
View Abstract

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TITLE: EFFECTIVE USE OF CLINICAL VOLUNTEERS IN A DISASTER: JUST-IN-TIME SKILLS DEVELOPMENT FOR STAFF SUPPORTING HIGH RISK CARE TRANSITIONS

ABSTRACT BODY:

Learning Objectives 1: To develop, implement and evaluate a curriculum for reallocated staff providing post-discharge (PD) transitions follow up care

Learning Objectives 2: To identify high-risk patients discharged from acute care and connect them to primary care during NYC's initial COVID-19 surge

Setting and participants: In March 2020, NYC Health+Hospitals/Kings County, a Central Brooklyn safety-net hospital, was overwhelmed by COVID-19. Stay-at-home mandates and staff redeployment impeded primary care access. Patients discharged from acute care experienced new barriers to PD care.

A team of medical students, residents and school nurses was assigned to provide PD follow-up. The challenge was to rapidly train them to a) support patients in self-management; b) help high risk patients stay connected to primary care and c) escalate to a PCP when clinically necessary. We designed, implemented and evaluated an efficient just-in-time curriculum to cross-train this new team. Ask Me 3 and Academy of Communication in Healthcare (ACH) tools were foundational elements of this patient-centered intervention.

Description: The curriculum consisted of a 2-hour workshop and daily video case conferences. In the workshop, participants discussed and practiced: 1) Ask Me 3 for eliciting patient understanding and concerns, 2) ACH Relationship-Centered Communication Skills for establishing rapport and managing emotions, and 3) ACH COVID-19 ART for responding to questions and anxiety around their illness. These tools were chosen because they a) are easy to train and standardize, b) support effective communication on self-management and emotion handling.

Daily case reviews allowed participants to discuss challenges and share tips such as community resources. The program was evaluated using participant surveys.

Evaluation: Participants included 7 school nurses, 7 medical students and 2 residents (n=16). At 4 weeks, 100% "Agreed" or "Strongly Agreed" that they 1) were confident in their ability to elicit patients' barriers to following the PD plan, 2) gained a deeper understanding of barriers to self-management and 3) were confident in their ability to help a patient understand their illness and PD plan. 32% of patients reached had an immediate clinical need escalated to a PCP.

100% agreed this intervention should be standard of care. 4 of 7 RNs were so impacted by what they learned that they said they intended to explore alternative careers that incorporate these skills. Multiple students felt "shocked" by all the things that could go wrong in a patient's safe transition to home.

Discussion / reflection / lessons learned: Disasters that require a sudden reallocation of primary care staff to acute care settings leaves short term threats to patient safety. Our curriculum yielded clinicians confident in their skills and aware of the impact this work plays in patient-centered primary care. Core elements of this just-in-time curriculum (standardized communication tools, skills workshops, daily case reviews) can be used to fill other care gaps that arise when disasters lead to rapid staff reallocation.

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AUTHORS (FIRST NAME INITIAL LAST NAME): M. S. Lee^{1,2}, D. Stevens^{1,2}, N. Barai¹, N. Williams¹

INSTITUTIONS (ALL): 1. Primary Care Internal Medicine, NYCH+H/Kings County, Brooklyn, NY, United States.

2. Internal Medicine, SUNY Downstate Health Sciences University, Brooklyn, NY, United States.

SGIM MEMBERSHIP STATUS (IME):

Melissa Lee : Non-Member

David Stevens : Non-Member

Nikita Barai : Non-Member

Nadia Williams : Non-Member

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