Overview”. Be familiar with SO lists and regional variation.
				5. Demonstrate an understanding of how medicines are listed for treatment.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> In order of recommended treatment.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> All listed are acceptable unless there are regional exceptions.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Referral provider’s preference takes priority.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> By generic name and common brand name.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Each medicine is referenced with a specific link (hyperlink) to the CHAM Medicine Handbook.
				6. Demonstrate the CHAM process for a Recheck Visit of Problem Treated at Village Clinic:
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Provide patient education in initial visit: <ul style="list-style-type: none"> When to recheck. Purpose of recheck.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Look at PEF from last visit for this problem.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Complete the Recheck Visit history.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Go to the problem-specific Plan for additional recheck history, exam and patient education.
2	⊗[3]	⊗[3]	⊗[3]	<ul style="list-style-type: none"> Return to Recheck Visit to make the Assessment, which includes whether the patient is getting better, worse or no change. <ul style="list-style-type: none"> Always report if patient is not getting better or is getting worse.

THE PATIENT ENCOUNTER

Reporting Medical Information, Unit 4g

Session	Class hrs.	Skills practice hrs.	Clinical hrs.
Session I	1	1	☉ (objectives 2 & 3)
Session II		1	☉ (objectives 2 & 3)
Session III			☉ (objectives 2 & 3)
Session IV		1	☉ (objectives 2 & 3)

☉ = Demonstrate skills as part of clinical encounters, if available.
See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor
Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor
Skills: demonstrates without guidance from instructor

Note to instructor

Discuss verbal, paper, Electronic Health Record (EHR), and emergency reporting requirements and guidelines as pertinent to the student's region.

Performance level at end of session:				Objective:
I	II	III	IV	The CHA will:
2				1. Define the different Reporting options of the CHAM: <ul style="list-style-type: none"> • “Report NOW to referral doctor.” • “Report NOW to your referral doctor if ... “ [list of signs/symptoms]. • “Report to your referral doctor.” • “ALWAYS report, even if you have a current Standing Order for this problem, if” • Use of Standing Order (no report needed). <u>Note to instructor</u> See CHAM About section, “How to Use the CHAM”.
				2. Understand that when the CHAM says “Report to your referral doctor” the CHA should follow regional guidelines for reporting: <ul style="list-style-type: none"> • It may be appropriate to report to: <ul style="list-style-type: none"> – Medical provider who is taking CHA/P medical traffic or on-call. – Medical provider assigned to the village. • Others such as: <ul style="list-style-type: none"> – Maternal-Child Health (MCH) coordinator, if patient is pregnant. – Dentist, for mouth and dental problems. – Optometrist, for eye problems.
2	3	☉[3]	3	
2	3	☉[3]	3	
2	3	☉[3]	3	
2	3	☉[3]	3	
2	3	☉[3]	3	

THE PATIENT ENCOUNTER

Reporting Medical Information, Unit 4g

I	II	III	IV	The CHA will:
				3. Report patient encounters to the referral person according to the following guidelines: (continued)
2	3	☉[3]	3	<ul style="list-style-type: none"> Initiate emergency care as directed by the CHAM before reporting.
2	3	☉[3]	3	<ul style="list-style-type: none"> Finish the appropriate history and exam before reporting.
2	3	☉[3]	3	<ul style="list-style-type: none"> Document the HEAP (History, Exam, Assessment, Plan) before reporting, unless an emergency.
2	3	☉[3]		<ul style="list-style-type: none"> Report appropriate patients: <ul style="list-style-type: none"> All patients, unless CHA has a Standing Order for the Assessment. All patients with high risk health conditions, regardless of Standing Orders. For recheck visits, follow CHAM and regional guidelines for reporting. Abnormal exam findings not listed for an Assessment should be reported.
2	3	☉[3]	3	<ul style="list-style-type: none"> Report sickest or more emergent patients first.
2	3	☉[3]	3	<ul style="list-style-type: none"> Report in a well-organized, standard order, including the concepts of HEAP charting: <ul style="list-style-type: none"> Introduce self, training level and village. Begin report with patient's age, sex and assessment. If possible, make special concerns (examples: emergencies; weather; logistics) known to the referral provider as the report begins. Condense the report to only the most important/pertinent facts from the patient encounter as appropriate to level of training and experience. Focus on the history and exam findings listed for the Assessment as found in Assessment chart.
				<p><u>Note to instructor</u> It will help to review (rehearse) the report so CHA can report with confidence.</p>
2	3	☉[3]	3	<ul style="list-style-type: none"> Confirm CHAM Assessment with referral provider.
2	3	☉[3]	3	<ul style="list-style-type: none"> Record provider's Assessment.
2	3	☉[3]	3	<ul style="list-style-type: none"> Use specific Plan in CHAM, if appropriate, while developing a Plan with the referral provider.
2	3	☉[3]	3	<ul style="list-style-type: none"> Read back the provider's Plan including medication orders.
2	3	☉[3]	3	<ul style="list-style-type: none"> Record provider's name, credentials and time of consult.
				<p><u>Note to instructor</u> Inform students that they may have additional regional reporting guidelines.</p>

THE PATIENT ENCOUNTER
 Using Medical Vocabulary, Unit 4h

Session	Class hrs.	Clinical hrs.
Session I	1	⊗ (objective 1 & 3)
Session II		⊗ (objective 1 & 3)
Session III		⊗ (objective 1 & 3)
Session IV		⊗ (objective 1 & 3)

⊗ = Demonstrate skills as part of clinical encounters, if available.
 See session column below for clinical performance level in brackets.

Performance Levels: See Curriculum Introduction: Learning Objectives, Performance Levels and Evaluation

Level 1: Knowledge: familiarity, awareness; Skills: no practice or return demonstration required

Level 2: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM with limited guidance from the instructor

Skills: demonstrates with limited guidance from instructor

Level 3: Knowledge: demonstrates the ability to navigate, understand, and apply the CHAM without guidance from the instructor

Skills: demonstrates without guidance from instructor

Note to instructor

In addition to class time, these objectives may be achieved by homework and clinical demonstration.

Performance level at end of session:				Objective:
I	II	III	IV	
				The CHA will:
2	⊗[2]	⊗[3]	⊗[3]	1. Demonstrate correct use of medical, anatomical and other words that are contained in the CHAM.
1				2. Demonstrate the ability to use medical and other dictionaries.
2	⊗[2]	⊗[3]	⊗[3]	3. Locate and translate medical abbreviations listed in the CHAM. Recognize that some regions may have a list of acceptable medical abbreviations that their CHAs may use.

