Certified Correctional Health Professional Physician

EXPERTISE... LEADERSHIP... RECOGNITION... SUCCESS

CCHP-PHYSICIAN SPECIALTY EXAMINATION: TEST OVERVIEW

The Premier National Certification Program for Professionals in Correctional Health Care

A Program of The National Commission on Correctional Health Care

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About the CCHP-Physician Specialty Examination: What to Expect

The CCHP–Physician credential is designed to recognize expertise among physicians practicing in the specialized field of correctional health care who are already CCHPs. The credential’s purpose is to define the domain of knowledge unique to practicing in a correctional environment, to provide a valid assessment of this knowledge, to encourage continued professional development in the field of correctional health care and to protect public health by encouraging quality health care.

This guide provides detail about what physicians preparing for the exam are expected to know, suggestions for study sources, and the percentage range of questions for each section: clinical management, mental health, legal and ethical issues, administration, public health, and security.

This test is not a substitute for the medical examinations you have already passed, nor is not intended to be a complete test of your medical knowledge. It does ask questions about the practice and accommodations of medicine within correctional facilities, the application of good medical principles in this system, and the individual and population characteristics and demographics of those incarcerated.

Clinical Management – 30-40%

You need to be familiar with the concepts and practices of screening, triage, emergencies, acute and episodic care, chronic disease management, continuity of care, drug and alcohol abuse, intoxication, withdrawal, mental health problems, infectious diseases, and recognizing and caring for victims of general trauma, violence, abuse, and low prior access to medical care. You need to be familiar with general medical diseases, injuries and treatments, urgent care, emergency care, and appropriate treatment plans including follow-up. Correctional physicians often send/refer patients for specialty consults but then have the patient return to their daily care, requiring high-level medical knowledge and skills for conditions such as chronic kidney disease, severe hypertension, diabetes and other endocrine disorders, cardiovascular disease, heart failure, COPD, asthma, infirmary-level care, and transfer and discharge planning. Ongoing care of chronic diseases is very important; many are listed in the NCCHC Standards and are worth reviewing.

Information relevant to clinical management can be found in the following sources:

- NCCHC Standards for Health Services in jails/prisons 2018
- NCCHC Standards for Health Services in Juvenile Facilities 2015
- NCCHC position statements and other resources
- Clinical Practice in Correctional Medicine by Michael Puisis (Mosby Inc.)
- Correctional Health Care: Guidelines for the Management of an Adequate Delivery System by B. Jaye Anno (NCCHC)
- Chronic disease guidelines for specific diseases: consider specialty organizations or general practice summaries.
- UpToDate (a subscription-based resource that provides physicians access to current clinical information) or other recognized medical resource
- Centers for Disease Control and Prevention
  - Correctional Health – Recommendations and Guidelines
  - Vaccinations and immunizations
- SAMHSA - screening tools
- Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants – SAMHSA.gov
Security – 3-5%

Correctional facilities exist for incarceration of individuals based on various legal processes, and their first concern is the safety and security of the institution. Unlike hospitals, doctors’ offices, and medical clinics, they are not built or designed for the sole purpose of providing medical services; the incarcerated individual is not admitted for the sole purpose of receiving medical care. Physicians practicing medicine within a correctional facility must understand and work within the unique environment, which often includes unusual individual presentations.

As a correctional physician, you need to work with security issues such as confidentiality, autonomy balanced with the paternalism inherent in the obligations of the facility, safety and security of the patient, the other incarcerated, and the staff; housing, living situations, diet choices, restraints, discipline, medications, medical devices, assistive devices, bartering economy, special need accommodations, restricted movement, permits, passes and perks; and security, segregation, and isolation.

Information relevant to security issues can be found in the following sources:

- NCCHC Standards for Health Services in jails/prisons 2018
- NCCHC Standards for Health Services in Juvenile Facilities 2015
- The Journal of Correctional Health Care
- NCCHC position statements and other resources
- Correctional Health Care: Guidelines for the Management of an Adequate Delivery System by B. Jaye Anno (NCCHC)
- Web search or UptoDate has information on taser use, pepper sprays, restraint chairs, etc.

Mental Health – 18-25%

With the decline over the past several decades in community mental health facilities and support systems, jails and prisons have become de facto housing for individuals with mental health problems. It is estimated that more than 20% of incarcerated men and more than 40% of incarcerated women have moderate to severe mental health problems. All physicians working with patients in this environment should have knowledge of mental health problems, treatments, and medications, including but not limited to presentations, verbal de-escalation techniques, principles of counseling, use of standardized screening instruments, effects and side effects of psychotropic medications, global body side effects of psychotropic medications, monitoring and management of withdrawal or severe intoxication, opiate substitution treatment, suicide risk evaluation, suicide prevention, and the effects of isolation.

Information relevant to mental health can be found in the following sources:

- NCCHC Standards for Health Services in jails/prisons 2018
- NCCHC Standards for Mental Health Services in Correctional Facilities (2015)
- NCCHC position statements and other resources
- NCCHC’s CorrectCare magazine
- The Journal of Correctional Health Care
- Clinical Practice in Correctional Medicine by Michael Puisis (Mosby Inc.)
- UpToDate
- National Institute of Mental Health
- National Center for Biotechnology Information
- Lindsay M. Hayes articles
Public Health – 6-12%
Public health concerns, approaches, and techniques are critical to understand and apply within correctional facilities to individuals, to the entire facility population, and ultimately to the greater community. Physicians practicing in any correctional facility should be familiar with, at least, the following: current vaccination standards, public health infectious disease screening standards, public health infectious disease identification and management (TB, TBI, HIV, hepatitis, influenzas, STIs, MRSA, diseases of local concern and outbreaks). You are effectively the public health leader within the facility; coordination with the local public health department is important.

Information relevant to public health issues can be found in the following sources:

• NCCHC Standards for Health Services in jails/prisons 2018
• NCCHC Standards for Health Services in Juvenile Facilities 2015
• Clinical Practice in Correctional Medicine by Michael Puisis (Mosby Inc.)
• Public Health Behind Bars: from Prisons to Communities by Robert Greifinger (ed.) (Springer)
• Centers for Disease Control and Prevention

Legal and Ethical Issues – 8-12%
In the correctional environment, physicians need to be aware of and properly respond to medical-legal and medical-ethical issues much more frequently than in community practice. This section of the exam covers issues commonly encountered in correctional settings, including but not limited to the multiple facets of and impediments to access to care, prison rape (prevention, response, and treatments), patient rights, informed consents and refusals, patient autonomy versus facility responsibility, refusal of care if death is a possible outcome, hunger strikes, end-of-life care, advanced directives, medical research, transplants, co-pay issues, legal issues of minors, isolation issues, restraint issues, use of psychotropic medication, and utilization review process.

Information relevant to these legal and ethical issues can be found in the following sources:

• Correctional Health Care: Guidelines for the Management of an Adequate Delivery System by B. Jaye Anno (NCCHC)
• Clinical Practice in Correctional Medicine by Michael Puisis (Mosby Inc.)
• Humane Health Care for Prisoners: Ethical and Legal Challenges by Kenneth Faiver (Praeger)
• National Academies publication: Medical Ethics and Practice Challenges of Hunger Strikes in US and Military Prisons
• Journal of the American Academy of Psychiatry and the Law Ethics: Dilemmas in Managing Hunger Strikes
• Institute of Medicine reports on proper no fault error management reduction
• Centers for Disease Control and Prevention
• Internet information: search legal issues, rights, and ethics for mental health in juvenile justice
Administrative Issues – 8-12%

It is easier for errors to occur in a chaotic or poorly run medical system than in a well-structured, organized and well-run system. Physicians working in correctional facilities must understand and be part of the process of successful medical system structure and functioning. Having a well-organized and smoothly functioning medical care system most often includes the use of policies and procedures, protocols, guidelines, program monitoring (process and outcomes), monitoring routine and salient events, cross-functional improvement processes, continuity of care, pharmaceutical management, processes to access on-site and off-site care, (emergency and routine), cost containment and utilization management as balanced with good medical care and patient advocacy, physician supervision, and accommodation issues due to medical condition or handicap.

Information relevant to administrative issues may be included in the following sources:

- NCCHC Standards for Health Services in jails/prisons 2018
- NCCHC Standards for Health Services in Juvenile Facilities 2015
- Correctional Health Care: Guidelines for the Management of an Adequate Delivery System by B. Jaye Anno (NCCHC)
- Clinical Practice in Correctional Medicine by Michael Puisis (Mosby Inc.)
- NCCHC position statements and other resources
- Qualitas Consortium