

Building a Unique Curriculum For a Unique Setting: Correctional Health Professions Education

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Objectives

By the end of this lecture, participants will

- 1) be familiar with the dimensions identified by CH workers as crucial to preparation for working in CH settings
- 2) better understand the experience of those working in correctional health through exposure to their words and ideas
- 3) understand how the correctional health curriculum at one university was formed with input from those in the field
and refined over time to fit within the structure of competency-based education

A photograph of a multi-level building interior, likely a school or institutional facility. The scene features a prominent green metal staircase with railings that winds between levels. The walls are a light beige color, and several doors are visible, some with numbers like 52, 53, 24, and 25. The foreground shows rows of dark, empty seats, suggesting an auditorium or lecture hall. The overall lighting is somewhat dim, and the image has a slightly grainy quality.

Brief Overview of UMMS

Background:

UMass Correctional Health Program

- Rooted in Medical School's fundamental public service commitment
- Program in Commonwealth Medicine
- Contracts with MA DOC and Federal Bureau of Prisons
- Interested in developing academic milieu
 - Training
 - Research
 - Policy
 - Scholarship

TRAINING EXPERIENCES & START DATE

- Community Clerkship 2000
- Graduate Nursing Track 2001
- MS4/Resident Electives 2004
- Residency Electives 2005
- Fellowship with MPH 2006
- Medicine Clerkship Option 2008

Curriculum methods

- Lecture/Discussion
 - Security
 - Epidemiology of the population
 - History and Policy
- Immersion with journaling
- Products
 - Poster
 - Paper

A photograph of a school hallway. In the center, a green metal staircase with railings leads up to a second level. The walls are lined with lockers, some of which have numbers like 52, 53, 24, and 25. The floor is dark, and there are rows of dark chairs or benches in the foreground. The text "The Study" is overlaid in large, white, bold letters across the middle of the image.

The Study

Study aims

- Understand uniqueness of practicing in correctional health systems
What knowledge, skills, attitudes need to be addressed?
- What has attracted people to corrections?

Background

- Perceptions of experienced providers
 - essential knowledge
 - skills to be developed
 - attitudes that work
- Curricular guidelines are needed to:
 - begin the development of competencies
 - specify effective methods
 - attract a highly skilled correctional health workforce

Literature Review

- Several calls for academic linkages and workforce development involving medical schools (ACP, Kaufman)
- No curriculum articles
- One experiential article (Alemagno)

Methods: Qualitative

- Focus groups—audio taped
- Transcription and review for accuracy
- Content analysis and theme development
- Three coders
- Reached 80% agreement on themes

Participants

Physicians (n=6)

Nurse practitioners & physician
assistants (n=12)

Nurses (n=4)

Questions asked

- Compare and contrast your work in corrections to other work experiences in a health care setting.
- How are the skills, knowledge and attitude needed to practice in corrections similar to or different from those used to practice in other settings?

Questions asked

- Can you list some of the characteristics of the patients that you care for at your current site?
- Given these characteristics, what are some of the important issues to consider in preparing to care for this population?

Questions asked

- What ingredients would you include in a correctional health curriculum to prepare people for work in correctional settings?
- Thinking back to when you started in corrections, what have you learned since then that you wished you had known then?

Themes

- Characteristics of the population being served
- Prevalent conditions requiring clinical expertise
- Public health opportunities in correctional facilities
- Ethics
- Medical-legal issues
- CH system, structure and administration

Characteristics of the population being served

- History of abuse is common
 - Suspicious, angry
 - Manipulative
- Two common profiles emerged
 - Patients with low health literacy, little treatment experience and a wide range of untreated chronic ailments
 - Medically savvy, legally entitled patients with time on their hands and few resources

Physician quote

“Just because you’re manipulative, angry, entitled, cranky, and a black hole of need doesn’t mean you don’t really have something wrong with you and getting through all of that to find out what the underlying issue is, whether it’s psych or medical, or what it is, can really be a challenge and can be so frustrating that you can miss something. I think that’s the biggest challenge.”

Prevalent conditions

- Multiple health needs – complex patients
- Infectious diseases – Hepatitis C, HIV
- Psychiatric needs- PTSD, depression
- Substance abuse and withdrawal
- First aid & trauma
- Orthopedics
- Increase in geriatric needs, hospice

Public health opportunities

- Patients often not seen in community
- Consistent follow-up
- Restricted lifestyle choices: no smoking, drinking, etc., controlled diet
- Chance to control chronic illnesses: diabetes, hypertension
- Can improve health literacy and education for captive audience

Medical ethics

- Trust in patient presentation of symptoms
- Consider person as patient versus inmate
- Prejudice from people on the outside - “wasting” talent on undeserving
- Impact of criminal record on care – fear and pity
- Incarceration is punishment enough

Nurse quote

“I try to bear in mind that these guys are trying to get stuff from you, but can you blame them? If you were in the same situation and you only had \$20 in your canteen and you had an opportunity to buy shampoo or buy food but you could get the shampoo from health services, wouldn't you try? They have so many limited choices. So it's true if you put yourself in that situation, so I try to bear that in mind. The behavior can be wearing on you and you start to get angry and take it personally, as you're wasting my time, I have more important things to do than to deal with your getting this from me. But you have to put yourself in their shoes.”

Medical- legal issues

- High propensity for litigation - patients using legal system to control their environment
- Documentation considerations – prove there's not “deliberate indifference”
- Rights of patient and responsibilities of caregivers

Correctional health system, structure and administration

- Guests of the Department of Correction
- Benefits:
 - All are insured, have access to meds
 - None lost to follow-up
- Challenges:
 - Safety comes first, before patient care
 - Logistics and paperwork
 - Scarce resources

A photograph of a school hallway. In the center, there is a green metal staircase with railings. The walls are lined with lockers, some of which have numbers like 52, 53, 24, and 25. The floor is dark. The text "Translating results into competencies" is overlaid in white, bold, sans-serif font across the middle of the image.

Translating results into competencies

Attitudes

- Holistic view of patient
- Ability/desire to separate patient from crime
- Empathy
- Firm, thick skinned, maintain boundaries
- Consistency

Awareness

- Of how inmates' situation (loss of most rights, except right to health care) influences behavior – frequent demands, sense of entitlement, litigiousness
- Of how history of prior abuse, poverty, poor access to health care foreshadows mistrust, vulnerability, defensiveness
- That incarceration is the punishment, not opportunity for further punishment

Skills

- Negotiation
 - With corrections staff around security needs
 - With patients malingering for special treatment
- Strategies to manage
 - Somatization as result of social isolation, loss of control
 - Post-release engagement of patient with health care “on the outside”
 - Doctor-patient relationship without risk to safety or security

Other Skills

- Wider range than in other settings:
 - Procedures
 - People skills
- Careful word choice in speech and in documentation
- Be confident
- Managing difficult patients
- Avoid being set up
- Strong assessment skills
- Sensitive, objective observation
- Patient education – literacy
- Teamwork
- Do not order unnecessary tests
- Discharge planning from a prison

Knowledge

- Of procedures and protocols unique to CH
- Of population demographics
- Of high prevalence conditions and their assessment and treatment

Knowledge

Medical

- Infectious disease
- Substance abuse
- Chronic illness care
- Mental health
- Musculoskeletal

Corrections

- Dynamic interface
- Security levels
- Anatomy of set up
- Corrections role in punishment

Knowledge

- Complex patients with multiple issues
- Ethical issues
 - Forensic assessment
 - Security restraints
 - Hunger strike management
 - Body cavity search
 - Knowledge of patient crime

Summary & next steps

- Affirmed our hypothesis that need for specialized curriculum exists
- Heavy focus on corrections' knowledge, communication and assessment skills, values and ethics
- Desirable work with many challenges
- Next steps
 - Evaluation, evaluation, evaluation
 - Publication
 - Consortium development

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