

6-5-2020

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Article type : Medical Education Adaptations

### **Zooming-Out COVID: Virtual Clinical Experiences in an Emergency Medicine Clerkship**

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This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/MEDU.14266](https://doi.org/10.1111/MEDU.14266)

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**Running head:** Virtual Clinical Experience in EM

**Word count:** 493

*What problem was addressed?*

Emergency Medicine (EM) is a required clerkship for medical students in our medical college. During this rotation, students play an integral role in interviewing patients, formulating treatment plans and counseling patients. Immediately available direct and indirect supervision is paramount to ensure student learning and safe patient care.

In the setting of extricating students from the clinical learning environment amidst the COVID-19 pandemic, it has been difficult to provide medical students with meaningful clinical experiences that meet clinical learning objectives. We present a novel clinical educational experience for senior medical students in the form of clinical callbacks that provided students the opportunity to interact, live, with patients. Specific learning objectives addressed through this intervention were focused on Patient Care and Interpersonal and Communication Skills.

*What was tried?*

After reviewing the electronic health record (EHR) with a faculty preceptor, students made calls to patients through a videoconferencing tool (Zoom Video Communications). Students identified patients to call back from two pools. The first consisted of patients who were treated and discharged from the Emergency Department (ED) by providers who eventually tested positive for COVID-19. While ED providers were asymptomatic at the time of care, testing was ordered as soon as symptoms presented (per protocol). Students were provided with a script and checklist to guide virtual encounters. Follow-ups fulfilled a departmental need, while providing students with an experience that reinforced learning objectives. The

second pool included patients previously evaluated in the ED with general medical complaints and discharged within the previous 48 hours.

All virtual encounters were under direct supervision of a faculty preceptor. To minimize exposure risk, faculty and students were at their respective homes. Using a HIPAA-compliant Zoom account, faculty connected with students and reviewed the EHR prior to the encounter. Each student reviewed the chart and verbally presented the patient before the call. The student then led a call to the patient, which was made through Zoom. Faculty supervised and listened to the conversation and provided feedback and comments to the students through the software's chat function, in real time, and intervened when necessary. After the call, students assisted with documenting these callbacks. Faculty assessed student performance with the same evaluation tools as the traditional clerkship.

Per the standard curriculum, non-clinical learning objectives (e.g. medical knowledge) were addressed through other pedagogical approaches (e.g., virtual simulations, online didactics).

#### *What lessons were learned?*

Sixty-seven students participated in this experience. One challenge encountered was the varying degree of success with patients answering calls. To address this, faculty had to keep a longer roster of patients for callbacks.

Students have provided overwhelmingly positive feedback. Students felt engaged and valued the help they provided to the ED during the pandemic. Students appreciated the breadth of chief complaints treated in the ED. They also valued the opportunity to work through clinical reasoning with the supervising faculty member. Patients were grateful for the follow-up. Faculty who completed the virtual follow-ups also appreciated the ability to continue to teach students clinically, one-on-one, in a virtual setting that supported learning.