



# Welcome

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Phyllis King  
ASAHP President

# Panelists

**Laura Dailey, PhD**  
Kindred Healthcare

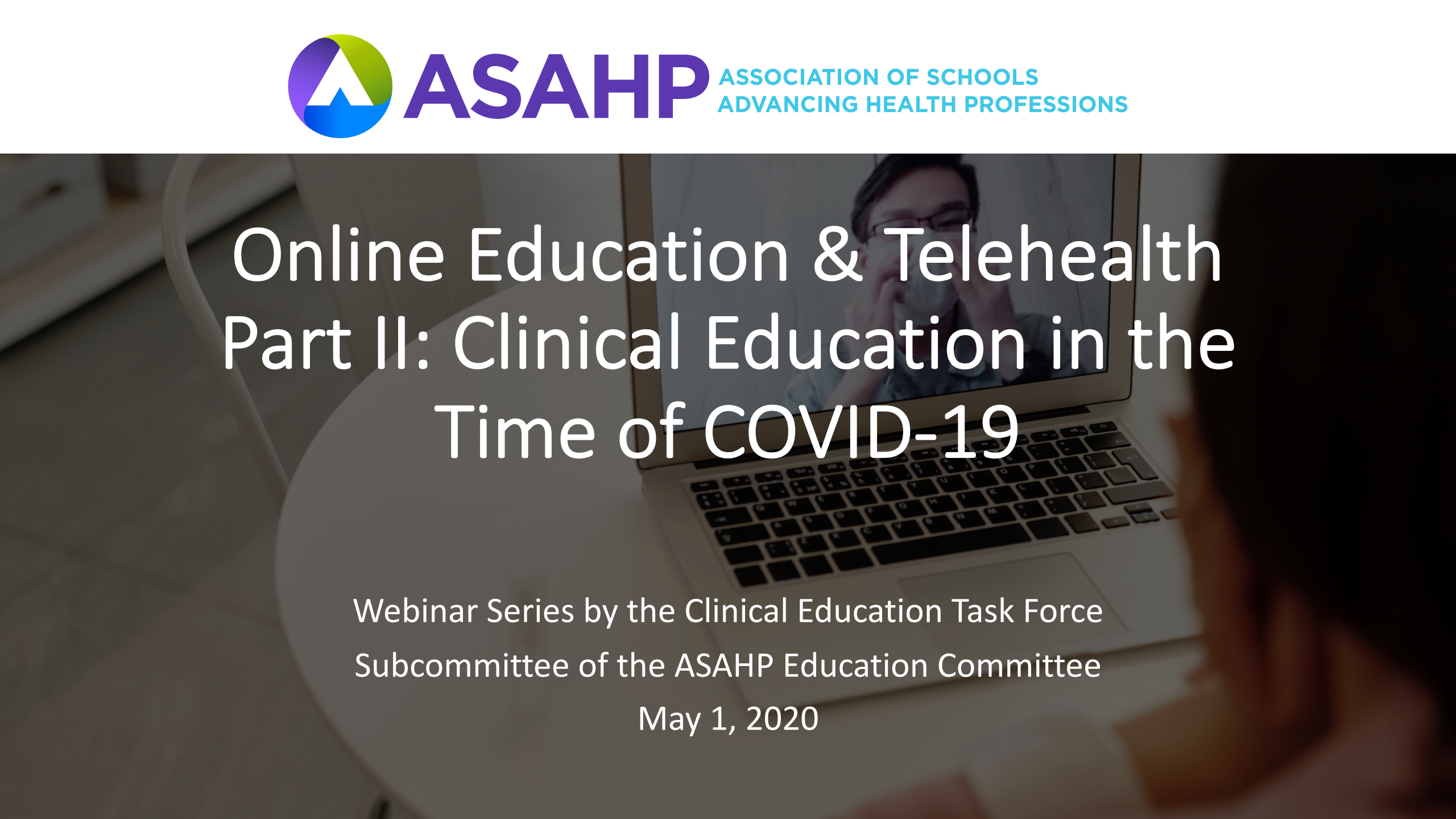
**Peter Hu, PhD, FACSc**  
University of Texas MD  
Anderson Cancer  
Center

**Julie O'Sullivan  
Maillet, PhD, RDN**  
Rutgers University

**Christopher O'Brien,  
PhD, LAT, ATC**  
King's College

**Yasmen Simonian,  
PhD, MLS(ASCP)CM,  
FASAHP**  
Weber State University

**Marcie Weinstein,  
PhD**  
Towson University



# Online Education & Telehealth Part II: Clinical Education in the Time of COVID-19

Webinar Series by the Clinical Education Task Force  
Subcommittee of the ASAHP Education Committee

May 1, 2020

# 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



# TELEHEALTH MODELS & DIDACTIC PROGRAMS

- 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

# TELEHEALTH MODELS & DIDACTIC PROGRAMS

- 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

# EVALUATION OF SOME PSYCHOMOTOR SKILLS FOR CLS/MLS

- 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



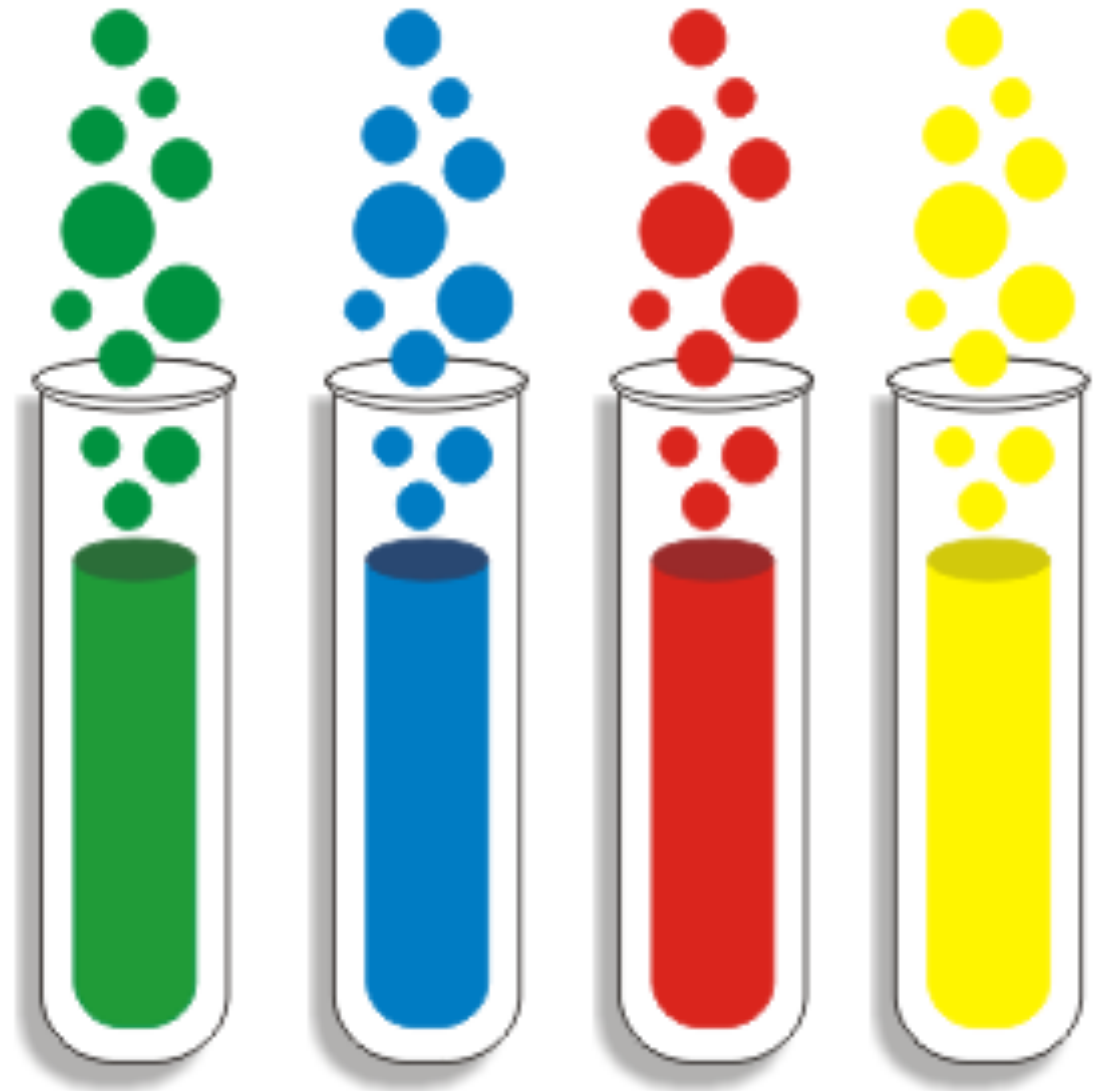
- Ultrasonography using iPhone in imaging
- Apps that use built in cell phone devices to test laboratory skills... namely the camera/photodetector to measure turbidity.
- The physical skills related to pipetting, making solutions, etc., would need to be assessed using a formal assay which requires reagents 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

# PERSPECTIVE FROM HEALTHCARE PARTNERS

- 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.

# PERSPECTIVE FROM HEALTHCARE PARTNERS

#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.



# PERSPECTIVE FROM HEALTHCARE PARTNERS

#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.

# PERSPECTIVE FROM HEALTHCARE PARTNERS

#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.

# PERSPECTIVE FROM HEALTHCARE PARTNERS

#4 What changes to your clinical agreements are needed, if any, specifically as it relates to liability?

- None at this time.

# PERSPECTIVE FROM HEALTHCARE PARTNERS

#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.

# PERSPECTIVE FROM HEALTHCARE PARTNERS

#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?

# Resources

## Clinical Education Task Force

- Visit website: <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)
- Source document: ASAHP Clinical Education Task Force. Clinical education in transition: Recommendations and strategies. *Journal of Allied Health*, 2019;48(4):237-247

## ASAHP Education Committee

- Teri Stumbo, PhD, PT, FASAHP, Chair
- Inquiries and membership: [teri.stumbo@dmu.edu](mailto:teri.stumbo@dmu.edu)