AHEC Scholars Program Overview

Oregon
Area Health Education Center

Program Description:

AHEC Scholars is national program grant funded through the Health Resource & Services Administration (HRSA). The program is intended for health profession students who are serious about pursuing careers with rural and/or underserved communities after graduation. This innovative program will enroll 75 – 125 students annually from multiple universities and academic programs in Oregon. AHEC Scholars students will be instructed in concepts of Interprofessional Education (IPE), patient safety, social determinates of health, behavioral health integration, cultural competency, and practice transformation in a series of in-person and/or web-based didactic sessions designed to enhance their understanding of rural and underserved health care. Additionally, AHEC Scholars students will have the opportunity to complete community-based experiential training at rural and/or urban underserved sites across the state. In other words, AHEC Scholars present a unique opportunity for a student to fulfill their degree requirements with an emphasis on rural and underserved health.

Prerequisites:

Students must be enrolled in a health professions training program and be in good academic standing. Students must complete an AHEC Scholars application indicating their interest in and experience with rural and underserved populations and communities. Students who are accepted into the program will be notified by the Oregon AHEC Program Office.

Term/Year:

AHEC Scholars is a 2 year program and students must commit to being in the program for 2 years. Entry point into program is dependent upon each student's school/program with the exit point at graduation/completion of your degree. A Kick-Off event for each new cohort will be held in September to mark the start of each year of AHEC Scholars.

Contact – Oregon AHEC:

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Program Learning Objectives:

1. Work with individuals of other professions to enhance a climate of mutual respect and shared values.
2. Demonstrate knowledge of team-based professional skills, roles, and responsibilities in order to ensure an environment for safe, efficient, effective, and equitable care.
3. Describe the roles, responsibilities, and contributions of various health professions to patient-centered care.
4. Communicate with team members confidently, clearly, and with respect to ensure a common understanding of information and care decisions.
5. Use the knowledge of one's own role and those of other professions to appropriately assess and address the social and behavioral health care needs of rural and medically underserved populations.
6. Reduce common misunderstandings about the behavioral health needs of rural and underserved populations.
7. Improve understanding of unique cultures and values of rural and underserved communities.
8. Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
9. Increase understanding of health care delivery that is responsive to the evolving needs of the health care system.
10. Augment knowledge of health care practice redesign and Triple Aim goals.

Program Requirements:

1. Students must be enrolled for a minimum of 2 years.
2. Each student must complete a minimum of 40 hours of team-based clinical/experiential training per year in a rural and/or underserved setting.
3. Each student must complete a minimum of 40 hours per year of didactics in the HRSA defined 6 core topic areas:
    i. IPE
    ii. Behavioral health integration
    iii. Social determinants of health
    iv. Cultural competency
    v. Practice transformation
    vi. Current and emerging health issues
        i. Opioid abuse
        ii. Team-based ready providers (collaborative training)
        iii. SDH
        iv. Infant mortality
        v. Smoking
        vi. Suicide
        vii. ETOH
        viii. HTN
        ix. Diabetes
        x. CVD
        xi. Cancer
        xii. Asthma
        xiii. Physical In-activity

xiv. Low high school graduation rates – individuals are not ready/prepared for health care professions' school
xv. Lack of preceptors in rural areas
xvi. Those chronic disease identified as being higher in rural (Bailey study??)
xvii. Diversity (Hispanic and Latino)
xviii. Poverty

4. Didactic training should supplement existing health profession training program curriculum.
5. Students must complete a program evaluation – including a 1-year follow up.

Program Outline:

To leverage the existing infrastructure in team-based curriculum in rural clinical settings, when possible, students will spend some of their experiential learning at the OHSU Campus for Rural Health (CRH), allowing them to engage with community partners, faculty leaders, and interprofessional teams of learners. All AHEC Scholars students rotating through the CRH will be required to participate in campus specific curriculum (e.g. community-based project, I-CAN, R^3 IPE) to help achieve the requirements of the AHEC Scholars program.

If students are in community-based training site outside the CRH locations, they may use a virtual classroom (i.e. Adobe Connect) to participate in faculty-led didactic sessions and team-based learning. For example, these didactic sessions may incorporate case-based learning exercises that require students from multiple professions to engage to address patient care issues pertaining to the 6 core topic areas. Additionally, AHEC Scholars students may complete their didactic requirements through elective courses, supplemental curricular components, conference attendance, and other program or rotation related specific activities focused in the 6 core topic areas listed above.

Oregon AHEC will support a portion of student housing costs for AHEC Scholars students during the community-based experiential training aspect in a rural and/or underserved setting for up to 12 weeks.

A robust one-year follow up assessment and evaluation program will track graduates to see where they settle for their first job or match to a residency.

Below is an example of an AHEC Scholars cohort. Variability exists in order to accommodate the different curricular requirements for students from multiple institutions and programs. Please refer to the Flow Chart to see your specific school's/program's outline.

Cohort Year 1	**Cohort Year 2**	**Follow-up Years**
1. Kick-Off Event (Sept) 2. Core university IPE Course with supplemental material 3. Program specific curricular components or elective course 4. Community-based experiential training	1. Web-based didactics on the 6-core topics (virtual classroom) 2. CRH Community-based Project Course 3. Oregon Rural Health Conference 4. Poster Presentation 5. Community-based experiential training in a rural and/or urban underserved setting 6. Certificate of Distinction at graduation	1. Connect to Oregon Office of Rural Health and the Primary Care Office of the Oregon Health Authority for financial incentive programs 2. Collect employment or residency data 3. Program evaluation / assessment

in a rural and/or urban underserved setting		

Definitions:

IPE: When learners from different health care professions learn from, with, and about each other to enable effective collaboration and improve health outcomes (WHO, 2010).

Rural: Geographic areas 10 or more miles from a population center of 40,000 people or more (Oregon Office of Rural Health, 2016).

Underserved Area/Population – includes**:**

- The Elderly, Individuals with HIV-AIDS, Substance Abuse, and Victims of Domestic Violence
- Homeless Populations
- Health Professional Shortage Areas/Populations
- Medically Underserved Areas/Populations
- Migrant and Seasonal Farm workers
- Nurse Shortage Areas
- Residents of Public Housing
- Rural Communities

(Health Resources and Services Administration, 2016)

Qualifying Rural Clinical Sites:

- Federally Qualified Health Centers (FQHC's)
- Sites in rural areas in Oregon, with a HPSA for your profession, seeing the same percentage of Medicaid and Medicare patients that exist in the county in which the clinic is located.
- County and State correctional facilities
- Community mental health clinics
- State Mental Hospital – Junction City
- Critical access hospitals (CAH) and other rural hospitals
- Certified Rural Health Clinics (RHC)
- Veterans Affairs facilities
- Tribal clinics

Qualifying Urban Underserved Clinical Sites:

- Federally Qualified Health Centers (FQHC's)
- County and State correctional facilities
- Community mental health clinics
- Oregon State Hospital
- A non-profit facility, with a HPSA for your profession, seeing a minimum of 50% Medicaid patients.
- Other primary care facilities, as identified by the Oregon Office of Rural Health, with a HPSA score for your profession.

Team-based Training: When a student spends time as part of their educational program with a group of health care professionals that reflect the characteristics of Team-based Collaborative Care/Practice as outlined below.

Interprofessional Team-based Care/Practice:

National Center for IPE (2018) states Interprofessional Collaborative Practice Teams:

- share valued goals for people/patients, families, communities,
- have specific roles or functions to perform, and
- have commonly understood guidelines for working together.

WHO (2010) defines Interprofessional Collaborative Practice as occurring "when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings."

The features of team-based practice include clear patient identified goals, a mutual trust among the members, effective communication, and outcomes that are measurable (Golden & Miller, 2013).

Vital elements for collaborative team-based practice involve team members discussing and negotiating each other's roles, gained trust of one's own competence and the competence of others, knowing and respecting the unique contribution of the other team members, and motivation to work together (Oandasan et al., 2004).

References

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