



Utilization of Medical Students in a Vaccine Outreach Initiative



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Abstract

COVID-19 has affected a range of groups varying in racial and socioeconomic statuses, resulting in more than 461 million infections and 6 million subsequent deaths. Since the best defense against contracting SARS-CoV-2 and experiencing serious COVID-19 complications is vaccination, contacting patients to address the growing trends of vaccine hesitancy and misinformation was of utmost importance. As such, **we created a novel workflow of an initiative that utilizes medical students to address patients' concerns and clarify misinformation in an effort to improve the low vaccination rates that persist in Camden, New Jersey.** We partnered with Cooper University Hospital and the KROC Center in Camden for which we obtained a list of vaccine-eligible patients. Using Doximity, Google Drive, CDC information pamphlets and EPIC, we designed an initiative that allowed students to perform telehealth encounters with patients to address their thoughts on the vaccine as well as aid in scheduling an appointment to obtain one if desired. In total, we had 55 student volunteers over the course of 6 months that were able to contact 1,207 patients in total, resulting in over 200 hours of telehealth encounters documented by our volunteers and 370 patients obtaining the vaccine.

We believe that this initiative allowed medical students to not only become more ingrained in the healthcare system dynamic, but also stand as a framework for future initiatives that ensure high quality patient care.

Background

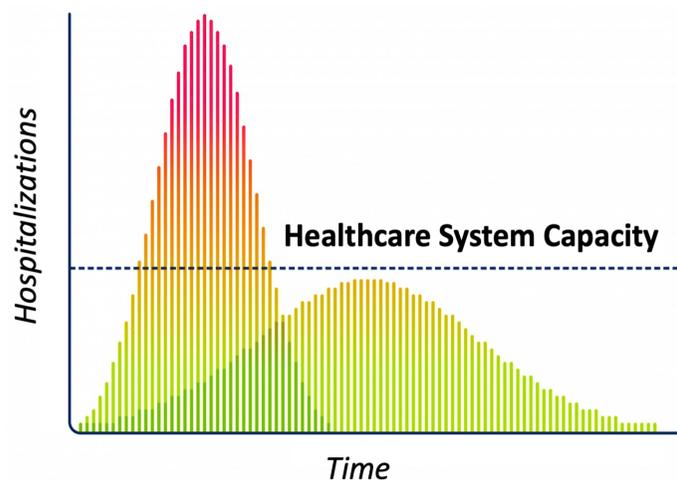


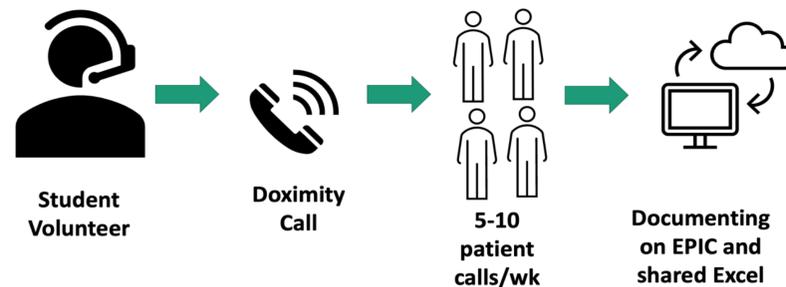
Figure 1: Healthcare System Capacity with and without interventions. The taller curve represents care without prevention whereas the lower curve represents care with preventions. This graph depicts how COVID before prevention strategies were properly implemented taxed the healthcare system [1].

Methods

I. Initiative Preparation:

1. Obtained patient list of Group 2B/2C vaccine categories from Urban Health Institute-215 and Salvation Army Camden Kroc Center in Camden.
2. Created the following shared documents shared via Rowan University protected and linked Google Drive: *(all materials were checked by our supervising physician)*
 - i. **Instruction Manual** (step-by-step guide for patient encounters)
 - ii. **Calling Script** (English and Spanish; crafted with motivational interviewing techniques)
 - iii. **Vaccine 'MythBusters'** (compiled from CDC data)
 - iv. **Motivational Interviewing Guide** (adapted from various sources)
 - v. **Doximity Instructions** (for confidential patient calling)
 - vi. **Google Sheet of patients** (columns included MRNs, Preferred Language, Vaccination Status, Chief Complaints, other notes)
3. Recruited students via Google Forms (indicating language proficiencies).
4. Held multiple training sessions prior to beginning outreach that included vaccine education to ensure proper information delivery.
5. Each Saturday: sent a standard email to interested participants to be assigned 5 or more patients to call on their own time--due by Friday at noon.
6. Each Friday: at noon, leaders of the initiative notified out CUH contact regarding which individuals to schedule for the vaccine.
7. Held monthly debrief sessions to optimize the program and receive feedback from volunteers on our process.

II. Patient Outreach:



III. Overall Outcomes:

Student Volunteers	55
Patients Contacted	1207
Patients Vaccinated	370
Hours Documented	204

Table 1: Outcomes of the Outreach. The following table shows the number of students volunteers, patients contacted, patients vaccinated (indicated from our calls) and hours documented. *Note- the 'patients vaccinated' row includes the total number of first dose vaccinated individuals at the end of the initiative.*

Takeaways

This initiative allows us to engage in a higher level of care as we aided in the delivery of information to combat preconceived notions on an aspect of healthcare. In doing so, we believe we addressed the following obstacles:

Obstacle #1: Vaccine Misinformation

- Students in our initiative provided motivational interviewing geared approaches towards answering questions and addressing patient concerns on the vaccine.

Obstacle #2: Overwhelmed Healthcare System

- In a time where physicians were unable to adequately answer patients' questions, medical students became part of the care team and took on that role.

Obstacle #3: Language Barriers

- In our outreach, roughly 50% of our encounters were with Native Spanish speaking patients. Research has highlighted the importance of language-concordant care and as such we only had native Spanish speaking volunteers speak with our Spanish speaking patients [4].

Further Applications:

This framework can be used to practice high-value care in other initiatives by...

- reminding patients about upcoming appointments, bloodwork, testing, and scans prior to hospital encounters.
- implementing medical student run check-ins with patients.
- addressing varying concerns about other healthcare by providing reputable, evidence-based information.

**Please note that all documents mentioned in this poster can be accessed upon request of the authors.*

References

- [1] JP Patil. "Covid-19 forecasting: Fit to a curve or model the disease in real-time?". Grand Rounds.com, 3 Jun 2021. <https://grandrounds.com/blog/covid-19-forecasting-fit-to-a-curve-or-model-the-disease-in-real-time/>
- [2] "How to Protect Yourself & Others." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.
- [3] Audrey Kearney and Lunna Lopes. "Vaccine Hesitancy Among Hispanic Adults." KFF, 14 Jan. 2021, <https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-hesitancy-among-hispanic-adults/>.
- [4] Molina, Rose L, and Jennifer Kasper. "The power of language-concordant care: a call to action for medical schools." BMC medical education vol. 19,1 378. 6 Nov. 2019, doi:10.1186/s12909-019-1807-4