Phone Calls to the Elderly During COVID-19 by UBC Medical Students

Who we are

We are a group of UBC Medical Students concerned about the impacts of social isolation on the elderly during the pandemic, striving to support the elderly during these times through check-in telephone calls. Our efforts started under the guidance of Dr. Karin Blouw, reaching out to elderly patients in Smithers and Houston, BC. We currently have the capacity to provide support to more communities in BC.

The phone call

The telephone check-in covers the following: *(see transcript attached)*

- Screen: Ability to acquire essentials, mood and safety, substance use, functioning.
- COVID-Basic Concepts: Physical distancing, hand-washing, flattening the curve, understanding symptoms
- Reminder that Family Physician offices are open, and provide patients info on how to book an appointment.
- Plan: Summarize check-in, answer remaining questions, if appropriate propose recommendations and resources.

More vulnerable or socially isolated patients can be provided check-ins on a more regular basis. This can be determined between the preceptor and student volunteer.

Logistics

We match each volunteer to a physician, and logistics can be adjusted to physician preference. Generally, physicians prepare a list of patients to be contacted, and provide this directly to the volunteer. Your expectations around communication (how frequent, written or verbal, etc) can be determined with the volunteer.

- **Patient contact information**
  There have been a couple ways physicians have provided contact info – One method is to send an encrypted document to the volunteer. Another method is to arrange remote EMR access.

- **Documentation**
  Volunteers can provide written communication to the preceptor. We have been collating phone calls on a Word doc with only initial identifiers, and adjusting the template as necessary. This can be modified to preceptor preference.

*(Phone consult regarding COVID-19)*

Engaged patient in discussion regarding COVID-19 awareness and prevention due to their increased vulnerability. Social distancing and social isolation practices were discussed, such as avoiding contact with individuals not residing in the same home and alternative strategies for obtaining groceries and medications.
Phone Calls to the Elderly During COVID-19

Discussed the spectrum of possible COVID-19 symptoms including asymptomatic carrying. Patient was advised not seek COVID-19 testing if exhibiting symptoms, and to only seek medical attention or to visit the hospital if they are having difficulty breathing or coping at home. The 8-1-1 line was provided as a 24-hour resource. Lastly, the potential emotional toll of social isolation was discussed and patients were advised to call the office if struggling with their mental health.

- INSERT NAME Year 3 Medical Student with Dr. X

FAQ

Can the student come work in my clinic?
No. Unfortunately UBC Faculty of Medicine has barred medical students from clinical settings during the pandemic.

How often can a student volunteer check-in on an individual senior?
The frequency of phone calls can be determined with the individual volunteer, based on the needs of the senior and volunteer availability.
Some preceptors have requested just an initial check-in to gauge how the seniors are doing, and the volunteer can continue check-ins for any particular socially isolated individuals, as frequent as every 1-2 weeks.

For how long a period will the student check-in with the senior? Will this initiative go on beyond the pandemic?
Medical students have been suspended from clinical duties because of the pandemic, so we currently have increased time and flexibility. When clerkship resumes in a couple months, we will need to review volunteer availability at that time. We do hope to provide support to socially isolated seniors beyond the pandemic as a lasting initiative, if this proves to be a meaningful endeavor.

What languages do the student volunteers speak? I have an elderly patient who doesn’t speak English
We are fluent in Mandarin, Spanish, Punjabi, and Hindi!

For any further questions, please feel free to reach out to

Destiny Lu-Cleary (MD Class of 2021) dlucleary@alumni.ubc.ca
Bohan Yang (MD Class of 2020) hy@alumni.ubc.ca
Telephone Transcript for Patients >65 y.o. for COVID-19 Check-In

1. Student will be provided with patients’ age / sex / important comorbidities (cardiac, resp) / substances – EtOH/smoking

2. STATUS
   a. Hi there, my name is ___ and I am a medical student calling for Dr. (insert). We are reaching out to his/her patients to check in and see how they are doing in the context of everything that is going on with COVID-19.
   b. How are you doing? (screening for mood / knowledge / symptomatic / interventions)
   c. What do you understand about what is going on with COVID-19?
   d. PHYSICAL DISTANCING: a new word that has come into our vocabulary in the last few weeks is “social distancing.” What does social distancing mean to you, and what are you doing in your life to physically distance?
      i. Educate >2m is recommended (lots of people think 1m)
      ii. Hand washing
      iii. Cleaning surfaces at home
      iv. No home visits / group gatherings
      v. Warn on risks of reusing masks if pt lists this as an intervention
      vi. Home cleaning person?
      vii. Hair appointments – cancel if haven’t already
   e. What are you doing for groceries and medications/prescriptions?
      i. Have you heard of online shopping?
      ii. Can anyone pick these up for you?
      iii. Advised 1 trip per week.
   f. Who do you have that could run errands for you if you needed to stay at home? Do you have any Family / friends / neighbours that could deliver things for you? If not, are you aware of the 2-1-1 line?
   g. Are you working? What is happening at work? Do you need to work?
   h. Broach some concern if chart review showed risk factors of age, comorbidities, EtOH/smoking

3. MEDICAL REQUIREMENTS
   a. One thing I’d like you to know is clinics are open but their approach to patient appointments is slightly different. The doctors are still working and able to schedule telephone or videoconference appointments with you, and if something needs to be examined in person, they will make every attempt to make this happen
   b. Is there anything that you require from your doctor right now, for example medication refill or an appointment to discuss a medical concern?

4. RESOURCES
   a. There is a lot of information coming from many different sources these days on COVID-19. I’d like to remind you of the following resources that can help you with medical and non-medical questions you may have. Do you have something to record these numbers?
b. You family physician is an important resource, still available throughout these times. Their contact info is the following: _______.

c. COVID-19 telephone line = 1-888-COVID19 / 1-888-268-4319

d. Healthlinkbc.ca

e. 2-1-1: connecting seniors with volunteers in their community

5. OTHER QUESTIONS/COVID-19 EDUCATION:

   Preceptors: Students may provide patient education, but we can defer this to an appointment with the family physician if preferred.

   a. I have one more area I’d like to discuss with you today, but before we get to that I’m wondering what other questions you have for me or Dr. (insert) today?

      i. Common questions:

         1. **Who do I call if I get symptoms?**
            a. If you have a fever, cough, sneeze, or sore throat → SELF-ISOLATE FOR 10 DAYS
            b. To determine if you need care:
               i. Call your family doctor
               ii. Call 811 (Healthlink BC) if cannot reach your GP
            c. Do NOT go to ER or in-person to clinic unless it’s an emergency.
               CALL AHEAD if you think you need to go to the hospital.

         2. **How many people have it in town / in the hospital?**
            a. Educate on how the province CANNOT test everybody due to limited testing supplies
            b. Only testing patients who will likely require hospitalization, healthcare workers, residents of LTC facilities, part of an outbreak investigation
            c. Not testing people without or with only mild symptoms, or returning travellers
            d. NH policy to not disclose location of confirmed cases

         3. **How long will this physical distancing last?**
            a. We do not know yet, but we know it is not expected to be seasonal like the typical flu season.
            b. Emphasize physical distancing and validate how hard this is for most people.

         4. **What’s the difference between social distancing and self-isolating?**
            a. Physical distancing is a term used to describe keeping at least 2 meters between yourself and others who don’t live with you and practicing appropriate hygiene with proper hand washing. This allows for people to go outside. If however, you are self-isolating (no symptoms, but possible exposure history or mild symptoms not requiring hospitalization), there is a restriction to stay at home.

6. SUMMARIZE

   a. We’re covered a lot of ground today, and I’d like to know what your big take-aways are from today
   b. The things I want you to know are:
      i. Doctors are still available to you by telephone and physical exam if needed
ii. There are lots of great resources out there, including the non-emergency COVID-19 telephone number and healthlinkbc.ca website I gave you and that you have written down.

iii. I will be sharing the information we talked about today with Dr. X

iv. Physical distancing is tough and especially hard because we don’t know how long it will last for, but it is important, and you are doing the right thing by (re-iterate physical distancing measures)

v. If you feel physically unwell with any COVID 19 symptoms:
   1. SELF-ISOLATE for 10 days from symptom onset and if still symptomatic continue to self-isolate until symptoms have resolved beyond a cough (which can remain for weeks afterwards).
   2. Call your family physician OR 811 OR COVID-19 line
   3. If you think you need to go to the hospital for COVID symptoms, CALL AHEAD

vi. If you are feeling mentally unwell
   1. Call your family physician or 811