

AHEC Team Report Form

Regional AHEC: Northern WVRHEC

Dates of AHEC rotation: 1/14/09 to 2/4/09

Students/Residents Participating:

Name	Discipline	School/Residency Program
Andrew Bleigh	PharmD	WVU
James G. Breisinger	Med	WVSOM
Nora E. Chiu	Med	WVSOM
Anna Dintini	PharmD	WVU
Andrew Etzel	Internal Med Resident	OVMC Residency Program
Joseph Henderson	Med	WVSOM
Sean Lamont	PharmD	WVU
Bernadette L. Sielski	Med	WVSOM
Brandon White	Internal Med Resident	OVMC Residency Program
Hermiety Van Laar	NP	WVU

Preceptor(s) in charge of AHEC team:

Rick Greco, DO

Continuing education of faculty development events *(please include number of people attending, broken down by faculty, students/residents, and community members):*

N/A

AHEC Team Member education:

Team held weekly meetings at Wheeling Health Right. At the first meeting, Lew Holloway, John Walters, Andy Etzel and Brandon White, OVMC residents, discussed the work completed by previous IDTs. Several PharmD students participating on the IDT were interested in prescription drug abuse among middle school-aged students and several others were interested in childhood obesity. By the end of the initial meeting it was decided to focus on prescription drug abuse. In addition to student interest Roger Cole and Jason Turner, pharmacist with Moundsville Pharmacy and several middle school principals in Marshall County to develop an awareness campaign geared toward this issue. WV also leads the country in prescription drug abuse.

The IDT's goals were to; 1.) Educate middle school-aged students about the consequences of prescription drug abuse, 2.) Provide middle school-age students with resources as a means of empowerment to help themselves and their friends, 3.) Educate parents about the epidemic of prescription drug abuse among WV teenagers, 4.) Provide parents with resources to identify, communicate, and resolve prescription drug abuse among their children, 5.) Establish middle schools as ground zero for change.

Activities developed to achieve the goals included researching, writing, and publishing 500 copies of "Teens and Prescription Drug Abuse" pamphlets. In addition an interactive program including a PowerPoint presentation were developed and titled "Abusing Prescription Drugs...A RX for disaster." With the help of NWVRHEC staff, students contacted schools and confirmed dates. Due to snow closings, the IDT was unable to present their project. At the last IDT meeting on 2/4, the IDT meant with incoming NWVRHEC students and worked out details to have that group reschedule the presentations and provide the presentations. As a result, the presentations were scheduled for Feb 18th at Sherrard Middle and Bridge St. Middle Schools. The NWVRHEC students were divided in two separate groups of 3 or 4 and

presented to 6th and 7th grade classes. Sixth and 7th grade students were given pre-test questions covering facts and statistics about the abuse of prescription drugs. Questions were then answered in a discussion type setting and points were awarded to teams for correct answers. Members of the winning team were awarded a Frisbee while all students received key chains depicting the web site theantidrug.com which is an excellent resource for parents and students. The "Teens and Prescription Drug Abuse" pamphlets were left at the schools and will be sent to parents with the next report mailing.

Counties assessed by students/residents:

Marshall County

**Healthy People Objective(s) addressed:
Substance Abuse**

Assignments given students/residents:

Beginning with the first meet the IDT assigned tasks to individual students. These included:

1. Assess local middle schools' interest and subsequent participation in project.
2. Develop interactive PowerPoint presentation (case study, discussion, and Q & A – in game format).
3. Contact local middle schools about possible dates and times for presentation.
4. Conduct research about prescription drug abuse.
5. Prepare powerpoint for presentation.
6. Procure prizes for game

Pew Competencies selected by students/residents: *(number in parentheses is number of students who selected that competency):*

1. Embrace a personal ethic of social responsibility and service. (1)**
 2. Exhibit ethical behavior in all professional activities. (2)**
 3. Provide evidence-based, clinically competent care. (2)**
 4. Incorporate the multiple determinants of health in clinical care. (2)**
 5. Apply knowledge of the new sciences. (2)**
 6. Demonstrate critical thinking, reflection, and problem-solving skills. (4)**
 7. Understand the role of primary care. (1)**
 8. Rigorously practice preventive health care. (4)**
 9. Integrate population-based care and services into practice. (1)**
 10. Improve access to health care for those with unmet health needs. (1)**
 11. Practice relationship-centered care with individuals and families. (2)**
 12. Provide culturally sensitive care to a diverse society. (2)**
 13. Partner with communities in health care decisions. (4)**
 14. Use communication and information technology effectively and appropriately. (2)**
 15. Work in interdisciplinary teams. (8)**
 16. Ensure care that balances individual, professional, system and societal needs. (0)**
 17. Practice leadership. (2)**
 18. Take responsibility for quality of care and health outcomes at all levels. (2)**
 19. Contribute to continuous improvement of the health care system. (3)**
 20. Advocate for public policy that promotes and protects the health of the public. (4)**
 21. Continue to learn and help others learn. (6)**
- **Number of students selecting competency.

Interventions implemented by students/residents *(include brief description of intervention, including number of community members impacted):*

Described under **AHEC Team Member education** above.

Sample of data collected:

Here are a comments that students from Sherrard Middle and Bridge St. Middle Schools made regarding the presentation:

- * loved the free stuff!
- * concerned about the amount of prescriptions that families are taking
- * concerned about friends taking street drugs
- * questions about relatives mixing medicines
- * program led many good discussions
- * expressed concerns about others having a variety of sample drugs
- * surprised by the statistics
- * liked group work & prizes
- * teacher thought three discussion groups worked well
- * wanted a little more information and/or questions asked
- * thought the discussion was fun
- * liked the quiz game format
- * the Erica story (the case study used to present the information) affected students emotionally
- * maybe include a hands-on activity
- * liked that they could discuss answers if they weren't sure
- * wanted a visual of drug abuse damage
- * wanted to know how aspirin and other prescriptions can damage the body (what will they do to me?)
- * wished the program was a little longer
- * it was fun!
- * wanted to see more about the affects of drugs
- * would have liked to discuss steroids and the affects on body
- * surprised to learn that WV has higher prescription drug abuse
- * surprised that aspirin, Advil, etc could be harmful
- * wanted to hear from other WVU students more, not just the male
- * surprised that more girls take Rx drugs than boys
- * made an impact on them that taking one wrong pill can be deadly
- * said they learned that drugs can make you suicidal
- * interested to learn that more people take Rx drugs than street drugs
- * kids who take Rx for ADHD are more likely to do it
- * interested to learn that 1 out of 5 teens takes Rx drugs

Summary of community interventions:

1. Sherrard Middle School
2. Bridge St. Middle School

Findings of the AHEC Team:

1. See General Finds and Sample of Data Collected.

General Finds

Overall the group felt that the IDS was a unique and valuable experience. They noted that all individuals equally contributed to the collective effort and that each discipline brought a unique prospective to the project. Some group members expressed that they felt inadequately informed of the goal of the IDS and were unsure what the role of each participant would be prior to the first meeting. All group members felt that they were effective in meeting their established goals and producing a worthwhile product and are hopeful the next IDS session will be able to continue their efforts and present the finished product to several groups of students.

The final result of this IDS was a presentation suitable for the target audience capable of relating the message of prescription medication abuse awareness and prevention. In addition, a pamphlet full of useful information was created to accompany the presenters and reinforce the information. Beyond the education they hoped to provide to students, the IDS participants themselves felt they gained additional knowledge about prescription drug abuse and felt more capable to educate their patients about this issue.

The group felt that they worked well together and were able to quickly establish an objective to pursue. They were able to decide upon the medium to convey the message to the target population and delegate the aspects of the construction of the presentation all within the initial meeting. Each member completed their assigned tasks according to schedule which allowed for rapid completion of the project.

Initially the health initiative that the group would focus on was difficult to choose. The group debated for quite sometime but ultimately did arrive at a consensus. Some group members felt the time spent in large group discussion was excessive and might have been spent better in small group situations. It was also expressed that this particular session was challenging due to the school appointment pre-scheduled for the 3rd week which left the group with only 2 weeks to complete their project.

Recommendations of the AHEC team:

1. IDS group members felt that coming into the first session they had insufficient knowledge regarding RHEP and the 2010 Health Initiatives.
 - a. Several members acknowledged that they had previously been involved in RHEP projects but were unaware of that fact at the time. By the end of the sessions they felt more informed and were invested in the mission of the RHEP.
2. The group suggested that each participating member receive a “welcome” email that detailed the purpose of the IDT and what would be required of the group over the next four weeks.
3. Felt that it would be helpful to receive a slightly greater amount of guidance from the resident facilitators early in the sessions in the interest of time.
4. Suggested that the incoming group (the next group of students to follow) be invited to the final session in order to improve continuity between IDTs.



Front row: Patrick Klocek - WVSOM, Aaron Burgess - WVU/CHAS, Meredith Hellstern - Marshall SOM, Tiffany Glasel - WVSOM, Melissa Alleman - WVU

Second row: Andrew Etzel - Internal Med. Resident, Joseph Henderson - WVSOM, Hermiety Van Laar - WVU SON, Bernadette Sielski - WVSOM, Nora Chiu - WVSOM, James Breisinger - WVSOM, Senator Jack Yost

Third row: Brandon White - Internal Med. Resident, Lew Holloway - Ex. Director AHEC, Dr. Richard Greco - OVMC Residency Director, John Walters - Coordinator Region I, Adam Coburn - WVU MT