FCRC | **Reflection**

KNIGHTS at Home: The Adaptation of a Student Run Clinic During COVID-19

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2020 seems to have become the year of transition, adaptation, and discord. In February of 2020, we assumed our role as the new clinic co-directors of the University of Central Florida College of Medicine's free, student-run KNIGHTS Clinic. We were prepared for the challenges inherent in the position we had just been entrusted, but we had simply underestimated the tumult that would define the year as COVID-19 hijacked the world.

The KNIGHTS Clinic serves the uninsured and underserved population of downtown Orlando, Florida, seeing an average of eight patients every other week in a free clinic (Grace Medical Home) and funded by the Diebel Legacy Fund at Central Florida Foundation. Prior to the pandemic, KNIGHTS Clinic was able to provide continuity of primary care for approximately 30 patients with chronic conditions, as well as serving hundreds more for specialty visits.

Unlike many other student-run free clinics, a board of 38 second-year students from UCF College of Medicine oversees the entirety of our clinic's operations, from screening volunteers, scheduling patient appointments, and administering in-house labs, to supervising research, assessing quality control, and managing finances. In addition to the board, KNIGHTS Clinic also partners with UCF Counselor Education and UF College of Pharmacy to support our patients with additional services that other programs are better equipped to provide. The efficiency of the clinic (our primary metric as clinic directors) was soaring, patient wait times were plummeting and, on the horizon, we easily imagined doubling the number of patients we could see per clinic as we embarked on our year-long role.

But, of course, we all know what happened next.

In the maelstrom of the initial shutdown, the school was shuttered, and with it, our clinic closed its doors. More than student safety, we did not want to deplete the dwindling supplies of protective equipment that the healthcare industry desperately needed, and we did not want to risk having our students be the source of spread for our vulnerable patient population. Perhaps the most difficult leadership lesson of all is learning when the appropriate action is inaction. With the rest of the nation, we were unsure of how long this pandemic would last…perhaps a month? How nakedly naive we were found to be in the light of retrospection.

In June, with the "summer surge" mauling the country, it became apparent that our hopes for a return to the Grace Medical Home were dashed. Our medical director took a courageous stand to cancel all in-person clinics until January 2021, giving us the freedom to move forward and adapt the way we provide care in the clinic so that we could continue to serve our clinic patients.

Our mission as a clinic is two-fold: to serve our patient population with quality and continuous care and to provide an environment that fosters our student volunteers' medical professionalism and education in a way that will cultivate their growth into outstanding physicians. Over hundreds of hours in our summer break, we methodically moved through accomplishing these two goals.

Transitions

One of the first and most heartbreaking realizations we had was that, with the clinics

being abrogated until January, our board was going to be completely devoid of the first-hand experience that our predecessors were blessed with. KNIGHTS Clinic board members relinquish their roles to the next generation in February of every year. Holding to this timing would give us two clinics to relearn the ropes before training a fledgling board and withdrawing to study for Step 1. Clean and effective transference of knowledge and skills can often be a breakpoint for organizations. Many may escape peril with careless transitions because the brute force of momentum carries you forward. We will not have such a luxury.

Our strategy, thus, was to preserve the information from our predecessors and to build better tools to bequeath every succeeding board. Using the record feature on Zoom, we asked each committee to sit down with their preceding board members, just as they had done 3 months prior, and recreate the transitions that they had been given, adding whatever new knowledge they had already gathered. We used Microsoft Teams to organize the committee into their own training folders, complete with these videos, training handbooks, and any materials our new board wished they would have had going into their new positions. We also used this time to record several processes that were potentially confusing (e.g., creating reports from our EMR), a strategy that will allow even our current board members the chance to go back and refresh these procedures prior to clinics.

Lifestyle Coaching Visits

One of our greatest assets as a clinic is our commitment to educate patients on healthy lifestyles for overall health, and to that end, we have a committed team whose sole responsibility is patient education. Prior to the pandemic, these students would visit each patient (as part of the clinic visit) and discuss potential lifestyle changes, setting SMART goals with them and following up via telephone in the ensuing weeks.

Given the existing setting for this virtual outreach, the adoption of “Lifestyle Coaching Visits” was simple. We asked the Patient Education committee to adapt their training to include a number of eager volunteers from the board, and our medical director led a training session for all involved students on how to conduct the calls (e.g. motivational interviewing, nutrition recommendations for common chronic conditions, etc.). We recruited participants from our patients and Grace Medical Home patients using CareMessage, a HIPAA-protected text messaging system that allowed us to communicate securely with our patients. We began with broad interest, then narrowed our focus with “Did you know that...” questions for specific chronic conditions (sent to patients with those chronic conditions). Patients could reply “Yes” to us if they were interested in learning more, and our patient education team would arrange a scheduled phone call with them.

Each call involved 2 students: one who would conduct the majority of the interview and another who would take notes and could follow up with questions and resources at the end. These calls lasted anywhere from 45 minutes to an hour. The preliminary data has been positive, showing an incredible success rate for goal accomplishment following these calls. To ensure continuity of care with the patient’s provider, calls were annotated as notes in the patient’s chart.

Outreach Efforts for Clinic Patients

Though we were unable to directly care for our patients at the clinic, we still wanted to care for our patients as much as we could at a distance. One of our simplest gestures was simply to let our patients know that we were still thinking of them, which we were able to accomplish quickly by sending out postcards to our entire patient population. The postcards included a photo of our entire board, a QR code to local COVID-19 resources, and hand-written messages to each of the patients.

As an additional gesture, KNIGHTS worked with other UCF College of Medicine student-run clinics and interest groups to pool funds and resources together for “COVID Supply Kits.” Each

kit was filled with cloth masks which could be washed, bottles of hand sanitizer, soap bars, and sanitizing wipes. In addition, each clinic customized their kits with supplies that uniquely served their specific patient populations; for KNIGHTS, this included face shields for the number of patients we knew could benefit in their jobs with these protective supplies. A total of 768 bags were assembled, 195 of which will be supplied to the KNIGHTS and Grace Medical Home patients.

Virtual Clinics

We perform 2 types of virtual clinics: one purely virtual (the attending, students, and patients are all remote and connect via a telemedicine platform or the phone) and the other a "hybrid" (the attending and patients are present in the clinic, and the participating students are virtual). These visits occur at least once per month. The real benefit of the hybrid visits is the ability to conduct physical exams, the results of which the physician reports to the virtual students to record in the patient's notes, while maintaining social distancing for the students.

For all virtual clinic visits, we have at least 2 student volunteers; one conducts the interview, while one scribes for the visit. These roles rotate to offer each student the opportunity to engage with the patient. To prepare for clinic visits, our EMR team meets with all student volunteers on a secure virtual call to review the patient's chart with them prior to clinic days. The pharmacy team, which originally worked in the clinic to provide pharmaceuticals to patients, transitioned to an advisory role; they, too, review the patient's chart and offer recommendations at a virtual "pre-brief" for potential changes or refills.

These "pre-briefs" have been a tremendously advantageous change for the clinic. Conducted at noon the day of virtual visits, each student interviewer updates the medical director (the physician seeing the patients) on points within the chart that they believe should be covered in the patient visit. The physician has an open discussion with the students, engaging them with questions and offering guidance on how to lead the interview.

Following patient visits, we conduct a "debrief" on the virtual clinic. While we still continue to have the traditional points of a debrief (i.e., discussion about potential issues and areas for improvement), we have added a review of student notes from patient visits to these virtual meetings. The notes taken by the second student volunteer are completely de-identified and loaded to a Google Document that the medical director reviews on Zoom while sharing her screen with attending students. This interaction has added invaluable teaching points for the entire board and has increased our efficiency and capability of writing good notes for patient visits. Our hope is that the lessons learned from these interactions will carry over to a more efficient clinic when we are able to return to Grace Medical Home again.

Looking to the Future

As the world becomes more familiar with the virus, we are all better equipped to adapt our routines and regimens to accommodate physical interactions while respecting guidelines that lower transmission, providing quality healthcare demands through both. Our focus is to reunite KNIGHTS Clinic with the halls of the Grace Medical Home as quickly and safely as possible. This will require extensive planning, coordination, and a reimagining of clinic flow in order to see our patients again.

We will need to synthesize a cogent plan that may involve seeing fewer patients per clinic, utilizing fewer in-clinic volunteers while increasing virtual volunteers, scheduling later appointments to allow for proper set up, redefining volunteer roles, and much more. At the time this article is being written, the development of a strategy is still in progress, but we are exploring as many avenues as possible to allow for the in-person reunification of our patients, the Grace Medical Home, and our student volunteers.