



Clinical Medicine Section College Health Clinical Competencies

College health clinicians are expected to maintain knowledge and skills necessary to provide safe and effective clinical care to the college age population. These expectations form the basis for this compilation of clinical competencies for college health providers. Competencies include current medical knowledge, technical abilities and clinical reasoning related to the topical areas identified. In addition, interpersonal and communication skills and an understanding of ethical principles and professionalism are essential to providing high quality care.

College health providers assess, provide initial treatment and follow-up care for patients with acute illnesses and injuries. They also manage chronic conditions, including collaborating with the patients' local medical providers and specialist(s). Clinicians are expected to perform basic clinical care functions: obtain a thorough medical history, conduct an appropriate physical examination and select cost effective laboratory and/or x-ray testing as indicated. Referral for additional specialty consultation and care complements services provided in the primary care setting. Patient education regarding the nature of the diagnosis, the evaluation if any and treatment recommendations requires strong communication skills and an accessible interpersonal style. College health providers incorporate screening practices based on the most current professional guidelines and rely on evidence-based research to complement training and on-going professional development activities.

The topical areas listed below are not intended to be an exhaustive compilation of medical problems seen in the college health setting. They are intended to highlight common clinical issues and provide a framework for understanding the breadth of practice common to the college clinician. They should serve as a starting point in considering the background and experience which is desired in a qualified college health clinician and serve as a reference for an individual or a staff in identifying areas of interest for on-going professional development. The reader is respectfully referred to the ACHA's online resources for continuing education, including:

- [College Health Topics \(A-Z\)](#)
- [Guidelines, recommendations, and white papers](#)
- [Journal of American College Health](#)

Section I: Clinical Competencies

BEHAVIORAL HEALTH

Descriptor:

Mental health is central to college student well-being and a leading cause of morbidity and mortality. Local resources and access to specialized mental health services are variable and in some cases inadequate. College health providers should have a high level of competency in recognizing and addressing mental health issues as a routine part of providing health care to college students. College health clinicians should be able to:

- Screen for, elicit signs and symptoms of, recognize common presentations of, and diagnose common mental health conditions by conducting a clinical interview and using appropriate instruments (for example: PHQ-9, GAD-7, CRAFFT, AUDIT-C).
- Understand normal adolescent and young adult development and recognize deviations from normal.
- Develop mental health treatment plans and monitor response to treatment through evidence-based protocols.
- Use appropriate techniques such as motivational interviewing to reduce barriers to behavior change and/or entry into mental health treatment.
- Respond effectively to mental health emergencies.
- Support and facilitate referral to mental health specialists.
- Work collaboratively with mental health and other providers as part of a multi-disciplinary team.
- Include families, partners, campus student life professionals and others in treatment and intervention when appropriate and desirable.

Common Concerns:

- Anxiety disorders
- Depression disorders
- Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
- Learning disabilities
- Obsessive compulsive disorder
- Suicidal ideation/intent/plan, including emergency intervention
- Schizophrenia/thought disorders
- Bipolar disorder
- Personality disorders
- Insomnia and other sleep disorders
- Eating disorders including criteria for hospitalization
- Alcohol and other drugs misuse/abuse
- PTSD

*Medication management for anxiety, depression, ADD/ADHD, and gender dysphoria by primary care providers varies based upon the local culture, practice patterns, and availability of specialized psychiatric services. College health practitioners/practices who do not routinely manage psychiatric medications and/or hormone-based medical care for transgender students should have systems in place for facilitating appropriate referrals for such treatment. A multi-disciplinary approach is advised.

CARDIOVASCULAR

Descriptor:

While cardiovascular disease is a common cause of morbidity and mortality in older adults, it is less often a cause of significant or life-threatening disease in the college age group. Ability to conduct a complete cardiac exam and access to EKG, x-ray and other testing (available on or off-site) as well as a working relationship with local specialists supports evaluation of most cardiac problems in young adults. Pre-participation physical evaluation of intercollegiate athletes may be a part of the college clinicians' responsibilities. Identifying and

referring for additional evaluation those athletes at higher risk for cardiovascular complications from intense exertion is guided by patient history, family history (sudden death attributed to cardiac cause before age 50, cardiomyopathy, long-QT syndrome or other channelopathy, Marfan's syndrome, etc.), the nature of the sport, and current evidence-based protocols.

Common Concerns:

- Hypertension
- Acute cardiomyopathy
- Pericarditis/pericardial effusion/myocarditis
- Palpitations
- Hyperlipidemia—screening recommendations, diagnosis and treatment
- Heart murmurs
- HOCM / hypertrophic cardiomyopathy
- Buerger's and Schaumburg's diseases (vascular)
- Arrhythmias—long and short QT, pre-excitation syndromes, Lyme disease associated heart block
- Neurocardiogenic syncope
- Post-COVID complications

DERMATOLOGY

Descriptor:

Skin, the largest organ of the body, is vulnerable to irritation, infection, injury and the physiologic changes associated with adolescence. Maintaining knowledge of current treatment strategies for burns, abrasions, lacerations and other skin wounds prepares the college clinician to address many skin problems students present with to their college health care facility. In addition, diagnosis and management of common skin infections, ranging from Tinea to Zoster to cellulitis, is an expectation of the college clinician and requires cost effective use of laboratory evaluation, medications, and topical treatments. Young adults' active and newly independent lifestyles often lead to exposure to a variety of natural and manufactured irritants; assessment of potential contact sources, treatment and education on recurrence prevention are basic college health skills. Evaluation and management of chronic skin conditions such as eczema, psoriasis, and acne may be successfully managed in the primary care setting or may require referral and coordination of care with a specialist. Pre-cancerous and cancerous skin lesions are an increasing concern even among young adults; attention to symptomatic and asymptomatic skin lesions along with education about the risks of sun exposure and basic protection strategies are essential to good practice.

Common Concerns:

- Acne
- Psoriasis
- Eczema
- Pityriasis
- Tinea—corporis/capitis/manum/cruris/versicolor
- Herpes simplex and zoster

- Scabies
- Bed bugs
- Swimmer's itch, hot tub folliculitis
- Abscess—MRSA and other etiologies
- Contact dermatitis, e.g., poison ivy
- Urticaria—acute and chronic
- Burns—superficial, superficial and deep partial thickness, deep thickness
- Evaluation of nevi
- Inflammatory/scarring conditions, e.g., keloid, dermatofibroma
- Hair loss/alopecia
- Disorders of pigmentation
- Skin lesion excision and punch biopsy procedures may be a part of college health practitioner's practice
- Lice

EAR/NOSE/THROAT

Descriptor:

Problems involving the ear, nose and throat can include infection, trauma and mechanical issues. Sports/activity related traumatic injury to facial bones and soft tissues are common presentations. Likewise, ear and sinus infections, pharyngitis and peri-tonsillar abscess are often addressed by the college health clinician. ENT problems can also present the "tip of the iceberg" and offer an opportunity for conversation about other health behaviors: mucosal changes in the mouth can be the beginning of a discussion of the long-term complications of chewing tobacco, pharyngitis may set the stage for a conversation about risky sexual behavior, STIs and questions of sexual identity, TMJ pain may be the avenue to revealing chronic anxiety and stress. Vaccination against human papilloma virus can provide significant protection against subsequent head and neck cancers.

Common Concerns:

- Acute sinusitis
- Chronic sinusitis
- Allergic rhinitis
- Otitis media and otitis externa
- Pharyngitis, tonsillitis, peritonsillar abscess, tonsilloliths
- Hearing loss, tinnitus
- Nasal fractures
- Parotitis, sialolithiasis
- Cervical lymphadenopathy
- Neck mass
- Gastro-esophageal reflux
- Eosinophilic esophagitis

ENDOCRINOLOGY

Descriptor:

College health practitioners should be prepared to recognize and to diagnose endocrine conditions presenting in late adolescence as well as manage chronic endocrine conditions diagnosed during childhood. Conditions which commonly present during the young adult period include polycystic ovarian syndrome, partial adrenal hyperplasia, and thyroid conditions. It is essential for the clinician to recognize life-threatening diseases such as diabetes ketoacidosis, thyroid storm, and adrenal insufficiency. Practitioners must be alert to manifestations of endocrine disease including hypertension, obesity, and menstrual irregularities and prepared to initiate a focused and cost effective evaluation and/or arrange for appropriate referral. Blood sugar control in Type I Diabetes may be more challenging during the transition to college and practitioners have an opportunity to assist young diabetics with lifestyle adjustments during college and developing independent self-care skills.

Diagnosis and treatment of obesity and obesity related conditions such as Type II DM, hyperlipidemia, and metabolic syndrome is important for long-term health. Conditions such as amenorrhea/oligomenorrhea, anorexia nervosa, and chronic steroid use during adolescence can impact normal bone mineralization. Patients should be screened for risk factors and counseled regarding maintaining bone health.

Common Concerns:

- Thyroid disease—Hashimoto thyroiditis, Graves disease, hypothyroidism
- Thyroid nodules
- Reproductive endocrinology—Polycystic Ovary Syndrome, Adult-onset CAH
- Diabetes, types I and II
- Obesity—diagnosis and treatment
- Osteoporosis
- Insulin resistance

GASTROENTEROLOGY

Descriptor:

Common acute and recurrent health concerns of the gastro-intestinal tract in college students are similar to those of other age groups. Less common complaints may occur related to travel or related to development of chronic inflammatory GI problems. Understanding cost-effective evaluation and treatment strategies of common issues involving the digestive system, allows the college health clinician to address many students' GI complaints. It is likewise important for clinicians to be competent to monitor and facilitate on-going treatment of chronic GI conditions, such as Crohn's or ulcerative colitis. Providing health education to students about how dietary choices, alcohol use, and stress management influence intestinal complaints identifies triggers and potential solutions.

Common Concerns:

- Acute gastroenteritis
- Irritable bowel syndrome (IBS)
- Gastro-esophageal reflux disease (GERD)
- Gastritis
- Gastric and peptic ulcer disease—H. pylori evaluation and treatment

- Constipation
- Appendicitis
- Diarrhea, acute and chronic
- Acute gastroenteritis
- Inflammatory bowel disease: Crohn's disease and ulcerative colitis
- Hepatitis acute, chronic, screening, preventative strategies
- Fatty liver disease
- Malabsorption syndromes (e.g., gluten intolerance)

GENERAL MEDICINE

Descriptor:

College students often present with non-specific complaints, which do not point to any particular body part or organ system. These assessments can be more challenging, requiring a detailed history, review of systems and physical assessment. Developing a differential diagnosis based on age, gender, duration and nature of symptoms, and previous medical history focuses the evaluation. Laboratory, x-ray, and other tests are ordered as indicated in a step-wise manner, based on clinical best practices and the desire to reach a diagnosis both efficiently and cost-effectively.

Common Concerns:

- Fatigue
- Dizziness
- Near syncope and syncope
- Preventive medicine

GYNECOLOGY

Descriptor:

Women's health is one of the major areas of health care provision in the student health setting. This encompasses both preventive, wellness, and illness care and involves educating women about their bodies and how to care for them, facilitating preventative screening and vaccinations, assessing and treating acute symptoms such as vaginitis or pelvic pain and managing chronic conditions. Essential skills include performing appropriate physical assessment including a complete pelvic examination, performing basic office laboratory tests and understanding cost-effective use of labs and x-rays in evaluating common complaints.

Common Concerns:

- Menstrual problems: amenorrhea, irregular menses, DUB, menorrhagia, dysmenorrhea
- Vaginitis: yeast, bacterial vaginosis, trichomonas,
- Vulvar disorders: lichen sclerosis, lichen simplex, yeast, vulvar aphthous ulcers,
- vulvodynia/vestibulitis
- Ovarian cysts: including teratomas and torsion
- Uterine fibroids

- Endometriosis
- Pelvic pain/pain with sexual intercourse
- Breast complaints: differential diagnosis and evaluation of breast mass and breast pain
- Cervical cancer screening: follow current guidelines for Pap test screening
- Early pregnancy and complications: first trimester bleeding and ectopic pregnancy
- Contraception—see section “Sexual Health”

HEMATOLOGY

Descriptor:

College health practitioners should be prepared to recognize manifestation of hematologic disease and initiate appropriate evaluation and management. Anemia is a common finding and appropriate evaluation should distinguish between common causes. Patients with chronic disease such as Thalassemia, sickle cell anemia, and disorders of blood clotting require assistance with the transition to adult health practitioners and management while a college student.

Venous thromboembolic disease is a common acute process and practitioners must be able to recognize the signs and symptoms, initiate rapid referral / diagnosis depending on acuity, and manage appropriate anti-coagulation. ITP can present during the young adult period and must be distinguished from other causes of low platelets.

Common Concerns:

- Anemia—differential diagnosis including iron deficiency, B12 deficiency, folate deficiency,
- Hemoglobinopathy and anemia of chronic disease
- Hemoglobinopathies including-thalassemia and sickle cell disease; Evaluation of a positive sickle cell screening test, especially for pre-participation exam in NCAA sport tryouts
- Thrombocytopenia—differential diagnosis including ITP
- Venous thromboembolism and hypercoagulable states—risk factors, laboratory evaluation, diagnosis, management
- Anti-coagulation

INFECTIOUS DISEASE

Descriptor:

Infectious processes are one of the most common complaints presented to the college health clinician. Acute, recurrent or chronic, infections produce patient anxiety, loss of time in classes and potentially serious medical problems. A working knowledge of infections which affect the respiratory system, skin, intestinal tract, joints and eyes is essential to providing optimal care.

Experience in the field builds expertise in the commonly seen infections: strep throat, infectious mono, peritonsillar abscess, CA-MRSA, cellulitis, pilonidal cyst abscess. The astute clinician also keeps a broad differential (for example: Lemierre’s disease, meningitis, parapharyngeal abscess) in mind for consideration when diagnoses are not straight-forward. Utilizing established and evidence based guidelines to determine steps in evaluation, appropriate testing and prudent utilization of antibiotics supports the provision of quality care.

Common Concerns:

- Sexually transmitted infections—see sexual health section
- Streptococcal pharyngitis
- COVID-19 (acute and long haul) and influenza
- Upper respiratory infections
- Bronchitis, atypical pneumonia, pneumonia
- Urinary tract infections—acute cystitis, recurrent UTI, pyelonephritis
- Cellulitis—streptococcal, CA-MRSA, and others
- Infectious mononucleosis
- Tuberculosis—including latent and active infection
- Meningitis
- Pertussis
- Herpes simplex infections
- Shingles/zoster
- HIV infection
- HPV infection
- Mumps and measles
- Lyme disease and complications
- Animal bites and complications
- Malaria—see travel medicine section

MEN'S HEALTH**Descriptor:**

Men's health concerns for college age males include problems arising from infection, injury, anatomic changes and other acute and chronic issues. Skills in eliciting an accurate history, promoting comfort during and performing a thorough physical examination as well as evaluating and treating common complaints are essential for an accomplished college health provider. Clinicians are required to differentiate diagnoses which are appropriately managed in the primary care or outpatient setting from those requiring urgent care or specialist referral. Educating young men about GSE (genital self-exam), safer sexual practices, genital protection during high risk contact sports and appropriate precautions when a single testicle is present are part of routine preventative care. Additionally, see the Sexual Health topic below.

Common Concerns:

- Urethritis, epididymitis
- Scrotal/testicular masses (hydrocele, varicocele, etc)
- Scrotal pain/hernias
- Testicular torsion
- Erectile dysfunction

NEUROLOGY

Descriptor:

Neurologic problems in young adults commonly include headache syndromes, head injury, and concussion. Infrequently students come to campus with chronic or congenital neurologic impairments (i.e. cerebral palsy, sensorineural hearing loss, neurofibromatosis, stroke during infancy) and require on-going care/monitoring to accommodate to college life. Some acute neurologic disorders, such as Bell's Palsy and Saturday night (radial nerve) palsy can be managed in the primary care setting, while severe head injury, meningitis, pseudotumor cerebri, progressive nerve disorders (i.e. Guillain-Barre syndrome), and emergent vascular problems (i.e. aneurysm) require recognition and appropriate referral. Experience and confidence in performing a complete neurologic exam, fundoscopic evaluation, and assessment for meningismus are essential skills.

Common Concerns:

- Headaches—migraine, tension, cluster, exertional
- Nerve entrapment syndromes—ulnar neuropathy, radial (Saturday night palsy), carpal tunnel, cubital tunnel
- Seizure disorder
- Guillain-Barre syndrome
- Bell's palsy

ONCOLOGY

Descriptor:

Cancer is an uncommon cause of morbidity and mortality in young adults. However, college clinicians regularly participate in the diagnosis and care of students challenged by cancer diagnoses: initiating diagnosis, facilitating an on-going and established treatment regimen, or monitoring a student in the early stages of completed treatment. In addition, long-term cancer survivors require special attention from primary care providers to identify possible late complications of chemo- and radiation therapy. Educating students (particularly older "non-traditional" students) about recommended age-appropriate preventative screenings and life style/behavior choices which decrease cancer risk enhance quality of care.

Common Concerns:

- Testicular cancer
- Breast cancer—screening guidelines
- Leukemia
- Lymphoma
- On-going primary care for cancer survivors

OPHTHALMOLOGY

Descriptor:

Eye problems in young adults are more commonly acute rather than chronic in nature. Exposures (workplace, allergic), infections, inflammation and trauma can lead to eye symptoms. Important skills for the college health clinician include: 1) the ability to perform a thorough eye exam including fundoscopic evaluation, lid eversion

and staining 2) an understanding of which eye problems are amenable to outpatient treatment and what problems require evaluation and treatment by a specialist.

Common Concerns:

- Acute “red eye”
- Corneal abrasion
- Contact lens keratitis
- Iritis
- Lid problems—hordeolum, blepharitis, seborrheic dermatitis

PULMONARY

Descriptor:

Respiratory problems seen in the college age population include recurrent problems such as asthma, persistent cough, acute pathology such as pneumothorax and pulmonary embolism, and infectious illnesses such as pneumonia and bronchitis. Essential skills involve management of maintenance medications for asthma and treatment adjustments required for acute exacerbations, assessment of acute, potentially life-threatening problems – pneumothorax and pulmonary embolism, and evaluation and treatment of common infections which affect the pulmonary system. College health providers must have knowledge of and ability to interpret various evaluation tools: peak flow testing, spirometry, pulmonary function tests and bronchoprovocative tests.

Students suffering from congenital abnormalities like cystic fibrosis or pulmonary complications of premature birth are now more likely to enjoy longer survival and pursue post-secondary education; college clinicians will be responsible to monitor their treatment and partner with pulmonary and allergy/immunology specialists as needed. Important primary and secondary prevention goals include: 1) educating students regarding the short-term and long-term hazards of smoking/vaping nicotine and/or cannabis and 2) counseling and pharmaceutical treatment strategies for tobacco cessation.

Common Concerns:

- Asthma
- Pneumonia/bronchial infections
- Shortness of breath
- Acute and chronic cough
- Pulmonary embolism
- Pneumothorax

RHEUMATOLOGY

Descriptor:

Diseases of the joints and connective tissue cause chronic or recurrent disability, which can impair a student’s ability to succeed academically and be fully engaged in the college experience. Establishing an accurate diagnosis can be challenging and often involves the careful selection of laboratory tests after a complete history and physical assessment. The clinician must take care to order rheumatologic tests judiciously and with full understanding of their meaning, because false negatives and positives can make accurate diagnosis difficult. Consultation and/or referral to a rheumatologist for on-going assessment and treatment may be necessary.

Common Concerns:

- Arthritis
- Crystal-induced arthropathy
- Systemic lupus erythematosus
- Post-infectious arthropathies
- Rheumatoid arthritis
- Reiter's syndrome
- Sarcoidosis
- Sjogren's syndrome
- Skin manifestations of rheumatologic problems/vasculitis
- Raynaud's Phenomenon

SEXUAL HEALTH

Descriptor:

Young adulthood is a time for establishing a mature sexual identity, which represents a central developmental task for this age group. College Health clinicians provide care for a broad range of sexual health concerns: preventative care, contraception, acute infection, chronic infection, issues of sexual satisfaction and performance, issues of sexual orientation, sexual practices, and gender diversity. Increasingly, college students are addressing gender identity concerns and issues of sexual orientation with college health providers. Providers of care to college students must approach individuals in an open and non-judgmental manner and educate themselves regarding the unique medical needs of gay, lesbian, bisexual and transgender, and gender and/or sexually diverse individuals. In addition, college health clinicians are often the first people that victims of sexual violence and/or trafficking disclose their experiences to. Responsibilities of clinicians in the college health setting often include health promotion and sexual health education, establishing the health service as a source of accurate information and knowledgeable staff, care/reporting to authorities per local/state/national laws and standards.

Common Concerns:

- Sexually transmitted infections
 - Screening—CDC guidelines for routine screening of asymptomatic individuals
 - Diagnosis—common presenting signs and symptoms and appropriate use of diagnostic testing for chlamydia, gonorrhea, HPV, HSV; trichomoniasis, HIV, *Mycoplasma genitalium*, and syphilis.
 - Treatment—CDC recommendations
 - Prevention—condoms and other barrier methods, behavior modification, understanding of modes of transmission, vaccinations (HBV, HPV, HAV), HIV pre-exposure prophylaxis (PrEP), and HIV post-exposure prophylaxis (PEP)
- Genital dermatology—pearly penile papules, genital warts, herpes, molluscum, vulvar papillomatosis, lichen simplex chronicus, vulvar dermatitis, folliculitis, lichen sclerosis, vulvar aphthous ulcers
- Coming out/LGBT issues
- Gender identity issues

- Contraception
 - Hormone containing (oral, injected, transdermal, implant, devices)
 - CDC medical eligibility criteria for contraception
 - Post-coital emergency contraception
 - Proper usage, pros and cons, drug-drug interactions, contraindications, common side effects and how to manage, extended/continuous cycling
 - Non-hormonal methods (barrier, Phexxi gel, spermicides, copper IUD)
- Awareness of campus/Title IX resources for survivors of sexual violence

SPORTS MEDICINE/ORTHOPEDICS

Descriptor:

College Health clinicians evaluate and treat a wide variety of both acute and chronic musculoskeletal conditions. Joint and limb problems are often related to acute trauma, sports, or other recreational activity. Assessment by history and physical exam facilitates making an appropriate diagnosis as well as triaging those conditions requiring urgent vs non-urgent referral/consultation or

treatment in the primary care setting. Knowledge of differential diagnoses, indications for diagnostic imaging, treatment parameters, simple immobilization techniques, and basic rehabilitation promote optimal outcomes. An understanding of strategies for injury prevention complements the management of acute and chronic musculoskeletal complaints. A helpful online resource can be accessed at <https://www.orthobullets.com>.

Common Concerns:

- Ankle: sprains, fracture
- Foot: acute sprains, Injuries, metatarsal fractures, plantar fasciitis, metatarsalgia, Morton's neuroma
- Overuse injuries
- Knee: sprains, meniscus injuries, ligament (MCL, LCL, ACL, PCL) injuries, patellofemoral syndrome, Baker's cyst, bursitis, patella dislocation/tendonitis
- Hip: sprain, bursitis
- Hand/wrist: finger joint /tendon/ligament injuries: e.g., boxer's fracture, jersey finger, mallet finger, metacarpal and phalanx fractures, gamekeeper's/skier's thumb, De Quervain's tenosynovitis, blunt trauma/subungual hematoma; wrist sprains and rule-out of carpal fracture.
- Shoulder: rotator cuff injury, A-C joint sprain, clavicle fracture, acute and recurrent dislocation (anterior and posterior), bursitis, biceps tendonitis/tendon tear, Bankart lesion, impingement syndrome.
- Neck: cervical sprain/strain, radiculopathy
- Back: lumbo-sacral sprain/strain-acute/chronic/recurrent, spondylolysis, spondylolisthesis, sciatica, coccyx injury/fracture, arthritis, disc disease, scoliosis
- Shin splints / medial tibial stress syndrome
- Stress fractures, particularly in the lower extremities
- Pre-participation physical requirements and clearance guidelines. Awareness of NCAA guidelines for sickle cell testing/education and drug/medication-use restrictions
- Concussion: evaluation, management, return to learn and return to play guidelines
- Compartment syndrome: exertional or following acute trauma
- Elbow pain: radial head fractures, epicondylitis, triceps or biceps strain, olecranon bursitis

TRAUMA/ACUTE INJURY

Descriptor:

Evaluation of an injury is often the student's initial reason for presentation to a college health clinic. Etiologies of acute / overuse trauma in otherwise healthy young adults include: participation in sports and other recreation, transportation by car/ bike/ long board/roller blades, and injuries while under the influence of alcohol and other drugs. College health clinicians triage, assess, and treat many injuries, serve as the referring provider for more complex injuries, screen for substance use disorder, and educate patients regarding injury prevention such as use of seat belts, use of helmets, and safer alcohol consumption.

Common Concerns:

- Fractures
- Ocular injuries
- Face/head/scalp trauma
- Concussion/post-concussive syndrome
- Abdominal trauma
- Skin trauma—lacerations/repair, abrasions, wound management
- Foreign body—wood, metal, glass, Q-tips, sex toys etc.
- Bites—human or animal

TRAVEL MEDICINE

Descriptor:

The current global culture, ease of travel and wealth of opportunities for study and work abroad have encouraged increasing numbers of student to travel. Offering or facilitating pre-travel counseling, vaccinations and prophylactic medications is a frequent expectation for a college clinician. Providers should be aware of and access reputable source of travel health information, such as the CDC website or the subscription service www.travax.com, for accurate and up to date information and recommendations. When students return from travel abroad, they often bring back more than souvenirs and photos. Evaluation and treatment of post travel illnesses requiring careful history of activities and contacts while traveling, length of stay, selected cost-effective laboratory tests and perhaps consultation with a local infectious disease specialist. Coordination of primary and specialty care is essential for optimal and successful treatment.

Common Concerns:

- Pre-travel counseling and education: food choices/preparation, water sources, insect protection, safety, local customs, travel documents; STI prevention
- Vaccinations
- Prophylactic medications
- Travelers' diarrhea: bacterial, parasitic, other etiologies
- Post-travel illnesses: malaria, TB, schistosomiasis, dengue fever
- Less common (but significant) are previously undiagnosed or poorly controlled mental health issues and/or substance-use disorders

Section II: Population-Based Care

PUBLIC HEALTH AND PREVENTIVE MEDICINE

Descriptor:

College health clinicians regularly assess and treat patients with suspected or proven infectious diseases, many of which are potentially contagious to others within the community. In addition to this clinical role, college health practitioners serve as an essential resource for their institutions. We have a unique responsibility to alert and advise campus constituents about potential infectious diseases, monitor trends in influenza-like illnesses, and advocate for measures that might limit the spread of contagious illnesses. College health practitioners must stay informed regarding global, regional, and local infectious disease patterns, know how and when to implement measures to contain spread of infections, provide accurate information to the public, and work collaboratively with institutional, local, and federal agencies to implement infection control measures.

College health clinicians also play a significant role in preventive medicine efforts for the populations served by college health services. We recognize that student health clinicians often “treat the world,” as individuals come from across the globe to study in the U.S. At the individual patient level, this knowledge translates to providing screening and intervention measures in a shared decision-making process.

Common Concerns:

- Infection control and/or response to outbreaks of infectious diseases (COVID-19, influenza, measles, mumps, varicella, pertussis, meningitis, tuberculosis, MRSA infections)
- Environmental/campus management of disease outbreaks
- Operation of mass vaccination clinics
- Operation of open- and closed- point-of-dispensing clinics
- Immunity against vaccine-preventable diseases
- Principles of population-based screening – alcohol, tobacco, drug use, mental health, obesity, risk behaviors
- Monitoring of emerging infectious diseases and outbreaks globally
- Establishing and maintaining working relationships with local and national health authorities

PATIENT SAFETY

Descriptor:

College health clinicians contribute to the establishment of a safe environment for patient care. Often this involves coordination and collaboration with other departments on campus, such as public safety, facilities maintenance, and environmental safety units. Maintaining a working knowledge of relevant regulations facilitates the clinician's ability to provide leadership in implementing workplace safety principles, infection control policies, training related to OSHA, and blood-borne pathogen and chemical safety regulations.

Common Concerns:

- Resource for campus community on questions of occupational exposure, contact tracing, and isolation/quarantine as needed
 - Infection Control and Workplace Safety
 - OSHA regulations

- Blood-borne pathogen regulations
- Chemical Inventory and Safety regulations
- Infection control policies—specific to type of work site and services offered
- Participation in the university’s behavioral intervention team, which identifies and intervenes with students who potentially pose a risk to self or others.

HEALTH PROMOTION AND EDUCATION

Descriptor:

The WHO defines Health Promotion as “the process of enabling people to increase control over their health and its determinants, and thereby improving their health.” College health clinicians have the unique opportunity to work with groups of patients somewhat unfamiliar with advocating for their own health. Many college health centers are the entry point for students to access medical care, without the aid of parents or guardians. The role of the college health clinician is not only to care for sick students, but to provide guidance in navigating the health care system. Issues from a routine cold to dealing with a sexual assault can provide the framework for educating the patient, with lifelong benefits. Many colleges have a Health Promotion or Wellness department on campus. Their specific purpose in higher education is to support student success by developing initiatives aimed at reducing personal, campus, and community health risk factors. They work to prevent the development of personal and campus population-level health problems, while enhancing individual, group and institution health and safety. Collaboration with this entity can enhance and reinforce messages about healthy lifestyles.

Common Concerns:

- Mental health and stress management
- STI prevention
- Sexual assault
- Alcohol use and abuse
- Illicit drug use and abuse
- Tobacco cessation
- Accident prevention
- Healthy nutrition
- Weight management
- Physical fitness
- Insomnia/poor sleep
- Sexual expression and gender identity

Section III: Patient-Based Systems

COMMUNICATION

College health clinicians need to share accurate medical information with their patients to facilitate medical decision-making. This requires an ability to assess the “health literacy” of individual students and readiness to change. Please remember that ensuring informed consent is an ongoing process. It is imperative to balance the

responsibility of honoring the student's confidentiality with the need to urgently communicate with the emergency department, the patient's family, law enforcement, university behavioral intervention team, roommates/RA, advisor, coach, and/or faculty when there is threat of harm to self or others. Campus-wide initiatives discussing behavioral choices can engage students and facilitate healthful choices. Clinicians may also assume an advisory role, either directly or in collaboration with health promotion or wellness staffs, in health education and outreach initiatives.

College health clinicians often assume communication responsibilities beyond the clinical setting. They must interface with students' families in a thoughtful, compassionate, and ethical manner. They may serve as the campus public health officer, communicating important messages related to urgent, emergent, and impending public health issues while also acting as a liaison to the institution's administration and local health officials.

Skills:

- Interpersonal communication skills—active listening, empathy, summarizing/understanding/rephrasing, ability to translate complex medical concepts into plain, non-technical language
- Awareness of and application of [CLAS standards](#) (national standards on culturally and linguistically appropriate services (CLAS) in health care as related to access and communication)
- Motivational interviewing skills to engage patients in health behavior change
- Professional communication skills—ability to effectively elicit and share information with other medical professionals, such as specialists and patients' primary care providers; communicate effectively with campus faculty, administrators and academic and other service departments
- Create messages in "plain language" for health promotion and campus alerts (NIH Standard)
- Establish appropriate boundaries related to communication with parents/families/university faculty and staff, which respect individual privacy and consider broader community need for information

CULTURAL AWARENESS/COMPETENCE/PROFICIENCY

Miriam Webster defines **culture** as "the customary beliefs, social forms, and material traits of a racial, religious, or social group; *also* : the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time", "the set of shared attitudes, values, goals, and practices that characterizes an institution or organization", "the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic".

Cultural proficiency is having the knowledge, skills, attitudes and beliefs that enable one to work well with, respond effectively to, and be supportive of people in cross-cultural settings. (www.AAFP.org)

ACHA defines **cultural competency** as "...the capacity for an individual, an organization, or an institution to respond to the unique needs of populations whose cultures are different from that which might be referred to as 'dominant.'" College Health clinicians care for patients, interact with families and communicate with faculty and staff from around the world, from different socioeconomic backgrounds and from various orientations. Our college campuses continue to gain international diversity as markets for students expand and demand for highly skilled faculty increases. Though many of our international college students arrive from industrialized nations or may otherwise be familiar with "Western" medicine, health care delivery systems are vastly different in the US as compared to other parts of the world. Recognition of this reality and of the non-medical cultural expectations of health and health care is essential to effective collaboration with our patients around maintaining and improving their health.

Beyond cultural and ethnic diversity in higher education, there is also wide diversity in the identities of our student-patients. From sexual and gender identity to political identification, to a variety of other variables, our

students bring experiences that influence their interaction with us as representatives of the health care system and of our respective institutions. We are encouraged to respond with awareness, kindness, adaptability, and respect in our interactions with our patients and our culturally diverse university communities.

Essential Competencies:

- Knowledge
 - An awareness of the cultures represented within an institutions' community.
 - A recognition of how culture affects a patient's view of health and health care.
 - Healthcare Systems-based knowledge and resources for the uninsured/under-insured
 - Familiarity with the spectrum of gender and sexual identity expression.
 - Recognition that self-care practices vary widely and the comfort in illness is sought very differently depending on one's culture (ex, the use of heat and cold to treat illness).
 - Recognition of social determinants of health factors that may affect health and wellness
- Skills
 - The ability to adapt to situations in which a common language is not shared with a patient (using interpreters and cultural brokers) including using telephonic and electronic translation services
 - Use of a "trauma-informed" approach to care. Sensitivity to patients' comfort with the potential invasiveness of the process of physical examination.
- Attitudes
 - The willingness to suspend one's personal biases to deliver evidence-informed care to patients.
 - A respect for other cultures and viewpoints



8455 Colesville Road, Suite 740, Silver Spring, MD 20910 | TEL 410-859-1500 | contact@acha.org | www.acha.org