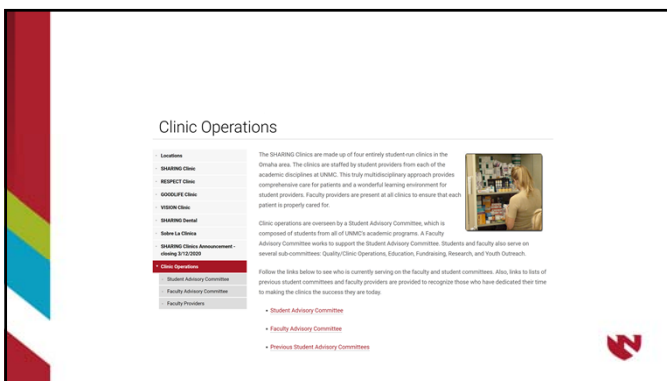


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3



4

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



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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



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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



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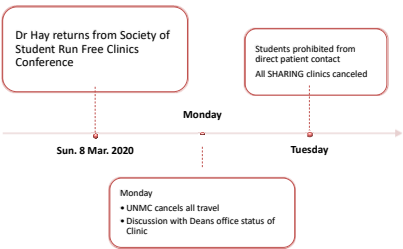
Lesson learned GOODLIFE MODEL

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




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SHARING during COVID19




Sun. 8 Mar. 2020 Monday Tuesday



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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



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**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



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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



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COVID Telehealth Clinic

Started back with fewer student disciplines:

- Medical
- Physician Assistant
- Pharmacy
- Social work

Later reintroduced:


- Nutrition
- Physical therapy



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COVID Telehealth Clinic: New format

- Team huddle, on Zoom
- Patient called my PCP student on Doximity (phone), shared pver 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



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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



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**Clinic reopening
Jan 2021**


1. Student required to have surgical masks (supplied at Clinical Building entrances) and googles, 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 seperately



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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



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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




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Value IPE (pre-Covid): Physical Therapy

	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



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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



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Value IPE (pre-COVID): Pharmacy


- Advancement of pharmacy practice (??)
- Advocacy from medical providers within the clinic (??)
- Strengthening of relationships within the professions
- Shift towards interprofessional education in the didactic curriculum



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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



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Pharmacy student experience

COVID zoom period

- College of Pharmacy incorporated Telehealth in to 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


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 after (during?) medication check
- Pharmacy students advocated to join in-person team



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Great thing is the ability to really do telemedicine – not just training, "cutting edge"
Like clinical better



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