

# **A First Pass at the Impact of the COVID-19 Pandemic on 3 UCSF Student Run Clinics from the Perspective of Student Volunteers and Faculty Advisors:** Operations, Patient Populations, Learning, Teaching, Role & Identity, Lessons Learned, and the Future

**-- Francis Harrison, MS4**

## **BACKGROUND**

When the COVID-19 pandemic hit, student run clinics (SRCs) were forced to create new ways to deliver patient care and continue their commitment to enriching the medical education of professional healthcare students. By interviewing students and faculty advisors, this project makes a first pass at how the pandemic has impacted SRCs.

## **METHODS**

1. Interviewed students & faculty advisors from all 3 UCSF SRCs
2. Same interview questions for all interviewees
3. Themes identified and highlighted

## **RESULTS**

- 13 interviewees: 9 students, 4 faculty advisors
- Look to right of this poster for elaboration on results

## **DISCUSSION**

Unsurprisingly, telehealth has become the primary mode of delivering patient care in SRCs, resulting in positives and negatives for students, faculty advisors, and patients. While students have a greater understanding of and grasp on how to be virtual providers, they are lacking the exposure to in-person patient interactions that will make up a large part of their future careers. A clear path forward would be to take the best qualities of in-person and virtual patient care and form a hybrid model, an idea brought up in all student and faculty interviews. It would be prudent to further investigate which qualities would make the ideal hybrid model.

## **Results:** Current State of SRCs

### **Telehealth**

- Primary form of patient care now
- Reduction in # of patients receiving care
- SRCs remain interprofessional

### **Barriers for patients**

- Lack of access to technology
- Low technology literacy
- Misinformation re: pandemic & COVID vaccine

*“Telehealth is here to stay. It has the potential to reach more patients, which is good. However, our most vulnerable communities have less access to technology, and a reliance on telehealth risks leaving behind and further excluding these communities.”*

## **Results:** Learning and Identity/Role

### **Learning/Teaching**

- ✓ Private chat system during patient interview allows for real-time feedback
- ✓ Seeing interprofessional colleagues w/ patients
- ✓ Greater scheduling flexibility
- X Can't learn physical exam, patient body language
- X Harder to stay engaged due to "Zoom Fatigue"

### **Identity/Role**

#### Students feel:

- Stronger sense of advocacy on all levels (clinic to national)
- Limitations of being student vs faculty
- Necessity for in-person visits to build community among patients & SRC team

#### Faculty advisors feel:

- Burden of a more bureaucratic role vs teaching role
- Greater conflict in the intersection of their personal & professional identities
- Importance in always making time to teach students

## **Results:** Looking toward the Future

### **Hybrid Model**

- Phone calls to patients to determine and prioritize in-person vs telehealth visit
- Telehealth for follow-up patient visits
  - e.g. medication reconciliation
- Form different cohorts that rotate between in-person care, telehealth, and patient/community outreach

### **Lessons Learned**

- Telehealth experience will be a useful skill given its likely expansion nationwide
- Importance of having a physical space for patients and SRC team to build community and trust
- Telehealth learning cannot fully replace in-person learning

*“We need to give our patients more healthcare options, not less.”*



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