

## VCHIP CHAMP VDH COVID-19

April 16, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Practice Issues – Update on Pediatric Orthopedics**

*Jennifer Lisle, MD, UVMHC:*

There are a lot of kids who were being referred to Tilley Drive (UVMHC) in South Burlington for x-rays and then referred elsewhere for treatment. With the warmer weather coming up and kids falling, we would like to keep pediatric fractures out of the ED. There are several logistics that will need to be worked out as Tilley is not geared to be a 24/7 urgent care facility. We are willing to work with the community to get kids efficiently taken care of and avoid multiple visits along the way. This model will work best with those who are in close proximity to Tilley Drive.

One option we would like to offer is putting casts on at our office that families are able to take off at home. It would be one visit to treat the more common, nondisplaced pediatric fractures. We are still available to assist with infant hip and foot problems. Our site is also evolving and adapting to this new environment by doing telemedicine, and we are still able to provide second opinions and consults. If you have any patients to refer for any care, please send the referral as you have done in the past and we will schedule. I am meeting with administrators tomorrow to discuss the workflow change for triage. The pediatric staff can be reached directly. It will be a little bit of a model change in terms of teaching as we are down to a skeleton crew at Tilley right now.

### **Practice Issues - Impact of COVID-19 on Medical Education**

Drs. Holmes and Davis had the opportunity to support three medical students who are using this month as a reading month to dive deeply into the COVID-19 pandemic experience. The medical students spoke to the impact on their education experiences.

Sydney Hilker provided an update for the 1<sup>st</sup> year curriculum. In mid-March, the medical education changed for students once decision was made to go entirely online. The changes were made mostly in the basic science curriculum, which adapted very quickly. Within 72 hours, all materials and sessions were held online and via Zoom. We were already active with the remote learning format for 90% of materials as we all use the same computers and the same programs. Compared to many medical schools, we were very well positioned to adapt to this change.

The 2<sup>nd</sup> year curriculum has wrapped up and students are waiting to start their clinical experience/rotations until the guidance changes from AAMC. Online courses are being offered to help prepare them for clinical rotations, including courses on Medical Spanish and public health impact of COVID-19. Starting next week, we will be offering an Intro to Clinical Rotation and an optional session on telehealth.

\*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

Emily Eichner shared an update on the impact of the pandemic on clinical experiences. The 3<sup>rd</sup> year curriculum just finished and students are now waiting to start the 4<sup>th</sup> year curriculum. OMSE has been working tirelessly to make sure that when they do start clinicals, all new 4<sup>th</sup> years will be able to have their individualized schedules this summer in order to fulfill their needs for residency applications. We're not sure if residency applications (usually due in September) will be delayed or changed. The faculty and staff are making sure that 4<sup>th</sup> years will still get experiences needed to choose specialties for their residency paths. For graduating 4<sup>th</sup> years, they had a remote Match Day in March and are currently being offered early graduation on April 20<sup>th</sup> if residency programs are able to accept them now. A remote graduation ceremony is scheduled in May.

Ben Grebber shared an update on students volunteering in the community. During this downtime, students are looking for volunteer opportunities. Per AAMC, medical students are not able to help directly with COVID-19 patients in medical settings. LCOM students have put together volunteer efforts for non-clinical activities, including the following: working on supplies at Patrick gymnasium, babysitting, grocery shopping, PPE drives. Through a coalition of medical students, a COVID-Action network was created and is now being used nationally.

### **Practice Issues - Impact of COVID-19 on Pediatric Residency Education**

*Jill Rinehart, MD, Director, UVMMC Pediatric Residency Program:*

It has been an interesting first year as the Director of Pediatric Residency at UVMMC. It became clear in early March that changes needed to be made to the residency program. Our residency had to stop their continuity clinic experience on March 16<sup>th</sup>. Two teams were created, "Cohort Clean" and "Cohort Dirty." We had one team covering NICU babies and newborns, and the other team covering Baird 5 and the PICU with some ED consultations. We switched all of our lectures to virtual lectures. We are planning for the surge and have guidelines from ACGME about how students can be exposed to potential COVID-19. Our residents are eager to help with this pandemic and the ABP is allowing some flexibility. Residents will be coming back into continuity clinic (and virtual visits). Virtual visits will remain after COVID, so we want to know how you do your virtual visits and how you can teach the residents to do them.

*Anna Zuckerman, MD, Chief Resident, UVMMC Pediatric Department:*

We have a lot of residents ready to jump in who can do anything remotely, such as advocacy, research and calls to families (as long as they aren't direct services).

### **Questions/Discussion**

**Q: Is it true that you can use saliva tests? I thought I saw a study that showed that in 60 tests, the saliva samples matched those of the nasal swabs.**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The US Food and Drug Administration gave emergency use authorization on April 13 for a saliva-based test. The collection of a saliva sample requires spitting into a tube, resulting in a much less invasive procedure without tying up large amounts of PPE. Per the Food and Drug Administration's (FDA) instructions, the testing would still occur in a healthcare setting under the supervision of a qualified professional. The agency notes that independent testing by the New Jersey State Health Department of 10 samples agreed with RUCDR's findings.*

**Q: What about contact tracing? There was an article in the NYT about how MA is handling it.**

*A: Breena Holmes, MD, VDH: We are thinking about contact tracing and wanted you to know we have 80 staff working in that area, which is going to be so important in the days and weeks ahead.*

**Q: What about summer activities?**

*A: Breena Holmes, MD, VDH: There are tons of questions and no guidance to date. I promise I will let you know as soon as I have anything to say. I bet you are getting tons of questions about summer.*

*A: Krissa Jamieson, RN, UVM MC: The American Camping Association will be making "the call" on summer camp in early May. Most summer camps have ACA accreditation.*

*A: Kari McKinley, NP, Timber Lane Pediatrics: I am associated with an overnight camp in Colchester and we just sent out a letter to our camp community yesterday suspending the 2020 summer sessions.*

**Q: DVHA is asking for your opinions about developmental screening done by telemedicine. Are you able to do that? DVHA is willing to pay for that as long as we agree it is doable.**

*A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): We are doing ASQ and MCHAT screening, as we always do.*

*A: Alicia Veit, MD, Timber Lane Pediatrics: ASQ is easy to do verbally. Also, it is easy to see language, social engagement, and motor development via telemedicine.*

*A: Denise Aronzon, MD, Timber Lane Pediatrics (North): We are continuing all routine developmental screening by telemedicine, including ASQ, MCHAT, maternal depression screening, adolescent substance and depression screening. It would be tremendously helpful if we could still be paid.*

**Q: A family told me today that if their child needed to go to the ED via an ambulance (which was a choice they had to make last night), a parent would not be able to go with the child in the ambulance. Is that true? I had heard that only 1 parent is permitted in the ED but nothing about ambulance access. Hoping someone may have an answer about this.**

*A: Breena Holmes, MD, VDH: Olivia, I have not heard that. I will find out.*

*A: Krissa Jamieson, RN, UVM MC: Our town volunteer ambulance service did send out the notice that no riders would be able to ride along.*

*A: Breena Holmes, MD, VDH: Krissa, what part of VT are you from?*

*A: David Nelson, MD, UVM Pediatrics ED: Only 1 caregiver is allowed to accompany a child in the ED. I'll check on the ambulance and will report tomorrow on ambulance rides and parents.*