An Education-Based Application of Project ECHO®: AIM4S³™ Shows us the way

by Moisés González—DLeNM Videographer and Media Consultant

The success of Project ECHO in the medical world (see sidebar, p. 9) has motivated Dr. Sanjeev Arora, its pioneer in New Mexico, to look at its application in other needed fields. Education, according to Dr. Arora, may be the place where the ECHO model™ will have its largest impact in the future. In New Mexico, there is a great disparity in the quality of education that students receive. Not unlike the delivery of health care, teachers and students in rural communities often find themselves without the resources to do their jobs well. Dual Language Education of New Mexico (DLeNM) has been a leader for many years in fighting for these learning communities by supporting programs that improve educational outcomes through best practices anchored in culturally and linguistically responsive pedagogy.

On February 6, 2020, one of those programs, AIM4S³™, took the leap into the ECHO® world. Achievement Inspired Mathematics for Scaffolding Student Success (AIM4S³™) provides a framework of instructional components that shelters mathematics content to make it comprehensible and accessible to all students, with a focus on English learners (ELs) and students who struggle with math. Using this model, the hub experts (Lisa Meyer, Erin Mayer, and Evelyn Chávez with technical support from Emilio Barraza and Moisés González) are able to extend and enrich the training that has had a profound impact on teachers and their students. A typical session comprises a group check-in (introductions), circling back (an opportunity to reflect on the previous session), a case presentation (a teacher in the field sharing best practices in the classroom), and a didactic piece (an opportunity for an expert—from the hub or elsewhere—to extend knowledge of the framework).

What a difference a day makes. Very recently, writing about ECHO® would have meant explaining the Zoom platform. Physically isolating in response to the COVID-19 pandemic has changed all that. Zoom is now ubiquitous. Indeed, in explaining the ECHO model™ in the past, people often thought that Zoom was ECHO® and vice versa. But, of course, Zoom is just the platform ECHO® chose because of its intuitive features and the "Hollywood Squares" gallery view that gives a greater sense of shared experience. As AIM4S³™ wraps up its inaugural run, it is on the front side of a wave in virtual education. Perhaps other DLeNM training programs could benefit from ECHO®. Beyond the technology, the model is a proven template that values and involves all members in the learning loop while focusing on the best practices that improve outcomes. One can imagine a host of educational issues that could be addressed using the model (check out the University of Wyoming—a superhub in education issues, *https://www.uwyo.edu/wind/echo/*). Some ideas for new education projects in New Mexico might include mentoring first- and second-year teachers in classroom management strategies, materials selection and use, and best instructional practices. Administrators may benefit from support in developing parent advisory and equity councils, completing necessary paperwork for the PED, and building budgets. Supporting rural dual-language education, especially those programs whose goal is the revitalization of Native languages in community building and buy in, and understanding the specific impact colonization has had on the school may be helpful. Student-led programs intent on

giving voice to our young leaders in leadership development, community activism, and mentorship may benefit from the ECHO format, and on and on.
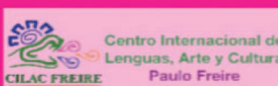
If there is one thing this pandemic is teaching us, it is that there is no substitute for human interaction. We need people. And although we are taking these extreme measures for a good reason, we look forward to the day that classrooms are bustling with students and their beaming faces. In the meanwhile, let's leverage this technology in a positive way so that when that day comes our teachers and students will be well prepared to meet the challenges of education with vigor.

The History of Project ECHO®

In 2003, Dr. Sanjeev Arora launched Project ECHO® (Extension for Community Healthcare Outcomes). in an effort to address a shortage of specialists treating Hepatitis C in the state of New Mexico. At that time, with over 30,000 infected people, Dr. Arora was running one of only two clinics in the entire state. The result was that, no matter how many hours of clinic Dr. Arora might schedule, there was no way to see all the patients that needed help. Other obstacles prevented patients being seen or maintaining their care: New Mexico is a geographically vast state with large poor and medically underserved populations. Making the trip to the University of New Mexico in Albuquerque, missing work, or having to spend the night in a hotel provided stumbling blocks that often prevented people from getting the care they needed. And left untreated, Hepatitis C can be deadly.

Telemedicine had been around for some time. Patients in isolated or underserved areas could be seen by a physician hundreds of miles away using a video link. While that would have given patients outside Albuquerque a chance to be seen, it would do little to increase the number of patients Dr. Arora could see. Unable to clone himself enough times to provide a Sanjeev in every community, he looked at the emerging technology of the internet and saw an opportunity. He could use the internet to act as a "force multiplier" to teach primary care providers around the state how to treat this complex chronic disease. And so, the ECHO model™ was born. Each week, Dr. Arora and a team of health care experts (e.g., pharmacists, social workers, psychiatrists) would gather at their offices in Albuquerque ("the hub") and connect via internet with primary care providers around the state ("the spokes"). The purpose of these clinics was not for the hub to treat individual patients around the state. Rather, every week a primary care provider in disparate parts of the state would present the case of a patient with Hepatitis C that was under their care. The hub would then share their recommendations based on best practices in that specialized field. Just as importantly, the spokes could share their experiences and recommendations from the lived experience of practicing in their communities. Indeed, when it came to the delivery of care, information passed from one spoke to another could be as valuable as the information being given from the hub—an unintended benefit coming from the cross-pollination of healthcare workers from around the state coming together on a weekly basis. In that way, the hub as well as the spokes joining the clinic become part of a learning loop. That dynamic structure radically changed the delivery of Hepatitis C treatment for thousands of New Mexicans. Soon new ECHO® clinics out of UNM addressed HIV, diabetes, and many others. It was only a matter of time before the model was being replicated across the country and then the world.

If you have any ideas for potential education-based ECHO® programs, please contact Moisés González at moises3@mac.com.