



## *Student Perspective*

# Telehealth at the Saturday Clinic

by Spenser Marting, SCU Board Chair, MD-Candidate

“I don’t know.” Just a few days after Milwaukee’s first confirmed case of COVID-19, I hesitated to give an authoritative answer on whether Saturday Clinic for the Uninsured (SCU) would close for an indefinite period. While the course of the pandemic was yet unclear, I felt it imperative that SCU continue to stand with the vulnerable communities it serves. This was also a commitment that Dr. Rebecca Lundh, the SCU Medical Director, was passionate about as well. After countless COVID-19 update emails, an emergency board meeting, and several phone calls with Dr. Lundh, the plans to offer Telehealth appointments in partnership with the MCW M3 Family Medicine Clerkship were set in motion.

### **The Start of Telehealth at SCU**

The first week back from spring break was hectic. While M1s and M2s “returned” to classes and their studies after break, I was coordinating with other SCU Managers, many of whom were in other states, to adapt SCU services into a new workflow. We worked to provide guidance to M3s on how to conduct Telehealth appointments, which would all be precepted by Dr. Lundh on weekdays. As the week went on, we began communicating with our patients about the clinic’s COVID-19 changes, the M3s and a few former managers began “seeing” patients remotely, and we revised our Saturday operations to safely dispense medications and provide essential in-person care to patients seen by Telehealth in that same week.

Our system for Telehealth has continued to change since its inception in late March. Multiple clerkships have rotated through SCU Telehealth, and we modified our procedures based on their feedback. We trained volunteer physicians in Telehealth to ensure a more sustainable model. Clinic workflows were revised again to safely bring students back to clinic for limited in-person

care in June. And, last week, we finished training our first cohort of 14 M2s on SCU Telehealth, marking our transition from relying on clerkship students (who are now returning to more traditional clerkship settings) to bringing our peers alongside us to fulfill our mission. We continue to learn and adapt.

### **This has been a Team Effort**

While developing this program and responding to the pandemic has – at times – been exhausting, SCU Telehealth has afforded myself and others the privilege of being proximate to patients. It has enabled me to witness the effect that this double pandemic of COVID-19 and racism has on the lives of individual SCU patients. That we have been able to continue providing uninterrupted care to patients during this pandemic is a success that I am deeply proud of. This has not been the case for most other student-run free clinics. Dr. Lundh has been instrumental in making SCU Telehealth a reality through her mentorship and inspiring dedication to health equity and patient care. We also build upon the work of SCU Boards who have gone before us and created a system that we could adapt to respond to this crisis. And, lastly – I am grateful for the 12 managers on our board and our volunteers. They have been asked to give more than they signed up for and have done so with much grace.

### **Next Steps**

SCU Telehealth came together through a group of students and faculty who worked to address an immediate need. We invite you to join us in doing the same. SCU is looking forward to involving new M1 and P1 students in clinic this academic year, both in a variety of volunteer roles but also as clinic managers. To my rising M2 colleagues, in addition to on-site volunteer roles, please consider volunteering with SCU this Fall by conducting Telehealth visits since the majority of patients will likely be seen virtually rather than in-person. We always appreciate innovative ideas for Quality Improvement and Research and invite all members of the MCW community – faculty, student, and staff – to reach out to us with ideas for partnership.

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