

Effect of the COVID-19 pandemic on an Interprofessional student run Free clinic

William Hay, Grace Johnson & Kristin Cook (University of Nebraska Medical Center),
T Lynne Barone & Samantha K. Ammons (University of Nebraska Omaha).

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We have no financial relationships to disclose.



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SHARING Clinic

Locations

SHARING Clinic

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Sobre La Clinica

SHARING Clinics Announcement - closing 3/12/2020

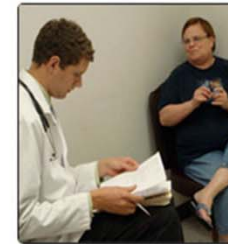
Clinic Operations

Student Health Alliance Reaching Indigent Needy Groups (SHARING)

The SHARING Clinic opened on September 9, 1997 in order to provide primary health care to underprivileged populations in South Omaha. It began as a medical student's vision of the need for quality care among Omaha's underserved. With the help of a small group of medical and nursing students under the guidance of Jim Medder, a family physician, and Kathryn Fiandt, a nurse practitioner, the clinic was born.

Some of the initial barriers included finding a location, raising money to pay a social worker, collecting pharmaceuticals, finding volunteer physicians, lab techs, and nurses, and recruiting and educating students to run the clinic.

The SHARING Clinic operated out of the South Omaha Neighborhood Association (SONA) clinic until February of



Clinic Operations

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The SHARING Clinics are made up of four entirely student-run clinics in the Omaha area. The clinics are staffed by student providers from each of the academic disciplines at UNMC. This truly multidisciplinary approach provides comprehensive care for patients and a wonderful learning environment for student providers. Faculty providers are present at all clinics to ensure that each patient is properly cared for.

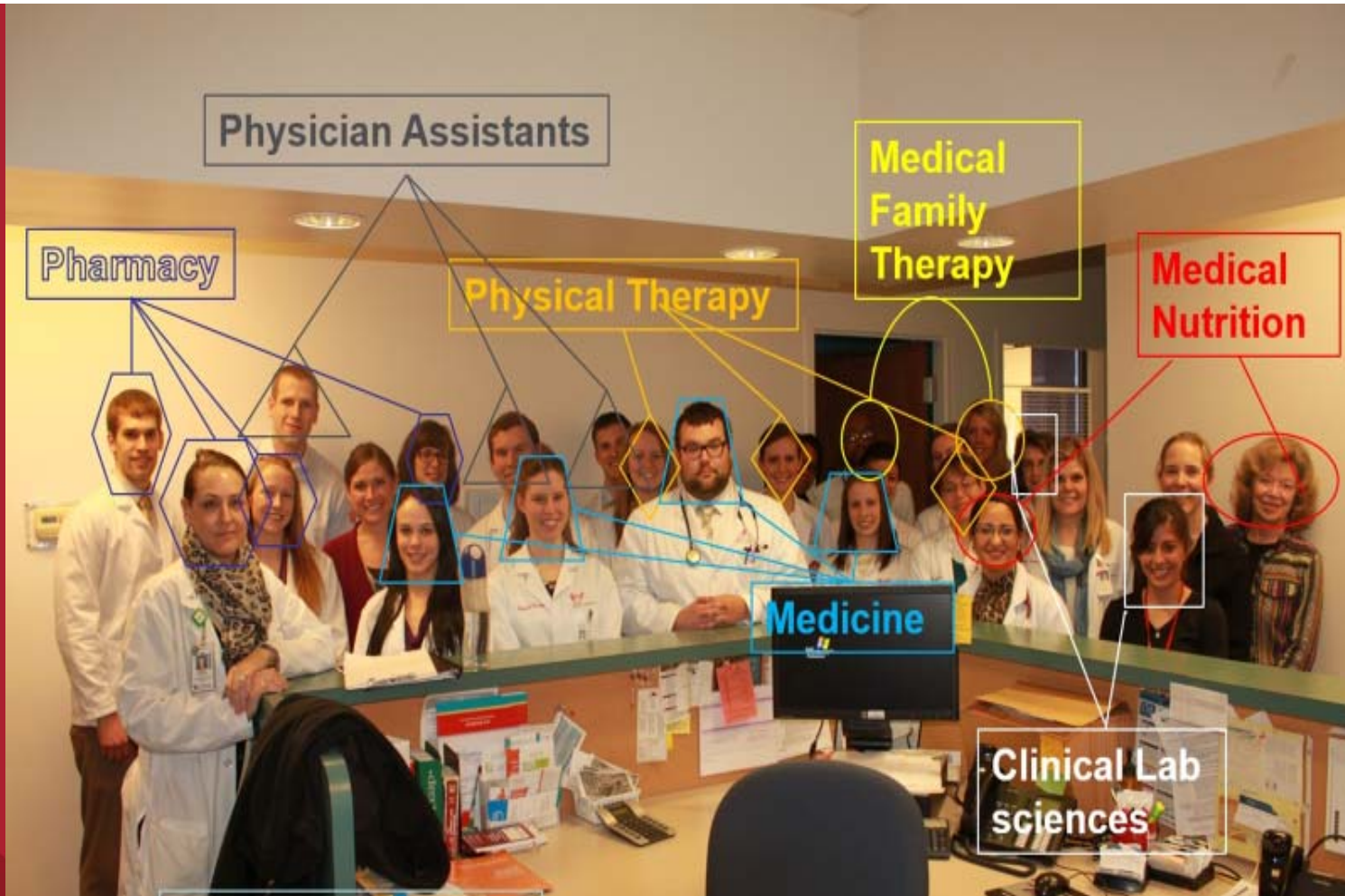


Clinic operations are overseen by a Student Advisory Committee, which is composed of students from all of UNMC's academic programs. A Faculty Advisory Committee works to support the Student Advisory Committee. Students and faculty also serve on several sub-committees: Quality/Clinic Operations, Education, Fundraising, Research, and Youth Outreach.

Follow the links below to see who is currently serving on the faculty and student committees. Also, links to lists of previous student committees and faculty providers are provided to recognize those who have dedicated their time to making the clinics the success they are today.

- [Student Advisory Committee](#)
- [Faculty Advisory Committee](#)
- [Previous Student Advisory Committees](#)







The GOODLIFE MODEL

1. Pre-clinic huddle/identify self-role & patient care teams

2. Two to three disciplines co-interview together

3. Stay in IP teams though the entire evening

4. Each discipline writes their own notes



The GOODLIFE MODEL (continued)

5. Shared responsibilities & coverage

6. Explore & expand roles for each discipline

7. Use EHR to see that patients seen by all disciplines over time

8. Interprofessional precepting



SHARING before Covid

1. Team huddle
2. Student teams formed and review patient
3. Patient arrives and checked in by paid Medical Assistant
4. Vitals by Student nurse
5. Patient care team interviews patient
6. Patient care team presents to interprofessional faculty
7. Team discusses plan with patient, places orders
8. Medication orders reviewed by student pharmacy administrator, signed by attending
9. Patient discharged
10. Notes written



Audience Discussion

Do you participate in any specifically IPE clinics and what steps do you use to reinforce interprofessionalism

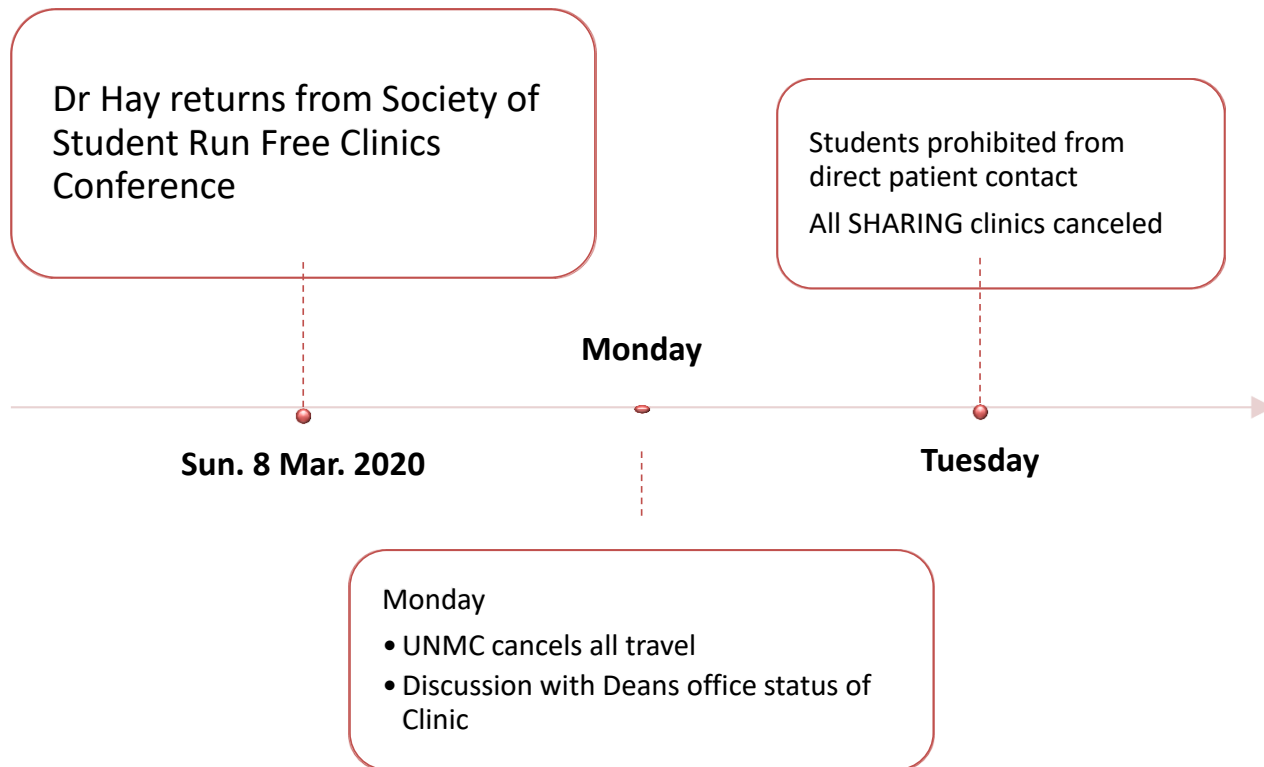


Lesson learned GOODLIFE MODEL

1. Under the GOODLIFE model, most PCPs had a leadership style that was consistently collaborative. Even those who began with a "top down" leadership style tended to shift to more participatory styles over the course of the evening in the clinic.
2. Student experiences at clinic and participation in a collaborative team reinforces and deepens their understanding of interprofessional behavior.
3. NEED MORE



SHARING during COVID19



Reopening – Patient difficulties

How to treat patients without direct contact?



Needed to create list of SHARING patients



Patients may have limited technology

Few have computers
Cell phones vs landlines
Cost of streaming data



How to get medications to patients





Reopening- student/faculty difficulties

1. Physicians inexperienced with telehealth
2. How do we maintain interprofessional aspect of clinic
3. Can't have groups of students & faculty together due to COVID risk



Reopening – the solution

- Zoom
 - Allows isolation and so COVID safe
 - Used for student and faculty communication
 - Breakout rooms used to discuss individual patients
 - Faculty can move between break out rooms
 - Allows shared view of our electronic health records
 - **Students administrated the Zoom sessions**
- Patient contact
 - Felt best to use phones as all patients had one



COVID Telehealth Clinic

Started back with fewer student disciplines:

- Medical
- Physician Assistant
- Pharmacy
- Social work

Later reintroduced:

- Nutrition
- Physical therapy



COVID Telehealth Clinic: New format

- Team huddle, on Zoom
- Patient called my PCP student on Doximity (phone), shared over Zoom
- Patient questioned about telehealth capabilities
 - Student team interviews
 - Social work - food, housing, etc.
 - PCP student - MD or PA
 - Pharmacy student
 - Later Physical therapy
 - Later nutrition
- Presentation to faculty on Zoom- MD, Pharmacy & if needed Social Work
- Review of plan with patient and orders Pharmacy mailed prescriptions
- Patients scheduled for in-person visit with faculty when needed



COVID Telehealth Clinic Outcomes

Positives:

- Student became proficient at hosting Zoom meetings
 - Patients very satisfied with format
 - Easier to get faculty volunteers as can work from home
 - Most visits didn't require exam (although not viable long-term)
 - Very few patient required in-person visits
-
- Surprisingly, no improvement in No-show rate

Negatives:

- Difficult to get patients to come in for labs
- Some health maintenance activities delayed



Clinic reopening Jan 2021

1. Student required to have surgical masks (supplied at Clinical Building entrances) and goggles, maintain social distancing
2. Student placed in teams (planned prior to clinic) – minimize # persons in room
 - a. Med/PA student, Physical therapy student – teams sent immediately to separate rooms
 - b. Pharmacy, nutrition, others zoom into room
 - c. Psychiatry remains on Zoom independently
3. Group huddle done on zoom
4. Patients receive Covid risk/symptom screening
 - a) By building security at entrance & given masks as needed
 - b) Rechecked at clinic check in
5. Roomed by Nursing student
6. Student team interviews
7. Presents to faculty – larger room to maintain distance
8. Teams f/u with patient, discharge
9. Pharmacy still mails most Rx's, gives some shots
10. Student's complete notes, disciplines working separately



Identified issues - students

1. Pharmacy wanted to come in face to face:
 - a. not being well integrated into conversations
 - b. To compensate, any shadowing student placed into Zoom
 - c. Nutrition took a 'break', suspect similar issues
 - d. **NEED TO REINFORCE TEAMWORK**
2. Some arrive without masks, short lived
3. Many not have googles, ongoing problem
4. Maintaining distancing
 - problem noted in non-student clinics as well



Identified issues - patients

1. Some patients still wanted to Zoom only

Why?

- a. worried about COVID exposure
- b. transportation issues
- c. some of these patients known to miss appointments/no follow up

Problems

- a. can't do physical/PT
- b. getting labs



Value IPE (pre-Covid): Physical Therapy

Table 4 : Medical Students Knowledge of the Physical Therapist Role on a Interprofessional Team

	MD w/ PT on Team (N=10)		MD w/o on Team (N=14)	
	Yes	Unsure	Yes	Unsure
PT monofilament exam?	100%	0%	57.1%	7.1%
PT take patient history?	70%	0%	50%	7.1%
PT discuss medications?	40%	10%	7.1%	21.4%

**Medical students
improve
interprofessional
role knowledge by
working with
teammates**



Physical Therapy student experience

COVID Zoom period:

- Initially not involved
- PT not involved in the initial discussions of Zoom format and their participation
 - Notably, left out of discussion to not use video!
- Eager to participate as most other clinical venues canceled
- Had a lot of meetings with SHARING committee to get to up speed with telemedicine
- Felt some student administrators provided a more interprofessional atmosphere than others
- Felt Zoom format help them gain insight into other professions scope of practice
- Challenged by need to provide via audio only
 - Learned to learn to phrase this simply & clearly
 - Had to picture the patient's description of their movements
 - Printed exercises (mailed) became more important

Return with in-person/Zoom mix

- Found Social-distancing kept people apart when not with patient
- Felt there was less collaboration at first; to keep distance went in by discipline



Value IPE (pre-COVID): Pharmacy

- Advanced training in pharmacy practice
- Advocacy from medical providers within the clinic
- Strengthening of relationships within the professions
- Shift towards interprofessional education in the didactic curriculum



Value IPE (pre-Covid): Pharmacy

- Lower level medical students exhibited more collaborative behavior with P2 and P3s.
 - Often, the M1-2 had a hesitant demeanor (especially about medications) and their uncertainty opened the door for better Med-Pharmacy student collaboration
- The least collaborative behavior was between upper level medical students and P2 and P3 students.
- Among lower level medical students, we saw more collaborative behavior emerge when:
 - The medical and pharmacy student had worked together previously
 - When the pharmacy student serves as a continuity provider for the patient
- Collaborative behavior was stronger among M3/M4s who were going into Family Medicine or had a great deal of previous IP collaborative experience



Pharmacy student experience

COVID zoom period

- College of Pharmacy incorporated Telehealth into skills labs/ OSCEs from April 2020 throughout the pandemic
 - Skills practice via telehealth included: patient education, patient interviewing, mock rounds, SBAR healthcare provider interaction
 - Had experience with breakout rooms for case discussion and skills based activities
- Some telehealth will continue to be incorporated in to the curriculum
- Zoom environment seemed to empower some normally quiet students to speak up
- Great thing is the ability to really do telemedicine – not just training, “cutting edge”
- Like clinical better



Pharmacy student experience

On return to in-person:

- More difficult recruiting student's and faculty
- Lower engagement across student activities when in hybrid educational model for didactic instruction
- Possible fear of COVID exposure
- Pharmacy not being in person- not as much a valued team member perception
- Found remaining on Zoom while others in-person difficult
- Felt communicating hard to do with patients and other students
- Felt ignored by in-person students (2 hours on Zoom, 20 minutes of interaction)
- View of camera not attended to, sometimes room mic got muted or everyone left room
- In person provider (PCP) often didn't check in with pharmacy on Zoom, even during medication check
- Pharmacy students advocated to join in-person team





Audience discussion

How did COVID effect your clinics
and
how did it impact interprofessionalism

