Interprofessional Teamwork in Global Health: Facilitator Handbook

A collaboration of the University of Kentucky’s Healthcare Colleges and the Center for Interprofessional Healthcare Education, Research & Practice

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Maria Gabriela Castro, College of Medicine
Dear Colleague:

Thank you for collaborating on this interprofessional course! The goal of this course is to introduce social and cultural concepts that will frame clinical learning and practice, as well as to allow students to familiarize themselves with the practices of other professions. We hope to accomplish this through team-based learning activities that will give students the opportunity to interact with other pre-professionals and develop skills to work as part of a healthcare team. Themes and guest speakers for the 2014 sessions are:

- **Jan 27** A Day in the Life of Shoulder to Shoulder Ecuador
- **Feb 10** Ecuador: Cultural, Society & Politics
  - Carlos De La Torre, PhD
- **Feb 24** Environment and Health
  - David Mannino, MD
- **Mar 3** Body, Culture and Health
  - Frank Hutchins, MD
- **Mar 10** Community Engagement
  - Nancy Schoenberg, PhD

As a facilitator, your role will be to elicit student’s reflections on assignments, facilitate discussions and model interprofessional behavior as part of a healthcare team. We do not expect you to provide didactic clinical information outside your discipline. Rather, we hope you can help students explore the limits of their knowledge and learn how to learn from and teach one another. Remember, the focus of this course is to foster the development of teamwork skills. We hope the students will apply these skills in many future settings including Shoulder to Shoulder Global’s service learning experience in Santo Domingo, Ecuador.

Students will be grouped according to travel dates and with intent to diversify the professional make-up of each group. The primary activity of the discussion groups is to share information about the role and participation of each profession. Your role as a facilitator is to help students characterize the similarities and differences between professions, to recognize potential for collaboration across professions and to appreciate different approaches to similar clinical situations. These discussions should also be framed by the context of our class themes. The sociocultural and interprofessional learning objectives for this course are integrated into the case synopses. Discussion questions and salient points for review are also provided.

Your participation is much appreciated.

Sincerely,

Maria Gabriela Castro, College of Medicine
Lynn English, College of Health Sciences, Physical Therapy
# Objectives
- Meet your STSG teams
- Discuss the scope and role of various health professionals
- Observe and participate in a "field clinic"
- Meet la familia Alcevar

## Reading
- Kagan HL. ER: Port-au-Prince. A doctor volunteering in Haiti finds that it can be hard to do the right thing. NY Times 1/15/12.

## Due today
Perspective 1 : Facilitator to grade before next class. Uploaded to Blackboard for grading.

## Class time | Activity
--- | ---
5 min | Welcome, course introduction, and syllabus
10 min | Introduction - to Turning Point, various professions, facilitators and faculty
20 min | Icebreaker using space in the classroom and atrium
60 min | A Day in the Life of the Shoulder to Shoulder Global Ecuador Health Outreach Team 4 stations (groups of 8) 12-15 minutes per station
- Registration/Nursing/Public health
- Physical therapy/Communication and Speech disorders
- Medicine/Physician assistants/Nurse practitioners
- Pharmacy
30 min | Introduction to la familia Alcevar (Lynn English)
15 min | Small group meets: Get to know your travel group
**Due next** | Reading reflection on Homgren, Saffran, Ahmed, or Kagan articles (Submit on BlackBoard)
| **Needs** | Equipment: Turning Point keypads, blank registration forms - male and female  
Door signs  
Rooms: BPC234, atrium, small group rooms |
Faculty Synopsis

Icebreaker

Students and faculty will participate in an icebreaker to help them get to know other health professionals, learn about other professions and learn about others’ motivations to participate in a service-learning.

A Day in the Life with STSG

Students will rotate through a mini field clinic to experience the layout and learn about the components of our short-term health outreach efforts. Each station will have one-three faculty/students who have participated in STSG and can share information about his/her profession’s role and scope of practice in a low resource setting. Stations may demonstrate equipment or techniques employed in the field and should encourage students to participate in these activities.

Station activities (12-15 minutes per station)

1. Registration/Nursing (REG/RN): Students will fill out their own demographic and public health information on the registration forms in order to become familiar with the form and to initiate a discussion about why we ask these questions. Interpreters can discuss their role and challenges specific to this setting including cultural and linguistic variations in this population, health literacy of this population, and negotiating the communication between patient and provider.

The discussion should involve the role of taking information from a patient, cultural differences with regard to time, dates, etc. Students can participate in biometric measurement, plotting growth charts, taking vitals and performing a vision screen.
2. Physical Therapy / Communication Sciences and Disorders / Public Health (PT/CSD/PH): Discuss the most common conditions seen and examples of examinations and interventions employed. Compare and contrast the availability of resources and different approaches for resource limited settings. Public health representative may include explanation of screening for and highlight relevant health hazards and their impact on the health of this family.

3. Medicine/Physician Assistants/Nurse Practitioners (MD/PA/NP): Providers can share common medical complaints and common diagnoses. They may provide insights into the challenges of working in limited resource settings, how infrastructure contributes to medical care in the US and what the limitations and pitfalls of short term health outreach.

4. Pharmacy (PHARM): Students can learn about the formulary, dosing and dispensing issues and what mechanisms are used to improve counseling cross culturally.
**A Day in the Life of the Shoulder to Shoulder Global Ecuador health outreach team**

Logistics:

There will be 4 “stations” (X 2). These will be set up in small rooms that have been reserved in the building. Feel free to bring small visual aids to help the experience be more consistent with the experience in Ecuador.

Students will carry one of the registration forms we use during the brigades, and in their small travel groups, move through stations, about 15 minutes in each one, to get an idea of what Ecuadorian people experience during the brigades.

Groups will not necessarily move through “in order” as they do in Ecuador. There will be a “flow chart” to keep us moving smoothly through the stations.

Your role is to explain/reproduce the experience of the patient at one of the stations. (For registration, for example, a student would play the role of a patient, and there will be an interpreter at the registration stations.

Here are the people we have slated to staff the stations:

**Registration/Nursing 1**  
Kate McNamara (Interpreter)/Hartley Feld (Nursing)/Katelyn McNulty

**Registration/Nursing 2**  
Craig Borie/ Kristin Nation/ April Young (public health)

**PT/CSD**  
Lynn English/Anne Olson (CSD)

**PT/CSD**  
Audrey Johnson (PT)/Leah Shearer *(CSD)*

**Medicine/PA/Dentistry 1**  
Maria Castro/Brad Schwarz

**Medicine/Dentistry 2**  
Tom Young/Mindy Gerakos

**Pharmacy 1**  
Melody Ryan

**Pharmacy 2**  
Jimmi Hatton

If you are a faculty member not assigned to a station, please move through the stations with your group.
Meet la familia Alcevar: This is the family you will be working with for the duration of the class.
02/10/14  Class 2  Society, Culture & Politics in Ecuador

### Themes

| Society, Culture and Politics in Ecuador | Demystifying the health professions |

### Objectives

- Examine the shaping of modern Ecuador through the forces of economic turbulence and sociopolitical upheaval
- Discuss the impact of social determinants on health and healthcare delivery systems
- “Interview” la familia Alcevar
- Discuss the scope of practice and role of various health professionals

### Reading

- World Health Organization. Adelaide statement on health in all policies: moving towards a shared governance for health and well-being. 2010

### Due Today

- Reading reflection from choice of Homgren, Saffran, Ahmed, or Kagan articles from Class 1 (submit on BlackBoard). Facilitators to grade prior to next class meeting.

### Class Time

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<tr>
<th>Activity</th>
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<td>60 min</td>
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<td>30 min</td>
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<td>10 min</td>
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### Due next class

- Explore one social determinant of health in Ecuador (submit on BlackBoard)

### Needs

- Equipment: Turning Point keypads, registration forms for 5 family members (on blackboard)
- Rooms: BPC 234, small group rooms
Faculty Synopsis

Direct student attention to completed registration forms (focus on health history) for each of the five family members. Give students time to review the health history forms. Use the following information to guide a discussion about the impact of social determinants on health outcomes in the context of the preceding class.

Questions to guide discussion:
1. Why was this information collected and what should we do with it?

2. Which conditions are different from what we experience in urban and rural areas in Kentucky? Which ones are similar?

3. What health conditions do we have in common as a result?

4. What are the root causes of the health conditions in this community?

5. How do the social, cultural and environmental factors create or perpetuate the conditions we see in this community?

Social determinants of health for la familia Alcevar

Students should be prepared to discuss the registration forms for la familia Alcevar in context of the readings on social determinants of health. The session should be used to identify the impact on health of various factors including water, sanitation, education, employment/income, transportation, communication, and proximity to health center or hospital. Students should consider cultural differences for this population that affect health, such as early age at first pregnancy, early age of marriage, increased fertility rate and increased infant mortality. Domestic violence, alcohol and drug use as well as family structure also shape the health of this community.
# Class 3 Living in Plenitude: Health and the Environment in Ecuador

<table>
<thead>
<tr>
<th>Theme</th>
<th>Living in Plenitude: Health and the Environment in Ecuador</th>
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</table>
| **Objectives** | • Describe the environment in Santo Domingo  
• Identify environmental hazards specific to Ecuador  
• Discuss the impact of environmental hazards on health  
• Discuss the relationship of health and wealth among developing nations |
| **Reading** | International Development Research Center. Mining, contamination, and health in Ecuador.  
Cole D. Understanding the links between agriculture and health: occupational health hazards of agriculture. 2006, focus 13, brief 8.  
| **Due Today** | No assignment |

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<thead>
<tr>
<th><strong>Class time</strong></th>
<th><strong>Activity</strong></th>
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<tbody>
<tr>
<td>5 min</td>
<td>Pre-quiz</td>
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<tr>
<td>30 min</td>
<td>Environment and Health - David Mannino, Ph.D.</td>
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<tr>
<td>5 min</td>
<td>Post-quiz</td>
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<tr>
<td>30 min</td>
<td>Small group activity - Review exam findings and environmental impact of family on health</td>
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<tr>
<td>10 min</td>
<td>Debrief</td>
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<tr>
<td>10 min</td>
<td>Video - The best stats you’ve ever seen. First 5 min. Available at <a href="http://www.ted.com/talks/hans_rosling_shows_the_best_stats_you_veever_seen.html">http://www.ted.com/talks/hans_rosling_shows_the_best_stats_you_veever_seen.html</a></td>
</tr>
<tr>
<td>20 min</td>
<td>Gapminder and Global Burden of Disease using TurningPoint</td>
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<tr>
<td><strong>Due next</strong></td>
<td>Perspective 2 (submit on BlackBoard)</td>
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</table>
| **Needed** | Turning Point keypads  
BPC 234, small group rooms |
Faculty Synopsis

Questions to stimulate discussion:

1. What environmental hazards affect the familia Alcevar and what are potential health outcomes?
2. What public health measures prevent us from experiencing the same hazards in Kentucky? Are there some hazards that we share?
3. Are there examples of recent health hazards the people in the USA have experienced that prompt questions about how governments and individuals may view and impact environmental protection?

Students should appreciate the role of environment in health and be able to identify the environmental hazards that threaten this community. The discussion should examine the source of environmental pollutants for this area and discuss the specific health impacts for this family. The discussion may also include sources of pollutants or health hazards as well as the challenges to mitigating them through local or national sources. Students should draw from the readings to discuss the challenges faced in balancing rapid economic development that results in increased wealth and prosperity with unsustainable practices that will have long-lasting health consequences for populations in Ecuador, particularly those in poverty. This discussion could highlight the actions of the Ecuadorian government in light of their constitutional statement that health is basic human right, and the promise to protect both the health of the population and the natural resources of the country to live in harmony with nature.
Victoria (60y)
c/o bone pain, headaches, blurred vision

Rita (30y)
pelvic pain and "mal de orin"

Antonio (32y)
tooth pain over the last month

Angelica (15y)
mother requests rehab therapy for cerebral palsy

Manuel (3y)
mother requests a "control" (well exam) and vitamins
Cases:

All adult patients should receive age appropriate screenings for overweight, hypertension and diabetes.

Victoria (grandmother) should be screened for overweight, hypertension and diabetes (REG/RN). Additionally, she should receive vision and hearing screening (if available) due to her complaints and to evaluate her ability to complete activities of daily living. Her biometrics demonstrate that she is overweight (BMI 26.3), her blood pressure puts her in the pre-hypertensive range (131/89) and her non-fasting glucose is at the upper end of a normal range. Her age, complaints of headaches and nonspecific body aches should also prompt a brief screening for depression and a general medical exam (MD/PA/NP). Her age and postmenopausal status should prompt an evaluation for functional mobility and strength in her general medical exam and by physical therapy (PT). Her use of paracetamol (acetaminophen) should be reviewed by the pharmacist (PHARM) due to potential for toxicity with high doses or frequent use.

Antonio (father) should receive a blood pressure check to screen for hypertension and a glucose test to screen for diabetes (REG/RN) - both of which were elevated (prehypertension, prediabetes). The blood pressure should be repeated during future clinical visits to confirm this diagnosis. Although his chief complaint is tooth pain, he should have a general medical exam (MD/PA/NP) in addition to an oral health exam (DEN). There may also be cervical spine, temperomandibular joint and postural components of the orofacial pain. Collaboration between the dental and physical therapy teams would be optimal.

Poor oral health is often an indicator of poor general health but can also contribute to general health problems. Both medical and oral health interviews will require a dietary and social (smoking/drug use) history and a review of oral hygiene practices. Antonio’s tooth pain could contribute to malnutrition due to inability to eat properly and increase his long-term risk for cardiovascular disease. His evaluation should include an exam for oral cancers, exam of head and neck lymph nodes and cardiovascular/pulmonary exam due to his elevated blood pressure to detect signs of underlying disease. His symptoms of dental pain which have persisted during two rounds of ampicillin should prompt us to consider an alternative
antibiotic (PHARM). Students may also want to clarify that he has received ampicillin and that he is not allergic to it (the marking on the form is ambiguous).

*Rita* (mother) should also be screened for hypertension and diabetes (REG/RN), both of which are normal. She needs a general medical exam (MD/PA/NP) and a dental exam (DEN). Her chief complaint is a very common finding in our experience and is often undifferentiated (no diagnosis results). She specifies that she has pain in her uterus and ovaries, that she suffers (chronically) from dysuria and that she has kidney problems. She is unable to give a timing, frequency or duration, does not have a history of sexually transmitted disease, has no partner other than her husband and has never been diagnosed by a doctor with uterine, ovarian, renal or bladder problems. She does complain of vaginal discharge that is malodorous, she has burning with urination intermittently. She has had a pap smear but is unsure when and thinks the result was normal. When asked about associated symptoms, she states that she sometimes has fevers but the discussion does not clarify that they are concurrent with the pelvic symptoms. Chronic nonspecific pelvic pain (both here and in Ecuador) can also be a somatization of depressive disease. Her medical exam should include screening for anxiety and depression; a constitutional examination for signs of underlying disease; an abdominal exam; and a gynecological speculum and bimanual exam to localize the pain and look for signs of uterine or adnexal disease. Cervical cancer rates are high in Latin America; however, the rates are cases per 100,000 so the likelihood of detecting one during a single short term health outreach trip would be very low. A wet mount, KOH slide and urinalysis performed at the time of the visit were negative. Though “kidney pain” is a frequent presenting complaint, it is also often undifferentiated. Patients often use this description to express pain in the lower back that they attribute to their kidneys, however often neither the physical exam nor the urinalysis corroborates this. She may benefit from examination by the physical therapy team if her back pain is determined to be unrelated to internal organ dysfunction.

*Manuel* (age 3) is brought to the clinic for a control (well exam). He is too young for the hearing or vision screen. He is found to still be breast-feeding and has developed caries as a result so he will additionally need a comprehensive oral health exam (DEN). He is symptomatic with diarrhea and should receive the co-pro (fecal exam for parasite testing). He should have biometric screening for over or underweight, hypertension and anemia (REG/RN), constitutional exams for general health (MD/PA/NP).

*Angelica*’s (age 15) biometrics might present challenges and they might require assistance
due to impaired mobility (REG/RN). The measurements, screenings, medical and physical therapy exams could be combined to facilitate this for the patients and family. Additionally significant overlap should take place in the medical and physical therapy evaluation (PT/CSD/PH) including birth history, assessment of growth and development, dietary history and prior interventions. She communicates verbally, but her speech is slurred, so the CSD team will examine this further. A public health assessment should include the community / municipal health and social services available for people with disabilities (descapacitados) as well as family roles in care-giving, including impact on the health of others. An oral health assessment (DEN) will overlap the medical / PT interview but include a more detailed evaluation of oral health hygiene and caries prevention. Communication

Students should understand the importance of forming collaborative relationships with patients and other professionals by learning to accept and negotiate values, perspectives and opinions different from their own. Students should recognize the source of their own values and beliefs as a product of their particular culture - the roles they have in different aspects of their personal and professional life. They should also be able to identify the fluidity of the patient’s identity in these roles and understand that this can create discrepancy in health actions and beliefs and leave room for ambivalence in the patient’s decision to pursue a treatment plan.

Examples:

*How patients see themselves:*

Antonio may appear to be poor, have low education and a dangerous job that elicits concern from a health professional. However, he may have a role within his community for which he is known - e.g. has helped others with finances, has participated in community work, has a role in the faith community. He likely thinks of himself in this role, not as a “patient” with socioeconomic vulnerabilities.

*Patients and professionals are capable of complexity:*

A health professions student might have a well-founded understanding of healthy lifestyle behaviors still engages in smoking, binge-drinking or junk food with her social group if these are the norms.
Interprofessional conflict:

Likewise a health professional might perpetuate a stereotype of other health professions until they become personally acquainted with someone with whom they share an outside interest or have a personal connection. This helps them dispel their own myths about “the other” and recognize common motivations and purpose.

Students should be able to identify the overlap in treatment plans between professions. They should recognize when collaboration would modify their treatment plan and when lack of communication between providers can produce redundant or confusing results. Students should appreciate the assets of the family and discuss treatment plans that are realistic given these constraints. Encourage students to be specific about treatments during a service-learning trip and to anticipate what happens after they leave.
**Themes**  
Body, Culture and Health, Travel Orientation

**Objectives**
- Discuss the social and cultural context of illness versus disease
- Examine his/her own biomedical framework as the basis for descriptions and interpretations of health and illness
- "Examine" la familia Alcevar
- Identify key travel orientation materials
- Demonstrate how to work with an interpreter

**Reading**

http://www.globalbrigades.org/media/Duffle_Bag_Medicine.pdf


http://gagalanti.com/articles/articles_haffner.html

**Optional**
Illich I. To hell with good intentions. 1968. Available at http://www.swaraj.org/illich_hell.htm

**Viewing (prior to class)**
Read the transcripts and watch the videos:
- Birthing Practices  
  http://sitemaker.umich.edu/fm_cultural_competence_ecuadorian/birthing_practices
- Herbal Remedies  
  http://sitemaker.umich.edu/fm_cultural_competence_ecuadorian/on_herbal Remedies
- Home Remedies  
  http://sitemaker.umich.edu/fm_cultural_competence_ecuadorian/on_home_remedies
- Healers  
  http://sitemaker.umich.edu/fm_cultural_competence_ecuadorian/on_healers

**Due Today**
Explore one social determinant of health in Ecuador - submit on Blackboard. Facilitators to grade before next class meeting.

**Class time** | **Activity**
---|---
5 min | Pre-quiz
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<tr>
<th>Duration</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>30 min</td>
<td>Body, Culture, and Health - Frank Hutchins MD</td>
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<tr>
<td>5 min</td>
<td>Post-quiz</td>
<td></td>
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<tr>
<td>30 min</td>
<td>Small group activity - Diagnosis, treatment plan, costs, availability</td>
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<tr>
<td>10 min</td>
<td>Debrief</td>
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<tr>
<td>10 min</td>
<td>Working with an interpreter - Susan Carvalho PhD</td>
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<tr>
<td>40 min</td>
<td>Travel orientation - Craig Borie</td>
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<tr>
<td>Due next</td>
<td>None</td>
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<tr>
<td>Needs</td>
<td>Turning Point keypads</td>
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<td></td>
<td>BPHC 234, small group rooms</td>
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Discussion of the specific symptom presentation for each clinical case should take place in context of Dr. Hutchin’s discussion of individual and cultural variations in health beliefs and perceptions of illness and disease.

Questions to guide discussion

1. How does each patient’s description of his/her symptom fit with our biomedical model of disease?

2. How can you reconcile a patient’s expression of illness with your understanding of disease?

3. What health beliefs do you have that might be in contradiction with the biomedical model (flu vaccine gives you the flu, going out in the cold/rain causes pneumonia)?

4. Where do you get your health beliefs?

5. How do you think our perceptions of poverty and need align with those of this family?

6. What discrepancies or conflicts in health beliefs do you anticipate in negotiating with the family?

7. What education, treatments or services relevant to the familia Alcevar are provided by the Centro Medico Hombro A Hombro? What is provided by the STSG short term health outreach?

8. Discuss la familia Alcevar and discuss your approach to formulating a treatment plan for la Familia. What would you do at home? How are you limited in the health outreach setting?

9. How do you adapt your management to the cross cultural setting?

10. How could interprofessional collaboration improve health outcomes for this family?

Illness versus disease

Some family members present with health concerns that they may describe differently than in our biomedical model of disease. However, students should appreciate the validity of a patient’s concern. They should also appreciate the role of shamanistic or spiritual beliefs in the causation of illness from a patient’s perspective and should accept the patient’s potential skepticism of our explanations of causation. This should inform the way they take the history and it should help them understand that health beliefs are influenced by more
than information. They should discern where patients get their health beliefs, what reinforces them and how they might or might not change.

An important part of this discussion is recognizing that expressions of illness are not universal, that an ethnocentric perspective might promote inappropriate feelings of superiority, and that validating a patient’s expression of illness and health belief is not in conflict with practicing evidence based medicine - rather it’s a cross-cultural negotiation of understanding. In such a cross cultural encounter we should step back to consider that our expectations of what the patient feels, knows and expects from us may be not be aligned with the patient’s perspective.

A discussion of how to formulate a treatment plan in this environment should also take place. Students should discuss how we can work interprofessionally to formulate a treatment plan that addresses multifaceted health problems for this family and to appreciate the contribution of individual professions

<table>
<thead>
<tr>
<th>Comparison of treatment plans</th>
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<tbody>
<tr>
<td>Antonio (father)</td>
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<tr>
<td>Reason for visit</td>
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<td>------------------</td>
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<tr>
<td>Tooth pain during last month</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Dental</td>
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<td>Pharmacy</td>
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*abbreviations:  
OCX/OCE = oral cancer exam  
OHI = Oral Hygiene Instruction  
Pulp testing: Percussion, palpation, sensitivity to hot and cold (by report), mobility
<table>
<thead>
<tr>
<th>Reason for visit</th>
<th>Angelica</th>
<th>Manuel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health condition</td>
<td>Cerebral palsy</td>
<td>Treatment for worms?</td>
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</tbody>
</table>

**Medical plan**
- Iron supplementation for chronic anemia, copro* to assess for parasites. PT evaluation.

**Nursing/Public Health**
- Health education for patient/family on cerebral palsy, anemia, parasites, diet, water sanitation, dental hygiene, sexual health, growth and development

**Health Education/Nursing**
- Health education for patient/family on cerebral palsy, anemia, parasites, diet, water sanitation, dental hygiene, sexual health, growth and development

**Communication/Audiology**
- Discuss exam results from speech and hearing screen discuss how family communicates, determine need for strategies or referral

**Physical Therapy**
- Discuss and address family concerns about physical functioning. Postural and strengthening exercise, assessment of current assistive device and adjustment or replacement. Written exercise program instruction.

**Dental**
- Tooth Brush cleaning, OHI, family education

**Pharmacy**
- Iron Rx would need to be changed to tablet, if patient can swallow tablets (Dose of liquid too large). Counseling on iron same as with Rita. Counseling on MVI – directions. Using albendazole now versus getting stool sample*

*copro is stool testing for parasites; the recommendation for the CMHH area is to test symptomatic patients, however some providers treat without testing despite these guidelines.
In addition to individual health recommendations, an educational session that includes the whole family would be the optimal approach to generate discussion about certain health behaviors that may be contributing to illness in this family. A dietary history could elicit information about the availability of foods, the household food budget and the resources for cooking in order to determine how the whole family might increase their intake of iron since several members suffer from anemia. This could also bring up the subject of water contamination and what measures the family has available to obtain clean water for drinking, cooking and sanitation and what they have tried to do in order to prevent contamination with parasites.

Antonio and Victoria both had elevated blood pressures and would benefit from limiting alcohol consumption, avoiding tobacco and learning coping techniques for stress. These are lifestyle changes which would be attempted before beginning medication.

A healthy diet and avoidance of sweetened foods and beverages would benefit Antonio whose blood glucose was elevated and is at risk of becoming diabetic. This information is also necessary for Victoria who does most of the cooking and watches her grandchildren, who are suffering from caries. Again, these lifestyle changes would be implemented before treatment with medications.

Victoria would benefit from a physical therapy home exercise program to maintain strength, balance and mobility to help prevent fractures, functional decline and depression. She may also benefit from participating in the women’s dance class conducted at the Centro Medico. She is to continue her paracetamol (acetaminophen) and will need to be cautioned about taking more than 4 g/day which can cause hepatotoxicity.

Antonio would benefit from oral hygiene education. His acute infection would be treated with clindamycin and paracetamol (acetaminophen) or an NSAID (ibuprofen) for pain. He will need counseling to continue to take the antibiotic, even after he begins to feel better. He should take ibuprofen with food to help protect his stomach.

Rita would benefit from social support and counseling if this is available. She may find support and increasing activity by participating in the women’s dance class conducted at the Centro Medico. Assessment of her pain should be repeated during subsequent clinic visits even though no specific problem was found because the problem may evolve or resolve. She will need counseling on her iron therapy - it may cause constipation and cause her stools to appear black. She may have some stomach cramping with it and that symptom may be lessened by taking it with food.

Angelica would benefit from exercise, assessment of assistive devices and other physical therapy to be carried out by family members in order to sustain and improve function. She needs routine dental care, supplemental feedings and iron supplementation. Community support services might be helpful in accomplishing this. Her caregivers will need information on the iron supplementation. She has been prescribed liquid, but only tablets and infant drops are available on our formulary. Because the volume of the drops would be excessive, she will need to take the tablets, if she can swallow them. If not, they will have
to make arrangements to obtain the liquid supply locally. She has also been prescribed multivitamins. We have tablets and chewable tablets, based on their preference. Receiving injections of vitamin B12 is a common practice in Ecuador and patients may not mention them because they are periodic injections rather than an oral medication. During a medication history, it is a good idea to inquire about this.

For both children, the provider has elected to have them undergo stool testing rather than treating for intestinal parasites presumptively. If treatment is given for parasites, it is a one-time dose of a chewable tablet that is given on-site.

*A note to the facilitator - we do not expect you to give feedback on the clinical plan only on the collaboration between / among professions.*
### Theme
Community Engagement and Health Promotion

### Objectives
1. Describe the history of the Shoulder to Shoulder Ecuador efforts
2. List principles of community engagement in health promotion projects.
3. Identify potential barriers to community engagement in these health projects.
4. What are the scientific challenges to doing this type of research and health promotion?
5. From the readings, provide two examples of how to engage the community in health programming.
6. Describe/discuss projects being piloted in the community in Santo Domingo.

### Readings
- Schoenberg N, Howell B, Fields N. Community strategies to address cancer disparities in Appalachian Kentucky. Fam Community Health 2012; 35(1) 31-43.

### Pre-Class assignment
This is a web site that offers tests to find out more about your implicit associations about various topics. Please register, log in and take the Race Test. This will be part of our small group discussion for this class. [https://implicit.harvard.edu/implicit/](https://implicit.harvard.edu/implicit/)

### Due Today
Perspective 2 (submit on BlackBoard) Facilitators to grade within one week.

### Class time
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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<tbody>
<tr>
<td>History of Shoulder to Shoulder - Tom Young</td>
<td>15 min</td>
</tr>
<tr>
<td>Pre-quiz</td>
<td>5 min</td>
</tr>
<tr>
<td>Effective Community Engagement in Health Promotion: Nancy Schoenberg, Ph.D.</td>
<td>30 min</td>
</tr>
<tr>
<td>Post-quiz</td>
<td>5 min</td>
</tr>
<tr>
<td>Small group activity - Demystifying my culture: Hartley Feld, Nursing faculty</td>
<td>30 min</td>
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<tr>
<td>Time</td>
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<tr>
<td>20 min</td>
<td>Peace Corps worker in Santo Domingo (Maggie Moore) via Skype discusses ongoing community engagement projects (include nursing, PT, other research if time)</td>
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<tr>
<td>10 min</td>
<td>Video – 200 countries, 200 years, 4 minutes</td>
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<tr>
<td>15 min</td>
<td>Class wrap-up/debrief</td>
</tr>
<tr>
<td>Needed</td>
<td>Turning Point keypads</td>
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<tr>
<td></td>
<td>BPC234, small group rooms</td>
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</table>
Students should recognize the necessity of providing sustainable programs and resources to the community. In particular, they should identify the potential pitfalls of short-term efforts and the controversy around interventions that take place in low resource settings.

Questions to stimulate discussion:

1. How might the concepts of power and control of community members affect progress in development of programs and use of resources?

2. What are some approaches to avoid when attempting to engage a community in new health promotion?

3. What background information about a community would be essential to determine before introducing new health promotion ideas?

The importance of the community infrastructure in meeting the needs of its members may be a concept that is new to the students. In particular, activism and collaboration in low resource communities can encourage pooled resources and grass roots solutions. Students should understand the approach taken by groups external to the community should be collaborative, culturally sensitive, and thoughtful as emphasized in the readings. Students should become familiar with the available resources for the Carlos Ruiz Burneo barrio. They should develop an understanding of the challenges in sustainability faced by programs and see the effects of inconsistent governmental or non-governmental organization aid. Programs that are not yet in place at CMHH but have been implemented elsewhere may be part of this discussion.