

Preparing Students to Care for Rural and Underserved Populations: One State's Response to a Required Interprofessional Education Initiative

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Abstract

Objective: Underserved populations often suffer from medically and socially complex problems. Health professionals serving these populations are seldom prepared for the complexity of the issues their patients face. To address this, the U.S. Health Resources and Services Administration (HRSA) required all federally funded Area Health Education Center (AHEC) programs to develop a two-year elective, interprofessional, co-curricular AHEC Scholars program for health professions students interested in caring for underserved populations. This article describes the development, implementation, and evaluation of the first two years of the Alabama AHEC Scholars Program.

Methods: Online courses were developed for five HRSA selected topics: interprofessional education, behavioral health integration, social determinants of health, cultural competency, practice transformation, and one HRSA-approved special topic. Google Classroom was selected as the learning platform and health professions students from across Alabama are recruited to participate. Selected students complete 80 hours of didactic content via the online courses and 80 hours of community-based experience in underserved communities over a two-year period.

Results: A total of 251 students from 19 health professions and 23 colleges and universities were accepted into the first two cohorts of Alabama's AHEC Scholars Program. Evaluation of the courses and community-based experiences has been positive, yet the overall retention rate is 54% at the end of year two. Student attrition has occurred primarily at the beginning of the program and between the first and second years.

Conclusions: Curricular content and experiences in caring for underserved populations were developed by Alabama AHEC. Student interest is high, and evaluations have been positive. Despite the perceived importance of such content to their desired future practice, retention of busy health professions students in this educational program, as required by HRSA, has been challenging. Further work is needed to determine how best to incorporate important content and training into the education of those interested in caring for rural and underserved populations.

Keywords: Health professions education; Interprofessional education; Rural health; Underserved populations; AHEC programs

Introduction

The national Area Health Education Centers (AHEC) program was established by Congress in 1972 to recruit, train, and retain a primary care workforce committed to caring for underserved populations [1,2]. Through academic-community partnerships, AHEC programs and their affiliated centers meet the needs of the communities they serve by improving the supply, distribution, diversity, quality, and retention of primary care providers, particularly in rural and underserved areas [1-3]. Federal funding to support AHEC programs comes through the Health Resources and Services Administration (HRSA) Bureau of Health Workforce. As part of the latest five-year funding opportunity (2017 – 2022), HRSA directed all AHEC programs to develop a longitudinal, interprofessional program that includes a defined set of didactic and community-based training activities for selected cohorts of health professions students [4]. Known as the AHEC Scholars Program, this two-year co-curricular program includes 80 hours of didactic content in HRSA-specified core topic areas and 80 hours of community-based experiences in rural and/or underserved areas. AHEC Centers across the country are charged with recruiting a minimum of 15-25 students from multiple health disciplines into their AHEC Scholars Program beginning each new academic year [4]. HRSA's goal in requiring an AHEC Scholars Program is to better prepare interested health professions students for team-based care and the medical and social complexity that often exists in underserved populations.

The Alabama Statewide AHEC Program received initial federal funding in 2012, making it one of the newest AHEC programs nationally. The AHEC Program Office is located at the University of Alabama at Birmingham School of Medicine and five regional not-for-profit AHEC Centers cover all 67 Alabama counties. This article details Alabama AHEC's approach to meeting the federal mandate of developing a statewide interprofessional education program for health professions students expressing a desire to care for rural and underserved populations.

Methods

HRSA allowed for a planning year to develop the required AHEC Scholars Program. Knowing that we would be recruiting health professions students from the various colleges and universities across Alabama, we started by researching learning platforms that all students could use. We selected Google Classroom based on desired features including Google Hangouts, Google Drive, and email accessibility. Additionally, Google is free and available to all students.

HRSA required that the AHEC Scholars curriculum focus on five core topic areas: Interprofessional Education (IPE), Behavioral Health Integration (BHI), Social Determinants of Health (SDoH), Cultural Competency (CC), Practice Transformation (PT), and a current or emerging state health issue or special topic. Alabama AHEC received approval to address Opioid Use Disorder, Oral Health, and Veterans'

Health as special topics; however, once the coronavirus pandemic hit in early 2020, COVID-19 was added to our special topics course. Since Alabama is where most of the state’s health professions students will practice, it was clear that the program should address the specific needs of the state, which is largely rural, racially diverse, medically underserved, and where health indicators historically rank among the lowest in the nation.

As envisioned by HRSA, the AHEC Scholars Program was to be interprofessional and co-curricular, supplementing the students’ existing health professions programs. Because the required core topics are covered to varying degrees in current training programs, our goal was to offer opportunities to explore the content in further detail with students from other disciplines. Faculty at the Alabama AHEC Program Office, with many years of experience in medical, nursing, and public health education, and expertise in interprofessional education and practice and care of underserved populations, assumed responsibility for course development. With six courses to develop and 80 hours of didactic content required over two years, three courses per year were planned, each requiring approximately 12-15 hours of online content and facilitated interprofessional discussion. Courses are divided into six modules that follow the same basic format: an introductory module that includes definitions and explanation of terms, four modules of content, and a final module with areas for further exploration. Each course includes a syllabus and learning objectives and uses a variety of teaching modalities to maintain student interest. Table 1 provides an example of the content within the course on IPE (Table 1).

Courses are placed within an individually branded Google Classroom for each AHEC Center, and a Coordinator at each Center is responsible for the program. This includes marketing and recruitment of students for the program and managing their own Google Classroom with their individual cohorts of students.

Centers recruit students for their AHEC Scholars Program from the health professions training programs within their AHEC Center’s multi-county service area. Traditional print materials such as flyers and

posters as well as electronic media are utilized and AHEC Coordinators leverage existing relationships with academic partners and with their respective Center board members to help market the program. Coordinators promote the program directly to prospective students in college classrooms and through campus healthcare clubs and organizations and AHEC advocates (deans, faculty, students, current Scholars) established at colleges and universities.

A uniform, statewide online application was developed with individual web links for each AHEC Center. Applications are due in September and Centers select their cohorts of AHEC Scholars for a mid-October start date. Program orientations, initially conducted in person, moved to an online format this year due to the pandemic. Orientations allow students from different universities and health professions programs to meet one another, share contact information, and more quickly build the cohesion necessary for a successful two-year program.

The online courses are standardized within each Center’s Google Classroom. Coordinators work together to determine start and end dates for each course and for modules within the courses. They also develop weekly discussion questions together which they post for students and monitor in their online classrooms. Students are given about 10 days to complete each module (approximately two months to complete each 12-15-hour course). Since participation in the AHEC Scholars Program is elective and outside their normal curriculum, students work on their own to complete content. We recommend that students pace themselves and remain engaged with their peers by completing one to two hours of content each week and respond to discussion questions and response threads as they are posted. Scholar perspectives reflect rich diversity based on their discipline and training, gender, race/ethnicity, age, rural/urban status and more.

Keeping Scholars engaged and interacting is a key responsibility of the Coordinators. They email and call students who fall behind and encourage them to continue. This personal interaction is important because many students struggle to add extracurricular activity to

Table 1: Outline of the AHEC Scholars Course on Interprofessional Education (IPE).

<p>Course Introduction: This course focuses on the long and winding road that has brought health professions education and clinicians to the relatively recent focus on interprofessional education (IPE) and interprofessional collaborative practice (IPCP). Scholars gain an understanding of the importance of team-based care and become immersed in IP teams via both virtual and community-based experiences.</p>
<p>Course Objectives:</p> <ol style="list-style-type: none"> 1. Discuss the impetus for interprofessional education (IPE) and interprofessional collaborative practice (IPCP) in health professions education. 2. Demonstrate skills in the four domains of IPE, including respect for other health professionals and positive attitudes toward team-based decision-making. 3. Utilize the fundamentals of TeamSTEPPS to create change at the individual, team, and organizational levels. 4. Apply what you have learned to the care of patients in a clinical setting.
<p>Module 1: Introduction to Interprofessional Education and Interprofessional Collaborative Practice</p> <ul style="list-style-type: none"> • This module provides an overview of IPE. Scholars watch a short video, “Carl in the Nexus,” to see the benefits of team-based, patient-centered care. Another video from the AHRQ TeamSTEPPS website highlights the importance of patient safety.
<p>Module 2: Core Competencies for Interprofessional Collaborative Practice</p> <ul style="list-style-type: none"> • Scholars are asked to read the 2011 Core Competencies for Interprofessional Collaborative Practice (IPCP) and then review the 2016 Update on Core Competencies for IPCP. What are the core competencies and what are the differences between the 2011 and the 2016 documents?
<p>Module 3: Introduction to TeamSTEPPS</p> <ul style="list-style-type: none"> • Scholars are asked to download the TeamSTEPPS app. This module contains an AHRQ video on Introduction to the Fundamentals of TeamSTEPPS Concepts and Tools.
<p>Module 4: Using TeamSTEPPS to Create Change.</p> <ul style="list-style-type: none"> • Scholars view an AHRQ video on Using TeamSTEPPS to Create Change at the Organizational, Team and Individual level.
<p>Module 5: Putting It All Together</p> <ul style="list-style-type: none"> • Scholars view an AHRQ video on Maintaining the Gains of the TeamSTEPPS Program that includes strategies to address resistance to change, leverage success, and prevent backslide in team care. They also review the AHRQ TeamSTEPPS website for other resources and courses and are offered the opportunity to become a TeamSTEPPS Master Trainer.
<p>Module 6: Promising Interprofessional Collaborative Practices.</p> <ul style="list-style-type: none"> • Scholars view some of the most promising practices to develop, foster, and sustain interprofessional collaboration and build a culture of health by reviewing this Robert Wood Johnson Foundation initiative and watching a video on some of the promising practices.

their already demanding schedules. The streaming tab within Google Classroom allows Coordinators to post mass messages and reminders to students, and the free GroupMe app helps with text messaging, creating break-out groups of students, and sharing information on experiential training opportunities.

AHEC Scholars in cohort 1 completed courses on IPE, BHI, and SDoH during their first year. Scholars in cohort 2 joined those from cohort 1 and completed the courses on CC, PT, and Special Topics together. Having two cohorts of students within the same classroom broadened the online discussion. Cohort 1 finished the two-year AHEC Scholars Program at the end of the 2020 academic year. Cohort 2 continues with the courses on IPE, BHI, and SDoH along with cohort 3 who began the AHEC Scholars Program in fall 2020. The AHEC Scholars Program evaluates all courses using a locally developed, online survey to assess Scholar satisfaction, knowledge gain, and intent to apply knowledge. An institutional survey design expert created the course evaluation and AHEC Scholars Program administrators reviewed the survey for face validity. The overall survey design is based on best practices in training assessment [6].

The program also requires 80 hours of interprofessional, community-based, experiential training in rural and underserved areas over the two-year timeframe. Initially, Scholars were involved with health and career fairs, rural and underserved clinics and hospitals, high schools, summer camps, homeless shelters, and more. When the coronavirus pandemic limited students' ability to meet, and many returned home to continue their regular classes online, Coordinators identified other opportunities for Scholars. For instance, several completed the free Coursera courses on COVID-19 contact tracing developed by Johns Hopkins University and others assisted with AHEC-sponsored COVID testing in rural Alabama counties. Some are helping administer COVID-19 vaccinations in rural Alabama as vaccine has become more readily available in the state.

Interestingly, the pandemic provided an opportunity for AHEC Programs across states to collaborate further which also benefitted the Scholars. Different state AHEC Programs hosted webinars with key individuals addressing core topics and Scholars from multiple states participated in these events. For instance, Regina Benjamin, MD, MBA, family physician from Bayou La Batre, Alabama and former Surgeon General under the Obama Administration, addressed the SDoH and spoke with Scholars about becoming leaders in their schools and communities, the need to restore the public's faith in science, and helped them understand how to work together in a small community to secure needed resources for patients. In addition, the National AHEC Organization hosted webinars on leadership and advocacy that were also well received.

This project was submitted for review to the Institutional Review Board (IRB) at the University of Alabama at Birmingham. The IRB determined this project is not Human Subjects Research.

Results

Across Alabama, the five AHEC Centers enrolled a total of 120 AHEC Scholars the first year (cohort 1) and 131 the second year (cohort 2). Scholars represented a total of 19 different health professions from 23 different Alabama colleges and universities (7 community colleges and 16 public and private universities offering bachelor's, master's, and/or professional doctoral degrees in the health professions). Centers enrolled between 15-28 students from 6-14 different disciplines for cohort 1, with a mean of 24 students per Center. Nurse practitioner (NP) students were selected most often (n=33), followed by social work (SW) (n=13), associate degree nursing (ADN) (n=9), bachelor's degree in nursing (BSN) (n=9), and pharmacy (n=8) students. Most students enrolled in cohort 1 were female (n=106; 88%); 55 (49%) were White and 47 (41%) were Black. Enrollment ranged from 16-35 students from 5-10 different disciplines in cohort 2, with a mean of

24 students per Center. The disciplines most common in this cohort included ADN (n=21), BSN (n=16), pharmacy (n=12), speech and hearing sciences (n=11), SW (n=9), and medical (n=8) students. Again, females comprised most of the students in cohort 2 (n=116; 89%). The racial breakdown was primarily White (n=66; 52%) and Black (n=46; 37%). Table 2 provides a complete breakdown of the demographics of the first two cohorts (Table 2).

Retention has been an issue, particularly for cohort 1 where only 49 (40.8%) of the original 120 Scholars completed the two-year program. Retention was greater for male students (64%) than female students (38%) and for White students (45%) more than Black students (30%) in cohort 1. The retention rate for cohort 2, now in the second year of the program, currently stands at 66.4%. Again, male students have been retained at a higher rate (73%) than female students (66%). More Black students in cohort 2 have been retained (70%) than White students (64%). Students from larger, urban universities have been retained at a higher rate (64%) than those enrolled in smaller, more rural programs (32%).

Attrition has occurred primarily at the beginning of the program and between the first and second years and has happened due to a variety of reasons, including dropping out of school, moving out of state, and stress related to the additional workload. Attrition has occurred across academic disciplines but was most significant from ADN, NP, speech and hearing sciences, public health, and pharmacy students during cohort 1. Attrition in cohort 2 has been lower but has been most significant among SW and ADN students.

The primary strategy for evaluating the AHEC Scholars Program is through Google Classroom course evaluations. At the completion of each course, Scholars record demographic data and answer questions regarding satisfaction with course material, level of difficulty, knowledge gain, and applicability/intention to apply knowledge [5]. The Likert-type scale ranges from 1 (Strongly Disagree) to 5 (Strongly Agree). The last three survey questions are open-ended and provide space for students to identify (a) what they liked most, (b) what they liked least, and (c) recommendations for enhancing the modules within the course. Scholars in the first two cohorts were very satisfied with

Table 2: Demographics of Accepted AHEC Scholars, Cohorts 1 and 2.

	Cohort 1 (n=120)	Cohort 2 (n=131)
Race/Ethnicity		
Asian	8 (6.7%)	9 (6.9%)
Black/African American	47 (39.2%)	46 (35.1%)
Hispanic	3 (2.5%)	2 (1.5%)
White	55 (45.8%)	66 (50.4%)
Other	3 (2.5%)	3 (2.3%)
Not Reported	4 (3.3%)	5 (3.8%)
Sex		
Female	106 (88.3%)	116 (88.5%)
Male	14 (11.7%)	15 (11.5%)
Discipline		
Medical (MD/DO)	1 (0.83%)	8 (6.1%)
Nurse Practitioner	33 (27.5%)	9 (6.9%)
Nursing, ADN	9 (7.5%)	21 (16.0%)
Nursing, BSN	9 (7.5%)	16 (12.2%)
Pharmacy	8 (6.7%)	12 (9.2%)
Physician Assistant	4 (3.3%)	3 (2.3%)
Public Health	6 (5.0%)	8 (6.1%)
Social Work	13 (10.8%)	9 (6.9%)
Speech/Hearing Sciences	4 (3.3%)	11 (8.4%)
All Others	33 (27.5%)	34 (25.9%)

course content, objectives, course delivery, and perceived knowledge gain and identified actions for applying the knowledge to their future careers. Scores for all courses have been high, ranging from 4.4 – 4.73 (Table 3).

Through open-ended comments, AHEC Scholars frequently expressed appreciation for the interprofessional, experiential activities that allowed them to apply what they learned to real-life situations. The following are representative quotes from program participants:

“I enjoyed reviewing responses that other students posted. It was interesting to see how each student interpreted the different readings and assignments.” (Pharmacy student)

“The thing I liked most was how we interacted with one another. It is so important to understand the views of others as well as being able to work together and complete common goals/tasks.” (BSN Nursing student)

“The best part of being in this course is being in the field and spending time helping in the community with one another.” (Social Work student)

“I liked how it [IPE course] showed teamwork is the main objective and goal for the medical field. It really showed me the future that any medical facility needs teamwork and it elaborated on how to achieve that. I also liked voicing my opinion on what we read, and the videos provided for use. I really enjoyed this whole course.” (Medical student)

“I really enjoyed the TED talks that we were assigned to watch in a few of our modules. They were very informative and allowed us to hear from various disciplines of healthcare and learn a lot. I also really enjoyed a lot of the multicultural opportunities that were presented to us through IPE hour activities. Even during the pandemic, the leaders of the course have made the course very interesting and interactive through various activities online and have kept all of the scholars engaged.” (BSN Nursing student)

Unsurprisingly, students commented that their least favorite component of the courses was the readings; they preferred videos and TED talks. End of program evaluations from cohort 1 were also positive with students commenting on how thankful they were for the experience with the AHEC Scholars Program.

Scholar comments regarding the value of the program are further supported by the results of a national pre/post assessment developed by the National AHEC Organization to measure 12 competencies across all AHEC Centers in the United States. The survey targeted cohort 1 graduates and was distributed in fall 2020. In Alabama, 31 Scholars completed the online survey for a response rate of 63%. Results were statistically significant across all 12 competency domains ($t(30) = -5.50, p < .001$) (Table 4). Consistent with guidance from HRSA, plans are in place to collect data from AHEC Scholars one year after program completion to assess employment in rural and underserved areas and application of program information to their care of patients (Table 4).

Table 3: AHEC Scholar Scores for Core Topic Area Courses.

Evaluation Items	IPE		BHI		CC		SDoH		PT		Special Topic	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Overall, I was satisfied with this course	4.52	0.81	4.47	0.83	4.47	0.86	4.67	0.47	4.61	0.68	4.65	0.48
Course descriptions were clearly defined	4.49	0.80	4.53	0.77	4.48	0.84	4.63	0.62	4.57	0.80	4.55	0.69
My understanding of the subject matter improved as a result of this course	4.55	0.72	4.55	0.70	4.57	0.82	4.72	0.45	4.72	0.66	4.63	0.52
The information was presented in ways I could understand	4.53	0.80	4.54	0.70	4.51	0.86	4.72	0.45	4.66	0.67	4.65	0.52
The time necessary to complete this course was appropriate	4.55	0.79	4.53	0.70	4.40	0.89	4.65	0.48	4.67	0.65	4.62	0.52
I have identified actions I will take to apply information from this course to my career	4.61	0.69	4.60	0.69	4.58	0.81	4.63	0.58	4.53	0.83	4.73	0.45
The course facilitator was responsive to my needs	4.70	0.66	4.62	0.72	4.59	0.83	4.78	0.42	4.65	0.70	4.72	0.45
Overall Course Mean Score	4.56		4.54		4.51		4.68		4.63		4.65	

Table 4. Alabama AHEC Scholar Cohort 1 Responses to National Pre/Post Assessment

How confident were you in your ability to...	Before (n=31)	After (n=31)
Describe the responsibilities of other professionals (health care and others) on the health team?	3.5	4.5
Demonstrate how the skills and knowledge of interprofessional team members complement and overlap?	3.5	4.6
Describe how social determinants affect the health of a community or a population (e.g., equity, income, education, environment, etc.)?	3.6	4.6
Use common public health methods that prevent or address health issues in vulnerable populations?	3.2	4.4
Reflect on and describe my perceptions/biases of individuals who are from different professional or cultural backgrounds than me?	3.6	4.6
Respond appropriately to the needs of others based on a sensitivity to, and respect for, their cultural/ethnic backgrounds or socioeconomic status?	3.7	4.5
Describe how a patient’s behavioral/mental health needs may affect their care?	3.7	4.6
Describe the importance of integrating behavioral health and primary care?	3.4	4.6
Advocate for the health care needs of a community based on current policy trends (system, local, state, or national level)?	3.4	4.4
Demonstrate leadership skills (e.g., effectively communicate, inspire others, resolve conflict, accept feedback, etc.)?	3.7	4.7
Work collaboratively with patients, communities, or other health professionals?	3.8	4.7
Utilize the knowledge and skills gained from the AHEC Scholars Program to provide health care in a rural, medically underserved, or vulnerable population?	3.6	4.6
SCALE SCORE t(30) = -5.50, p<.001	3.5	4.6

Discussion

HRSA required AHEC Programs across the nation to develop and launch AHEC Scholars Programs by academic year 2018-2019. HRSA mandated the program length and level and the target number of students, as well as defined a set of didactic and community-based training activities that students must complete. Within those parameters, implementation around the country has varied. The one constant has been the goal of better preparing health professionals for interprofessional practice with rural and underserved populations by enhancing their professional development in core topic areas deemed essential.

The Alabama AHEC responded to this required interprofessional education initiative by developing online courses in core topic areas to supplement existing curricula in health professions training programs. Each Center is charged with recruiting interprofessional students from the training programs within their service area and managing those cohorts within their own Google Classroom courses.

Over the course of the two-year Alabama AHEC Scholars Program, students across the state have had the opportunity to learn about and experience the core competencies for interprofessional collaborative practice with their individual cohorts [7,8]. As identified by the Interprofessional Education Collaborative (IPEC), these competencies include values/ethics for interprofessional practice, roles/responsibilities of various health professions, the importance of interprofessional communication, and interprofessional teamwork and team-based care [6,7]. In addition, students in cohorts 1 and 2 have consistently reported knowledge gain and improved understanding through collaborative focus on the other core topics, as measured by course evaluations. In addition, cohort 1 program graduates who responded to the National AHEC Organization pre/post assessment reported statistically significant improvement in their confidence across 12 competencies related to IPE, BHI, SDoH, CC, and PT. Additional follow-up will be completed one-year post program completion to determine employment outcomes.

Challenges exist related to student attrition which was greater for cohort 1 and has been worse for students in smaller programs in more rural areas of the state. Often, these losses have occurred at the community college level with non-traditional students who are older, working adults with competing priorities. Associate degree in nursing (ADN) program students who are mostly female have had large attrition rates in both cohorts. In addition, a large number of NP students, again mostly female, were not retained in cohort 1. Although males represented a far smaller number of Scholars in both years, the loss of more nursing students in cohorts 1 and 2 could help explain the overall higher retention rate of male students.

As a result of the large attrition from cohort 1, Coordinators have focused their effort on student retention. This has included improvements in recruitment and selection of students, assuring they understand the requirements of the AHEC Scholars Program, and the commitment needed to successfully complete it. Further, Coordinators have been intentional about their efforts to keep students engaged in the program over time. The expanded collaborations with other state AHEC Programs and interactions with Scholars from other states also seems to be helpful to student retention.

This article described the development and first two years of implementation of the Alabama AHEC Scholars Program. It is limited to a descriptive analysis of the students enrolled and retained in the first two cohorts of this required federal initiative as well as their responses to course and program evaluation forms that were not submitted to validity and reliability testing. While participant evaluations of the program have been quite positive, the article is further limited by the lack of follow-up data on program completers to include employment

information and application of program content to care of patients. Collection of follow-up data is planned as cohort 1 graduates reach the point of one-year post-program completion.

Conclusions

Building a federally mandated, co-curricular education program from the ground up for a diverse set of students from multiple universities and programs has been challenging, in part due to the limited federal guidance provided. It has required flexibility and creativity to assure that program content is broad enough to maintain student interest but not so broad as to dilute the program. Even though the AHEC Scholars didactic courses are designed as distance-accessible, and learning is primarily self-paced and asynchronous, students have expressed appreciation for the connectedness that occurs through online discussions and experiential learning activities. Moreover, Scholars have made requests for peer-to-peer interactions on every evaluation. Differing program schedules and competing demands on time, coupled with the coronavirus pandemic, which further limited face-to-face opportunities for students, have made this difficult, yet AHEC Coordinators have worked hard to ensure participation and engagement and to support students' desire to connect with one another.

In a state like Alabama where so many students come from rural and medically needy areas and plan to return to similar areas upon graduation, the AHEC Scholars Program has had appeal, as evidenced by prospective student interest and numbers of applications and enrollments. Studying topics that are vital to providing quality, culturally sensitive care to diverse populations, especially coupled with opportunities for interprofessional, experiential learning, has been well received by students. Despite the perceived importance of such content to their desired future practices, and the positive evaluations of the program, retention of busy health professions students in this co-curricular program has been challenging. Accepting "pre" health professions students with similar desires may prove to be a more successful approach overall. Opening the AHEC Scholars online courses to newly graduated health professionals and those recently hired in rural and underserved communities may be another useful tactic. These and other strategies for retention need to be further explored to assure that care of underserved populations is provided by interprofessional teams of health professionals well prepared to deal with their unique needs.

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