

Prescription 10: Primary Care Environment

Facilitator Overview

Competency:	<i>Primary Care Environment</i>
Content:	Covers the many roles that people play within the health center; the universal precautions all staff and members must use to reduce risk of infection; and applicable OSHA regulations.
Lessons:	<ul style="list-style-type: none">• Lesson A: <i>The Patient's Health Center Experience</i>• Lesson B: <i>The Clinical Roles within the Health Center</i> <p><i>Additional training on universal precautions and OSHA regulations conducted by the health center for all staff should be provided for all HealthCorps members as well.</i></p>
Estimated Total Time:	3 hours max + training: OSHA and universal precautions
Methods / Media	<ul style="list-style-type: none">• "Reader"• Team discussion• Analysis
Assessment Method:	<ul style="list-style-type: none">• Pre- and Post-Test• Report back

Facilitator Preparation



What You Will Need for All Lessons in this Module:

- easel
- flip pad
- large colored markers

Introduction to the Competency – 5 minutes

The Competency



Present the definition of this competency:

- Primary care environment is a set of skills that enables you to serve in an appropriate and safe manner within the clinical settings of the community health center.



Point out the lesson(s) that you have selected for the Site Team to cover in this module, from the 2 lessons available to you.

Note: Additional training on OSHA regulations and universal precautions conducted by the health center for all staff should be provided for all HealthCorps members.

If you will have other presenters or lessons separate from this curriculum, **review** the schedule with the Team.

Lesson A: *The Patient's Health Center Experience*

Lesson:	The Patient's Health Center Experience
Objectives:	<p><i>Note: There are no prescriptive guidelines for delivery of this lesson. Instead, the facilitator or co-facilitator must be thoroughly knowledgeable about the center's clinical delivery system. Thus we recommend that you invite the Medical Director, Director of Nursing, or other senior clinical staff members to present.</i></p> <p>After completing this Lesson, members will be able to:</p> <ul style="list-style-type: none"> • Explain the clinical design of the health center, in laymen's terms, from the moment a patient walks in the door. • Recognize and comprehend common clinical terms and health center terms frequently used around the center and/or service site.
You will need:	<ul style="list-style-type: none"> • Guest speaker or co-facilitator: Medical Director or a senior member of the center's clinical staff • Lesson outline worked up with guest speaker • Prepared flip page labeled <i>Lesson Objectives</i> • Coordinator Sheet: <i>Suggested Scenarios</i> • Prepared flip page on each "patient" listing name, a few facts (plus photo cut from a magazine?) • Worksheet: <i>Meet the Patients on Their Way to Primary Care</i>
Estimated Time:	2 hours max
Gaining an Understanding – First Segment:	<ol style="list-style-type: none"> 1. Introduce guest speaker / co-facilitator. 2. Introduce lesson objectives. 3. Take <i>either</i> a real <i>or</i> a virtual tour of some of the center's clinical facilities. 4. Present scenarios to stay focused on the patient. 5. Ask questions about patient information, barriers to access, and mix of primary / preventive care.
Break:	Give a 10-15 minute break if necessary between scenarios.

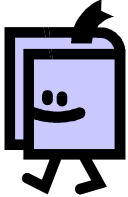
Building Skills:	N / A for this lesson
Reflection might include:	Suggested journal questions: <ul style="list-style-type: none"> • How has “walking” through a visit to the health center differed from my personal visits to a doctor?
Follow-up activities might include:	<ul style="list-style-type: none"> • Develop additional scenarios for discussion at Team meetings. • Have members report back during team meetings on patients they have worked with, but be sure to remind and emphasize the importance of HIPAA and confidentiality.

Lesson D



The Patient's Health Center Experience –

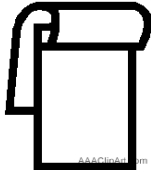
2 hours max



Direct members to Prescription 10: Primary Care Environment in the Participant Guide.

Lesson Objectives

Introduce the objectives of this lesson:



After completing this Lesson, members will be able to:

- Explain the clinical design of the health center, in laymen's terms, from the moment a patient walks in the door.
- Recognize and comprehend common clinical terms and health center terms frequently used around the center and/or service site.



Refer members to the Reader to find common terms used in health care and community health center settings.

Gaining an Understanding

30 minutes max



Introduce the guest speaker / co-facilitator to the Team.

If time allows, **invite** members to introduce themselves and say where they are from.

If this lesson will involve an actual walking tour of some of the clinical facilities, **describe** the Team's itinerary before starting out and **handle** any logistical questions members have.

Note: Be sure that the following information is included in your prepared outline for this lesson. It might be easiest to prepare a flip page with key words.

Present:

- This lesson is an introduction to the clinical design of a community health center.
- By law, all Federally Qualified Health Centers (FQHCs) must provide a minimum level of comprehensive primary and preventive care.
- Primary care ranges from general practice to dentistry.
- Preventive care includes a range of health education and social services including referral to other health and social service agencies.
- Health centers have become more sophisticated over time while demand for higher quality of care has increased.
- This evolution means that more and more health centers offer (a) some specialty care (e.g., podiatry) and (b) more comprehensive preventive care (e.g., alternative medical techniques).

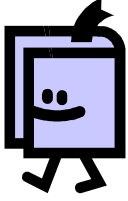
Note: Include 3-5 patient scenarios in your prepared outline for this lesson. Use or adapt from Coordinator Sheet: Sample Scenarios.

If the Team is taking a virtual tour of the clinical facilities while sitting in the training room, prepare a flip page on each of the hypothetical patients with a name and bulleted list of things we know about the person, plus a photo cut from a magazine to make it all the more real.



Create for members the image of a patient arriving at the center, walking in the door, and approaching the front desk.

Describe a typical but hypothetical patient. **Display** the prepared flip page about that patient.



Direct members to locate Worksheet: *Meet the Patients on Their Way to Primary Care* in the Participant Guide and start filling it out.

Explain that this scenario involves their “Patient #1.”



Walk members through that particular patient’s scenario as s/he moves from the front desk to a chair in the waiting room to the nurses’ station to an examining room ...to the point of either walking out of the center or being transferred to another institution.

Ensure that each scenario takes the patient through at least a slightly different route from start to finish.

During each scenario, **ask** members a couple of questions to stimulate discussion. For example:

- “Is this enough information to determine the sort of care the patient needs?”
- “What further information will someone on the clinical staff need to know about this patient?”
- “Do you think this particular patient is likely to run up against any barriers as s/he moves through the health center process?”
- “From what you’ve learned about this patient, do you think there’s a need for any preventive care as well as primary care? If so, what might it be?”



After completing Scenario #1, **go ahead and move through** the other scenarios.

Note: The level of Team discussion and the overall amount of time you have available will determine the number of scenarios you are able to complete.

Building Skills

N/A

Note: There are no Building Skills aspects to this lesson, but as you review the scenarios, you will find that skills from Module 2: Patient Relations will probably come into play.



Suggested journal questions:

- How has “walking” through a visit to the health center differed from my personal visits to a doctor?

Follow-up
Suggestions



- Develop additional scenarios for discussion at Team meetings.
- Have members report back during team meetings on patients they have worked with, but be sure to remind and emphasize the importance of HIPAA and confidentiality.



Proceed to:

- Lesson B: *Clinical Roles in the Health Center*, Prescription 10: Primary Care Environment.

Lesson A: The Patient’s Health Center Experience

Coordinator: Sample Scenarios

The facilitator for this session should be extremely familiar with the clinical settings of the health center and be able to explain how a variety of patients would flow through the center.

Instructions:

1. *Ask a member to read the scenario.*
2. *After the reading of the scenario, ask members a couple of questions to stimulate discussion. For example:*
 - a. *“Is this enough information to determine the sort of care the patient needs?”*
 - b. *“What further information will someone on the clinical staff need to know about this patient?”*
 - c. *“Do you think this particular patient is likely to run up against any barriers as s/he moves through the health center process?”*
 - d. *“From what you’ve learned about this patient, do you think there’s a need for any preventive care as well as primary care? If so, what might it be?”*

Scenario #1:

A 45-year-old African-American female presents to the health center as a follow-up from a trip to the emergency room where she was taken for fainting. Her transferred medical record indicates her blood pressure was high at 220/140 when she was in the hospital.

Scenario #2:

A 9-year-old white male presents to the health center for his annual physical exam prior to returning to school in the fall.

Scenario #3:

A 32-year-old white female presents to the health center after she attended a health education seminar recently on how to conduct breast self-exams. After a few months of conducting exams on herself, she discovered a small mass.

Scenario #4:

An 82-year-old Hispanic male presents to the health center with chest pain and shortness of breath. He is a shopkeeper two buildings away from the health center and has been a patient of the health center for over 15 years.

Lesson A: The Patient's Health Center Experience

Worksheet: Meet the Patients on Their Way to Primary Care

Instructions:

- 1. Your facilitator will present you with information about a variety of hypothetical patients to illustrate what community members experience when they present for treatment.*
- 2. Record whatever information you can pick up about each "patient" discussed and points along his or her path through the health center on this visit.*

Patient #1: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
1.		
2.		
3.		
4.		

Patient #2: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
1.		
2.		
3.		
4.		

Patient #3: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
1.		
2.		
3.		
4.		

Patient #4: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
1.		
2.		
3.		
4.		

Patient #5: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
1.		
2.		
3.		
4.		

Lesson B: Clinical Roles in the Health Center

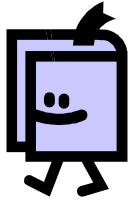
Lesson:	<i>Clinical Roles in the Health Center</i>
Objectives:	<p><i>Note: There are no prescriptive guidelines for delivery of this lesson. Instead, the facilitator or co-facilitator must be thoroughly knowledgeable about the center's clinical delivery system. Thus we recommend that you invite the Medical Director, Director of Nursing, or other senior clinical staff members to present.</i></p> <p>After completing this Lesson, members will be able to:</p> <ul style="list-style-type: none"> • Identify the different clinical roles within their health center / service delivery site. • Understand the type of training and education that goes into the different clinical roles. • Understand their own role in the clinical setting.
You will need:	<ul style="list-style-type: none"> • Guest speaker or co-facilitator: Medical Director or a senior member of the center's clinical staff • Lesson outline worked up with guest speaker • Prepared flip page labeled <i>Lesson Objectives</i> • Coordinator Sheet: <i>Member Allowed and Prohibited Activities</i>, completed • Member Worksheet: <i>Member Allowed and Prohibited Activities</i>
Estimated Time:	1 hour max
Gaining an Understanding – First Segment:	<ol style="list-style-type: none"> 6. Introduce guest speaker / co-facilitator. 7. Introduce lesson objectives. 8. Explain and discuss the different clinical roles that exist in the community health center 9. Discuss the training and education that goes into each clinical role at the health center 10. Discuss and ensure members understand the allowed and prohibited activities within the clinical setting. <i>Note: This may be service-assignment specific and the coordinator may choose to do this separately.</i>
Break:	If necessary

Building Skills:	N/A for this lesson
Reflection might include:	<p>Suggested journal questions:</p> <ul style="list-style-type: none"> • How has hearing about the different clinical career opportunities gotten me to think about my own future? • What clinical roles in the health center may interact with my role during my service assignment?
Follow-up activities might include:	<ul style="list-style-type: none"> • Develop “Career Panels” focusing on an array of clinical careers. • Link members who show an interest in pursuing a clinical career to professionals in and outside of the health center for informational interviews and shadowing.

Lesson B



Clinical Roles in the Health Center – 1 hour max



Direct members to Prescription 10: Primary Care Environment in the Participant Guide.

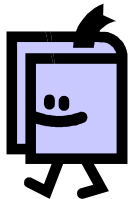
Lesson Objectives

Introduce the objectives of this lesson:



After completing this Lesson, members will be able to:

- Identify the different clinical roles within their health center / service delivery site;
- Understand the type of training and education that goes into the different clinical roles; and
- Understand their own role in the clinical setting.



Refer members to the Reader to find common terms used in health care and community health center settings.

Gaining an Understanding

30 minutes max



Introduce the guest speaker / co-facilitator to the Team.

If time allows, **invite** members to introduce themselves and say where they are from.

If this lesson will involve an actual walking tour of some of the clinical facilities, **describe** the Team's itinerary before starting out and **handle** any logistical questions members have.

Note: Be sure that the following information is included in your prepared outline for this lesson. It might be easiest to prepare a flip page with key words. Ideally this lesson will be taught in sync with Lesson A from this Module.

Present:

- This lesson is an introduction to the clinical roles at a community health center.



List on a new flip page all of the clinical titles within the health center.

Note: Because every health center meets different needs, there may be differences in the list between programs, but all should be able to follow the list provided below.

Clinical Roles in the Health Center

- Medical Director
- Internist
- Pediatrician
- Nurse
- Nurse Practitioner
- Physician Assistant
- Nurse's Aide
- Dentist
- Dental Hygienist
- Dental Aide
- Midwife
- Orderly
- Students (clinical)

In addition to the list above and other actual clinical roles in your health center, **solicit and list** other clinical roles from members.

Once this list is complete, **move** onto the next set of directions.



For each of the positions listed, **provide** a brief description of:

1. What the position does,
2. Where in the health center this position is located,
3. Which other staff this position typically works with on any given day,
4. When HealthCorps members would expect to interact with this position, and
5. What kind of education / training goes into it.

Note: You may choose to ask the human resources department to also help with this lesson and/or provide job descriptions for the different clinical positions within the health center.



Give a 10-15 minute break .

Note: This final part of the lesson may be done separately and/or individually with members if it specifically affects certain members in their service assignments.

Welcome members back from their break



Direct members to locate Worksheet: *Allowed and Prohibited Clinical Activities*.

Note: This sheet is designed to guide members on which clinical activities are allowed for HealthCorps members to complete. Be sure to have your completed Coordinator Sheet:

Begin the walkthrough of the worksheet and indicate exactly where members should check off “Allowed” or “Prohibited.”

*Note: If as you go through there are opportunities where members may receive future training on a particular skill **but still may not be able to use it during their service assignment**, let the members know.*

Building Skills

Note: There are no Building Skills aspects to this lesson, but as you review the scenarios, you will find that skills from Module 2: Patient Relations will likely come into play.



Suggested journal questions:

- How has hearing about the different clinical career opportunities gotten me to think about my own future?
- What clinical roles in the health center may interact with my role during my service assignment?

**Follow-up
Suggestions**



- Develop “Career Panels” focusing on an array of clinical careers.
- Link members who show an interest in pursuing a clinical career to professionals in and outside of the health center for informational interviews and shadowing.

Lesson B: *Clinical Roles in the Health Center*

Coordinator Sheet: *Allowed and Prohibited Clinical Activities*

Instructions:

1. *This sheet is designed to guide members in which clinical activities are allowed for HealthCorps members to complete and which are not.*
2. *Prior to the training, complete this sheet in conjunction with site supervisors and senior health center management.*
3. *Read aloud: “The first step in properly introducing members into a clinical environment is to clearly establish which activities Community HealthCorps members will be allowed to perform in each service assignment. We will now go through the activities below and indicate which activities are allowed, prohibited, or allowed-under special circumstances.”*

P Prohibited activity for HealthCorps members

A Allowed activity for all members with training

A-Sp Allowed activity under special circumstances; note circumstances in table.

Skill / Task	P	A	A—Sp
A. Patient Workup			
Patient History-Pediatric			
Patient History-Adult Med			
Patient History-OB/Gyn			
Weight-Infant			
Weight-Child & Adult			
Height-Child & Adult			
Length-Infant			
Infant Head Circumference			
Temperature-Oral			
Temperature-Rectal			
Blood Pressure			
Vision Screening Test			
Hearing Testing			
Growth Charts			
B. Procedures / Lab			
Glucose Testing			
EKG			
Throat Culture			
Urine Dip Stick			

Lesson B: *Clinical Roles in the Health Center*

Worksheet: *Allowed and Prohibited Clinical Activities*

Instructions:

- The first step in properly introducing you into a clinical environment is to establish clearly which activities Community HealthCorps members will be allowed to perform in each service assignment.*
- Your facilitator will go through the activities below and tell you which activities are allowed, prohibited or allowed-under special circumstances*

P Prohibited activity for HealthCorps members

A Allowed activity for all members with training

A-Sp Allowed activity under special circumstances; note circumstances in table

Skill / Task	P	A	A—Sp
A. Patient Workup			
Patient History-Pediatric			
Patient History-Adult Med			
Patient History-OB/Gyn			
Weight-Infant			
Weight-Child & Adult			
Height-Child & Adult			
Length-Infant			
Infant Head Circumference			
Temperature-Oral			
Temperature-Rectal			
Blood Pressure			
Vision Screening Test			
Hearing Testing			
Growth Charts			
B. Procedures / Lab			
Glucose Testing			
EKG			
Throat Culture			
Urine Dip Stick			
Pregnancy Test			
Hematocrit			
Stool—Occult Blood			
Stool—Ova & Parasite			
HIV			

Prescription 10: Primary Care Environment

Primary care environment is a set of skills that enables you to serve in an appropriate and safe manner within the clinical settings of the community health center.



Lesson A: *The Patient's Health Center Experience*

After completing this Lesson, members will be able to:

- Explain the clinical design of the health center, in laymen's terms, from the moment a patient walks in the door.
- Recognize and comprehend common clinical terms and health center terms frequently used around the center and/or service site.

Lesson B: *Clinical Roles in the Health Center*

After completing this Lesson, members will be able to:

- Identify the different clinical roles within their health center / service delivery site.
- Understand the type of training and education that goes into the different clinical roles.
- Understand their own role in the clinical setting.

HealthCorps Reader

What Are Health Centers?

Community health centers are **local, non-profit, community-owned health care providers** serving low income and medically underserved communities. For nearly 40 years, the national network of health centers has provided **high-quality, affordable primary care and preventive services** and often provides on-site dental, pharmaceutical, mental health and substance abuse services as well.

Also known as Federally-Qualified Health Centers (FQHCs), they are located in areas where care is needed but scarce and **improve access** to care for millions of Americans regardless of their insurance status or ability to pay. Their costs of care rank among the lowest, and they reduce the need for more expensive in-patient and specialty care, saving billions of dollars for taxpayers. Currently, 1,000 community, migrant, and homeless health centers serve 3,500 urban and rural communities in every state and territory.

Whom Do Health Centers Serve?

Health centers serve as the medical home and family physician to 15 million people nationally – a number that is quickly growing. Health center patients are among the nation's most vulnerable populations – people who *even if insured* would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, the language they speak, and their higher levels of complex health care needs.

Some additional facts about community health centers include:

- About half of health center patients reside in rural areas, while the other half generally lives in economically depressed inner city communities;
- Health centers serve one in five low income children;
- Two-thirds of health center patients have family incomes at or below the Federal poverty level (\$15,020 annual income for a family of three in 2002);
- Nearly 40% of health center patients are uninsured and another 36% depend on Medicaid, much higher than the national rates of 12% and 15%, respectively; and
- Two-thirds of health center patients are members of racial and ethnic minorities.

How Do Health Centers Overcome Barriers to Care?

Health centers remove common barriers to care by serving communities who otherwise confront geographic, linguistic, cultural and other barriers, making health centers different from most private, office-based physicians. They:

- Are **located in high-need areas** identified by the federal government as having elevated poverty and higher than average infant mortality, where few physicians practice;
- Are **open to all residents**, regardless of insurance status, and provide free or reduced cost care based on ability to pay;
- **Tailor their services** to fit the special needs and priorities of their communities, and provide services in a linguistically and culturally appropriate setting. Nearly a third of all patients are best served in languages other than English; and
- **Offer services that help their patients access health care**, such as transportation, translation, case management, health education, and home visitation.

For many patients, the health center may be the **only source** of health care services available. In fact, the number of uninsured patients at health centers is rapidly growing – from over 3.5 million in 1998 to over 5.8 million today.

How Do Health Centers Make a Difference?

Key to health centers' accomplishments is **patient involvement in service delivery**. Governing boards – the majority of which must be patients according to Federal grant requirements – manage health center operations. Board members serve as community representatives and make decisions on services provided. Active patient management of health centers assures responsiveness to local needs and helps guarantee that health centers improve the quality of life for millions of patients in the following ways.

- **Improve Access to Primary and Preventive Care.** Health centers provide preventive services to vulnerable populations that would otherwise not have access to certain services, such as immunizations, health education, mammograms, pap smears, and other screenings. Health centers have also made significant strides in preventing anemia and lead poisoning. Low income, uninsured health center users are also *much more likely to have a regular source of care* than the uninsured nationally.
- **Effective Management of Chronic Illness.** Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine (IOM) and the General Accounting Office (GAO) have recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV / AIDS. Health centers' efforts have lead to *improved health outcomes* for their patients, as well as *lowered the cost of treating patients* with chronic illness.

- **Reduction of Health Disparities.** Because of health centers' success in removing barriers to care, the IOM and GAO recognizes them for reducing or even eliminating the health gaps for racial and ethnic minorities, as well as for the poor in the U.S. A recent landmark study found that *health centers are associated with reducing racial and ethnic disparities* in such key areas as infant mortality, prenatal care, tuberculosis case rates, and death rates. Another major study found that disparities in health status do not exist among health center users, even after controlling for socio-demographic factors, and that the absence of disparities at health centers may be related to their culturally sensitive practices and community involvement – features that other primary care settings often lack.
- **Cost-Effective Care.** Health centers provide comprehensive health care for about \$1.25 a day per patient served – about 10 times *less* than average per capita spending on personal health care. Several studies have found that health centers save the Medicaid program at least 30% in annual spending for health center Medicaid beneficiaries due to reduced specialty care referrals and fewer hospital admissions, thereby *saving billions* in combined federal and state Medicaid expenditures.
- **High Quality of Care.** Studies have found that the quality of care provided at health centers is *equal to or greater than* the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they received at health centers.
- **Fewer Infant Deaths.** Several studies have found that communities served by health centers have infant mortality rates between 10 and 40% lower than communities not served by health centers. Health centers are also linked to improvements in accessing early prenatal care and reductions in low birth weight.
- **Create Jobs and Stimulate Economic Growth.** Health centers employ over 70,000 people, including many local community residents. They bolster local business and stabilize neighborhoods by stimulating community development and economic growth.

*The following pages present
prefixes, roots of words, and suffixes
commonly used in clinical settings.*

Common Clinical Prefixes, Roots and Suffixes

Prefixes				Suffixes	
a(d)-	towards	infra-	below, underneath	-ase	fermenter
a(n)-	without	inter-	among, between	-ate	do
ab-	from	intra-	within, inside, during	-cide	killer
ab(s)-	away from	intro-	inward, during	-c(o)ele	cavity, hollow
ad-	towards	iso-	equal, same	-ectomy	removal of, cut out
allo-	other, another	juxta-	adjacent to	-form	shaped like
ambi-	both	kata-	down, down from	-ia	got
amphi-	on both sides, around	macro-	large	-iasis	full of
ana-	up to, back, movement from	magno-	large	-ile	little version
aniso-	different, unequal	medi-	middle	-illa	little version
ante-	before, forwards	mega-	large	-illus	little version
anti-	against, opposite	megalo-	very large	-in	stuff
ap-, apo-	from, back, again	meso-	middle	-ism	characteristic of
bi(s)-	twice, double	meta-	beyond, between	-itis	inflammation
bio-	life	micro-	small	-ity	makes a noun of quality
brachy-	short	neo-	new	-ium	thing
cata-	down	non-	not	-ize	do
circum-	around	ob-	before, against	-logy	study of
con-	together	octa-	eight	-megaly	large
contra-	against	octo-	eight	-noid	mind, spirit
cyte-	cell	oligo-	few	-oid	resembling, image of
de-	from, away from, down from	pan-	all	-ogen	precursor
deca-	ten	para-	beside, to the side of	-ol(e)	alcohol
di(s)-	two	pent-	five	-ole	little version
dia-	through, complete	per-	by, through, throughout	-oma	tumor (usually)
di(a)s	separation	peri-	around, round-about	-osis	full of
diplo-	double	pleo-	more than usual	-ostomy	"mouth-cut"
dur-	hard, firm	poly	many	-pathy	disease of, suffering
dys-	bad, abnormal	post-	behind, after	-penia	lack
e-, ec-	out, from out of	pre-	before, in front, very	-pexy	fix in place
ecto-	outside, external	pros-	besides	-plasty	re-shaping
ek-	out	prox-	besides	-philia	affection for
em-	in	pseudo-	false, fake	-rhage	burst out
en-	into	quar(t)-	four	-rhea	discharge, flowing out
endo-	into	re, red-	back, again	-rhexis	shredding
ent-	within	retro-	backwards, behind	-pagus	Siamese twins
epi-	on, up, against, high	semi-	half	-sis	idea
eso-	I will carry	sex-	six	-thrix	hair
eury-	broad, wide	sept-	seven	-tomy	cut
ex-, exo-	out, from out of	sub-	under, beneath	-ule	little version
extra-	outside, beyond, in addition	super-	above, in addition, over	-um	thing

haplo-	single	supra-	above, on the upper side		
hemi-	half	syn-	together, with		
hept-	seven	sys-	together, with		
hetero-	different	tetra-	four		
hex-	six	thio-	sulfur		
homo-	same	trans-	across, beyond		
hyper-	above, excessive	tri-	three		
hypo-	below, deficient	uni-	one		
im-, in-	not	ultra-	beyond, besides, over		
Stems					
acou	hear	coagul	coagulate, clot	helic	spiral
acu	sharp, abrupt, sudden	cox(a)	hip	helm	worm
adeno	gland	corp	physical body	hermaphro	male and female in one body
adipo	fat	cutis	skin	hepat	liver
aero	air	cyan	dark blue	hernia	rupture, hernia
(a)esth	perception	cycl	circle, wheel	hidr	sweat
alb	white	cysto	urinary bladder	hippo	horse
algo	pain	cyto	cell	histo	tissue, web, cloth
alien	stranger, strange	dent	tooth	hy(a)l	glass, primitive material
ambi/amph	both sides	derm	skin	hydatid	water drop
amnio	amnion, "bowl"	desis	binding	hydro	water
andro	male	desmo	hard	hypno	sleep
angio	vessel (blood, bile)	dynia	pain	hystero	uterus
anthrac	black	echin	spiny	iatric	healing
anthro	man / human	echo	echo	iatro	physician
aort	aorta	embryo	embryo, fetus	ichth	fish
aqu	water	em(ia)	blood	idio	self, personal, private
arachn	spider, spiderweb	enceph	brain	inguin	part of body from groin to hip
archo	ancient, beginning	erythro	red	insul	island
artero	artery (as opposed to vein)	esthesia	perception	irid	bright-color circle
arthro	joint	f(a)eco	feces, refuse	ischi	hip joint
asthm	panting, short breaths	fac	make, build, do, perform	islet	island
atri	entry chamber	fract	break into pieces	ject	throw, hurl
axilla	armpit	frag	break into pieces	jejun	hungry
axo	center, axis	fring	break into pieces	junc	join together
aud	hear	gangr	gangrene, gnawing sore	jug	join together
aur	hear	gastr	stomach, belly	jux	join together
aus	hear	genesis	origin	kera	horny
auto	self	genu	knee	kerato	skin surface, cornea
bronch	bronchus	ger	old age	kine	set in motion
carpo	wrist	gest	bring forth, produce	kyn	dog
calci	limestone	gloss	tongue	lachry	tear (from the eye)

calco	heel, spur	glute	buttocks	labio	lip
centr	center	gnatho	jaw	lacto	milk
carbo	charcoal, carbon	gnosis	know	lal	babble, talk
carcin	crab	gogue	lead	latero	side
carcinoma	cancer from epithelium	gono	offspring, product, semen	lecith	egg yolk
card	heart, heart-shape	gonio	angle	leiomyo	smooth muscle
carot	great neck arteries	gracile	slender	lein	spleen
caus	burn	gram	record	lens	lentil
centesis	puncture	gran	grain	lepros	rough and rotting off
cephal	head	graph	writing, scratching	lepto	thin, fine, slender
cept	seize, take	gryph	claw	leuco	white
cereb(r)	brain	gynec	female	levo	left-sided
cervic	neck	(h)(a)em	blood	liga(t)	bind together, bandage
chemo	chemistry	habeo	to hold, habit	ling	tongue
cide	killing, "falling"	halluc	big toe	lith	stone
cise	cut deep			lumbo	lower back, loin
lumbri	earthworm	nyct	night	phleg	flame
lumen	tube down a hollow organ	occiput	back of the head	phoco	seal (the animal)
lymph	"clear fresh water"	ocul	eye	phoro	carry, bear
lysis	breaking down	(h)odo	way, path, road	phos/phot	light
malar	cheek (outside)	odon	tooth	phragm	divide into two, wall off
mal(i)	abnormal, bad	odyn	pain	phren	mind, breath
malacia	soft	olfact	smell	phth	waste away, wither
malako	soft	oma	tumor/lump	phyllo	leaf-like
malleo	hammer	omen(t)	omentum	physio	nature
medi	middle portion	omphalo	belly button	phyte	a plant
medulla	soft inner part	on(e/t)	to be	pineo	pine cone
meli	sweet	onco	tumor, mass	pinna	feather
mere	part	onycho	nail (finger/toe)	pino	drink
manu	hand	o"	egg	pisi	pea
mara	wither	o"phor	ovary	pituit	snot
mast(i)	whip, flog, beat	op	eye, see, etc.	placent	cake, placenta
mast(o)	breast	ophth	eye	plak	cake
mea	passage	opio	poppy juice	plantar	sole of the foot
meatus	external opening	opsi	late	plasm	molded
meios	lessening	opson	relish, meat seasoning	plast	molded
melano	black	orbi	wheel	platy	flat
melia	limb	orch	testis	plegia	stroke, paralysis
mening	meninges	org	work	pleur	pleura ("side of ribs")
men(i)s	moon, month	oro	mouth	plex	braid, wind together
ment	mind, chin	ortho	straight	plexy	stroke
meter	measure	os	bone, mouth	plic	braid, wind together
metro	uterus	osm	smell	pn(e)	breath
mito	thread	ost(eo)	bone	pod(o)	foot
mnem	memory	ot(o)	ear	poie(sis)	making

mnes	memory	ovin	sheep	polio	gray matter of the nervous system
mob	move	oxy	oxygen, acid	pollic	thumb
morb	sick	p(a)ed	child	pomp	precede, parade
morph	shapes, dreams	palpebr	eyelid	porph	purple
mot	move	pap	nipple	porta	door
mur(al)	wall	par(i)t	have a baby	posthe	foreskin
musc	mouse, muscle	parietal	wall	prac	done
myc(o)	fungus	partheno	virgin	prag	done
myelo	soft, pith	partum	birth	prax	done
myi	fly (insect)	patho	disease, misery	pre/pro	before
myo	muscle	pect	chest	procto	rectum
myxo/muco	slime	pelvis	basin	pron(o)	prone, face down
narco	sleep	pes/ped	foot	proto	first
naso	nose	phage	eat	pseud	FALSE
necro	dead	phakos	lentil, lens of the eye	psyche	spirit, mind
nephelo	cloud	pharmako	sorcery, poison, drug	psychr	cold, frigid
nephr	kidney	phase	phase	pter	wing
nerv	nerve	pheo	ugly, dusky	pto	droop
neuro	nerve	phero	carry, bear	pty(alo)	spit
nos, nox	nasty, sickening	philo	like, love	pulmo	lung
nous	mind, spirit	phlebo	vein	punct	prick, little spot
pupa	doll, miniature figure	stat	stop	vacc	cow
purp	purple	statio	standing up, being stable	vago	wanderer
pyelo	vat, basin, pelvis	staxis	drip, drop	valgus	turned outward
pykno	shrivelled	stem	standing up, being stable	varus	turned inward
pyo	pus	steato	fat	vaso	blood vessel
p(u/y)ri	pear	sterco	feces	velo	veil, curtain, cover
pyr(o)	fever (cognate to "fire")	sthen	strength	vener	sexual acts, lusty
radi	rod	stigm	spot	veno	vein
r(h)ach	backbone	stole	to pull, to draw	vert	turn
re(i)n	kidney	stom(a)	mouth	vesico	bladder
ret(ic)	net	stomy	mouth	viscero	innards
rhabdo	striated muscle	strepto	wavy	volv	twist around
rhaph	sew together	stylo	stylus	xantho	yellow
rheo	flow	sudo	sweat	xeno	stranger
rheum	runny stuff	sulco	plowed furrow	xero	dry
rhino	nose	syring	pipe, tube, reed	z(a)o	to live
riso	smile	tachy	fast, swift	zo"	animals
rrha(g)	discharge from a burst vessel	tact	touch	zema	boiled
rub(r)	red	tainia	band, tapeworm	zygo	yoke
sacc	sack	talo	ankle	zyme	ferment
sacch(ar)	sugar	tasis	stretch		
salpinx	trumpet, oviduct	tarso	flat plate		
sang(ui)	blood	taxo	arrangement, put in		

			order
sapro	dead	telo	the tip, the end
sarc(o)	flesh	temporal	temple
sarcoma	cancer from connective tissue	ten(d)o	stretch, tendon
scato	feces, filth	terato	monster
scapho	boat	theca	box (sheath, covering)
schi(s/z)	split	thel	breast, covering layer
sclero	hard	thenar	palm, sole
scope	examine carefully	thym	mind, spirit, mood
sebo	hard fat, skin grease, suet	thym	warty mass, thymus gland
sec/seg	cut	thyro	oblong shield
sella	saddle	toco	have a baby
seps/sept	make rotten	tom(e)	cut
septo	fence, partition	tono	stretch
sero	whey, wet protein	topo	place
sial	saliva	tort	twist
sinus	hollow or pocket	tox(o)	bow, arrow
skel	dried up, skeleton	trema	hole
soma/somy	body	tricho	hair
spasmo	a drawing tight	trophy	grow/food
spondylo	spine	tryps	break into many pieces
sphinct	bind tight, squeeze shut	tuber	bump, potato(e)
sphygno	heartbeat	typho	smoky, delirious fever
spir	breathing	typhl	cecum
splanchn	innards	unguis	nail (finger, toe)
staphyl	bunch of grapes	uro	urine
stasis	standing up, being stable	uvo	grape

Lesson A: The Patient's Health Center Experience

Worksheet: Meet the Patients on Their Way to Primary Care

Instructions:

- Your facilitator will present you with information about a variety of hypothetical patients to illustrate what community members experience when they present for treatment.*
- Record whatever information you can pick up about each "patient" discussed and points along his or her path through the health center on this visit.*

Patient #1: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
5.		
6.		
7.		
8.		

Patient #2: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
5.		
6.		
7.		
8.		

Patient #3: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
5.		
6.		
7.		
8.		

Patient #4: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
5.		
6.		
7.		
8.		

Patient #5: Name: _____

Age: _____ Gender: _____

Symptoms: _____

Cultural notes: _____

Locations in the Center	Staff Encountered	Action Taken
5.		
6.		
7.		
8.		



NOTES PAGE

Lesson B: Clinical Roles in the Health Center

Worksheet: Allowed and Prohibited Clinical Activities

Instructions:

3. *The first step in properly introducing you into a clinical environment is to establish clearly which activities Community HealthCorps members will be allowed to perform in each service assignment.*
4. *Your facilitator will go through the activities below and tell you which activities are allowed, prohibited or allowed-under special circumstances*

P Prohibited activity for HealthCorps members

A Allowed activity for all members with training

A-Sp Allowed activity under special circumstances; note circumstances in table

Skill / Task	P	A	A—Sp
A. Patient Workup			
Patient History-Pediatric			
Patient History-Adult Med			
Patient History-OB/Gyn			
Weight-Infant			
Weight-Child & Adult			
Height-Child & Adult			
Length-Infant			
Infant Head Circumference			
Temperature-Oral			
Temperature-Rectal			
Blood Pressure			
Vision Screening Test			
Hearing Testing			
Growth Charts			
B. Procedures / Lab			
Glucose Testing			
EKG			
Throat Culture			
Urine Dip Stick			
Pregnancy Test			
Hematocrit			
Stool—Occult Blood			
Stool—Ova & Parasite			
HIV			
Blood Draw			
Nebulizer Treatment			
Pulse Oximeter			

