Welcome

Phyllis King
ASAHP President
### Panelists

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Laura Dailey, PhD</td>
<td>Kindred Healthcare</td>
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<td>Peter Hu, PhD, FACSc</td>
<td>University of Texas MD Anderson Cancer Center</td>
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<td>Julie O’Sullivan Maillet, PhD, RDN</td>
<td>Rutgers University</td>
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<td>Christopher O’Brien, PhD, LAT, ATC</td>
<td>King’s College</td>
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<td>Yasmen Simonian, PhD, MLS(ASCP)CM, FASAHP</td>
<td>Weber State University</td>
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<td>Marcie Weinstein, PhD</td>
<td>Towson University</td>
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TELEHEALTH MODELS & DIDACTIC PROGRAMS

• How is telehealth being used?
  1. Method to earn clinical hours
  2. Strategy for preparing students for practice and for adding value
  3. Assessment tool, usually in combination with simulation

• Virtually all accrediting bodies allow telehealth as clinical hours
  1. Specific contingencies from each accreditor
  2. Virtual F2F visits, evals, follow-ups, review of instructions, small group tx
  3. Need to address state and credentialing body requirements
  4. Actual patients with preceptor or in on-site clinic, or with SPs as sim
• Student training and preparedness
  • Resources offered by most professional associations
  • Online modules, certificates, programs available for purchase
  • Access to staff telehealth training through clinical partners
  • Added value re: skills and reduced need for on-boarding training

• Assessment tool
  • Use of SPs or volunteers in simulated case
  • PA - OSCEs
• Didactic Curriculum – how to plan?
  • Table-top scenarios with COOP plans, “if-then” backup planning
  • Front-loading hands-on instruction if campus starts as open
  • Flipped classroom – online taped lectures, concentrated clinical time
  • Plan for small group instruction
  • Increased use of I-Human, Simucase, online case studies, etc.
  • Consideration of faculty workload and number of course sessions
  • Customized planning for different cohorts
ONLINE HEALTH ASSESSMENT

- Videos demonstrating skills and exam techniques
- May be done by practicing on family members or peers or dolls/mannequins when available
- If asynchronous teaching online – can be taped and sent in to the faculty/instructor
- If synchronous teaching real time online, then use Zoom or Google Hangout or any other platform available to demonstrate skills
• Difficult for real serious tasks the equipment and analyzers needed
• Smaller tasks – kits can be made and send to students
• Zoom meetings demonstrating procedures when equipment are not needed
• Focused on interpreting and reporting tests (pre-analytical and post-analytical) which can be checked off with some boxes
• Ultrasonography using iPhone in imaging
• Apps that use built in cell phone devices to test laboratory skills... namely the camera/photodetector to measure turbidity.
• The physical skills related to pipetting, making solutions, etc., would need to be assessed using a formal assay which requires reagents and the very least some type of basic spectrophotometer.
Something more formal can be created like the following video:
https://www.youtube.com/watch?v=LzYhyXYcs0M

which actually does a good job for Beer's law... but making sure their skills would be good enough to work in a clinical lab would take some optimizing.
VIRTUAL TRAININGS FOR STUDENTS

• Consider your resources:
  • Preceptor availability/willingness
  • Availability of student resources
    • Graduating vs. returning students
  • Technology resources
    • Live vs. recorded
  • Colleagues
  • Commercial products
  • Compliance with accreditation requirements
LEGAL RESPONSIBILITY & WAIVERS

- Student Professional Liability insurance
  - Coverage
  - Check with your legal
  - State specific
Six questions were posed.

Responses received from

- Cleveland Clinic
- Kindred Healthcare
- Mayo Clinic

Summary

- All organizations have similar responses and paths forward.
- None have made official announcements or determined details. Everything is subject to change.
#1 What factors must be in place as you allow healthcare students to return for clinical rotations and internships? How can your academic partners help with this?
- Safety of patients, caregivers, and students.
- Availability of PPE.
- Hospital census and staffing levels to provide a good experience for students.
- Care delivery changes and caregiver comfort levels.
- Providing intentional, thoughtful, and evidence-based education to students before they are on-site.
#2 Will the hospital or clinic provide PPE for learners? Would the academic partner be allowed or expected to do so?

- Hospitals should provide PPE but supplies are limited for staff. Academic institutions should be prepared to supplement.

- Institutions providing PPE may make it easier for hospitals though the responsibility will likely be put on the hospitals.
#3 As it relates to COVID-19, what expectations do you have of a student before they are on-site? In what way should academic institutions prepare students to be on-site?

- Under discussion currently. Not likely that students will require proof of a negative COVID-19 test or a 14-day waiting period.
- May encourage students to familiarize themselves with CDC recommendations around IC and PPE.
- Pre-onboarding expectations have not changed. Students may be screened for COVID-19 risk factors while the pandemic persists.
#4 What changes to your clinical agreements are needed, if any, specifically as it relates to liability?

- None at this time.
#5 How would you like to receive requests for clinical rotations going forward? When will you be able to support requests?

- Use the existing procedures. When sites open back up, this will be communicated to existing academic partners directly.

- No requests are being processed for the foreseeable future.
#6 Understanding that all graduates had to meet program and accreditor standards in order to graduate, will students that graduated early or had a decrease in clinical hours in response to COVID-19 be considered equivalently for employment?

- There has been no change in the consideration of such applicants.
- Number of clinical hours is taken into consideration, particularly hours completed in similar care settings to our hospitals, however applicants are not screened by these factors.
- Students may need to be more flexible about location.
- Sites provide in-depth orientations providing additional training and site-specific practices.
QUESTIONS?
Clinical Education Task Force

- Visit website: [http://www.asahp.org/cetf](http://www.asahp.org/cetf)
- Become a working member of CETF: [cetf@asahp.org](mailto:cetf@asahp.org)
- Suggestions or questions to CETF: [cetf@asahp.org](mailto:cetf@asahp.org)

ASAHP Education Committee

- Teri Stumbo, PhD, PT, FASAHP, Chair
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