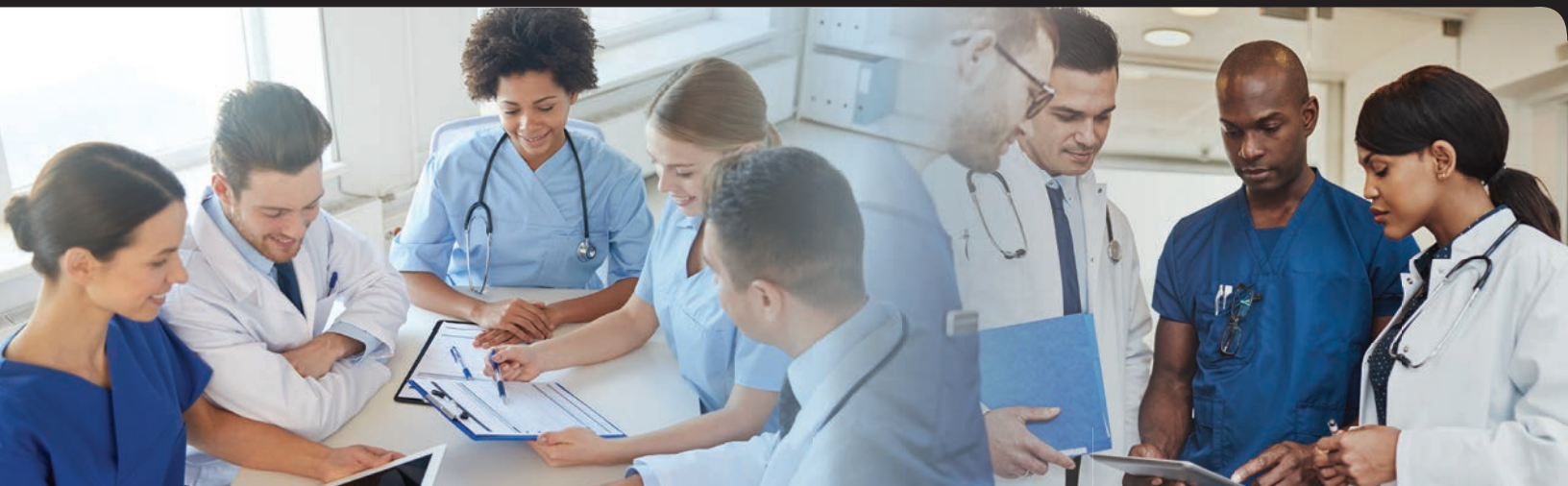




Certified Correctional Health Professional Clinical Provider

SPECIALTY CERTIFICATION FOR CORRECTIONAL PHYSICIANS, NURSE PRACTITIONERS AND PHYSICIAN ASSOCIATES



From the Premier National Certification Program for Professionals in Correctional Health Care

CCHP-CP Clinical Provider **SPECIALTY EXAMINATION: TEST OVERVIEW**

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A Program of the National Commission on Correctional Health Care

About the CCHP-Clinical Provider Specialty Examination: What to Expect

The CCHP–Clinical Provider credential recognizes expertise among physicians, nurse practitioners, and physician associates/assistants practicing in the specialized field of correctional health care. A professional who has earned CCHP-CP has demonstrated understanding of the medical needs of the incarcerated population and possesses knowledge of the unique challenges, legal context and policies and procedures specific to clinical providers practicing in a correctional environment. A CCHP-CP has shown mastery of specialized content developed by experts in the field of correctional health care.

This guide provides detail about what clinical providers (physicians, nurse practitioners, and physician assistants/associates) 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 practice examinations you have already passed, nor is not intended to be a complete test of your clinical 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, , 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 clinical providers 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*
- *NCCHC Standards for Health Services in Juvenile Facilities*
- NCCHC position statements, white papers, and other resources on NCCHC’s website
- Recent NCCHC conference presentations on this topic
- ANA Correctional Nursing Standards
- Centers for Disease Control and Prevention
 - Correctional Health – Recommendations and Guidelines

- Vaccinations and immunizations
- Chronic disease guidelines for specific diseases: consider specialty organizations or general practice summaries.
- *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)
- Flynn, J et al *Pediatrics* September 2017, Vol 140, Issue 3
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD
- UpToDate (a subscription-based resource that provides clinical providers access to current clinical information) or other recognized medical resource

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. Clinical providers practicing within a correctional facility must understand and work within the unique environment, which often includes unusual individual presentations.

As a correctional clinical provider, 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
- *NCCHC Standards for Health Services in Juvenile Facilities*
- NCCHC position statements, white papers, and other resources on NCCHC's website
- Recent NCCHC conference presentations on this topic
- ANA Correctional Nursing Standards
- *Correctional Health Care: Guidelines for the Management of an Adequate Delivery System* by B. Jaye Anno (NCCHC)
- PREA resources
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD
- *The Journal of Correctional Health Care*
- Web search or UpToDate has information on taser use, pepper sprays, restraint chairs, etc.

Mental Health – 10-15%

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 clinical providers 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,, 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*
- *NCCHC Standards for Mental Health Services in Correctional Facilities*
- NCCHC's *CorrectCare* magazine
- NCCHC position statements, white papers, and other resources on NCCHC's website
- Recent NCCHC conference presentations on this topic
- ANA Correctional Nursing Standards
- *Clinical Practice in Correctional Medicine* by Michael Puisis (Mosby Inc.)
- Lindsay M. Hayes articles
- National Center for Biotechnology Information
- National Institute of Mental Health
- National Library of Medicine
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD
- *The Journal of Correctional Health Care*
- UCLA Center for the Developing Adolescent
- UpToDate

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. Clinical providers 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*
- *NCCHC Standards for Health Services in Juvenile Facilities*
- Recent NCCHC conference presentations on this topic
- NCCHC position statements, white papers, and other resources on NCCHC's website
- ANA Correctional Nursing Standards
- Centers for Disease Control and Prevention

- *Clinical Practice in Correctional Medicine* by Michael Puisis (Mosby Inc.)
- Occupational Safety and Health Administration
- *Public Health Behind Bars: from Prisons to Communities* by Robert Greifinger (ed.) (Springer)
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD

Legal and Ethical Issues – 8-12%

In the correctional environment, clinical providers 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:

- NCCHC position statements, white papers, and other resources on NCCHC's website
- Recent NCCHC conference presentations on this topic
- ANA Correctional Nursing Standards
- Centers for Disease Control and Prevention
- *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)
- *Humane Health Care for Prisoners: Ethical and Legal Challenges* by Kenneth Faiver (Praeger)
- Institute of Medicine reports on proper no fault error management reduction
- Internet information: search legal issues, rights, and ethics for mental health in juvenile justice.
- *Journal of the American Academy of Psychiatry and the Law Ethics: Dilemmas in Managing Hunger Strikes*
- Justice.gov
- National Academies publication: *Medical Ethics and Practice Challenges of Hunger Strikes in US and Military Prisons*
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD

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. Clinical providers 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, clinical provider 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*
- *NCCHC Standards for Health Services in Juvenile Facilities*
- Recent NCCHC conference presentations on this topic
- NCCHC position statements, white papers, and other resources on NCCHC's website
- ANA Correctional Nursing Standards
- *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)
- Qualitas Consortium
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD

Substance Abuse – 10-15%

At least half of incarcerated individuals suffer substance abuse and correctional facilities have become de facto treatment centers for addiction. Overdose deaths by opioids have continued to steadily climb since being declared a public health emergency in 2017. Clinical providers working with patients in this environment have a unique opportunity to end of the cycle of abuse, incarceration, and return to the community. As such, they should be knowledgeable about managing intoxication and withdrawal, the long-term effects of substance abuse, substances of abuse inside corrections (restricted meds), medication-assisted treatment, mental and behavioral health aspects (co-occurring disorders), and pregnant females with a history of opioid use disorder.

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

- *NCCHC Standards for Health Services in jails/prisons*
- *NCCHC Standards for Health Services in Juvenile Facilities*
- Recent NCCHC conference presentations on this topic
- NCCHC position statements, white papers, and other resources on NCCHC's website
- American Society of Addiction Medicine
- ANA Correctional Nursing Standards
- *From the General Public to America's Jails: MAT Saves Lives* white paper - NCCHC
- *Jail-Based MAT: Promising Practices, Guidelines and Resources* – NCCHC and the National Sheriff's Association
- Substance Abuse and Mental Health Services Administration
- *The Best of Jail Medicine: An Introduction to Correctional Medicine* by Jeffrey E. Keller, MD