



## Frequently Asked Questions Regarding Training at WVU Medicine: University Healthcare During the COVID-19 Pandemic

### General:

1. What are the telemedicine procedures at WVU?

WVU Medicine: University Healthcare has the capacity to offer individual and group telemedicine services through a series of HIPAA and BAA compliant platforms, including MyChart Video (offered through EPIC's EMR – primary telemedicine platform for individual and group therapy), Vidiyo (backup telemedicine platform for group therapy), and Microsoft Teams 365 (primary telemedicine platform for telesupervision and virtual didactics). Each of these platforms offer HIPAA compliance with a BAA.

We view telemedicine as a competency in and of itself. Upon beginning their training year learner's prior education and experience with telemedicine will be evaluated. Learners will be provided didactic training as part of their initial orientation to the clinic. They will then be able to schedule telemedicine co-therapy sessions with their supervisors, which will include the fade out method regarding supervisor involvement. Once an intern has demonstrated competency to provide telemedicine co-therapy, their individual supervisors will sign off on them being able to conduct a portion of their caseload through telemedicine.

At the beginning of the training year interns are required to provide telemedicine services on site, meaning that the intern will be in their office completing telemedicine with a patient who is located at their home. As we subscribe to a developmental model of training, we want to make sure that interns are providing telemedicine services at a place where there is a licensed psychologist on site and able to attend to imminent needs as they arise. Should the pandemic worsen over the training year and WVU Medicine: University Healthcare need to consolidate clinics, we will evaluate all available information to make a decision whether to allow interns to conduct telemedicine from home at that time.

2. What if I am scared to tell the faculty that I am uncomfortable being in a room with another person to do therapy?

While we strive to be a supportive and nurturing environment for our trainees, we acknowledge that there is an inherent power differential due to the evaluative nature of supervision. Therefore, it is ultimately the supervisor's responsibility to be aware of this power imbalance and actively solicit the thoughts and feelings of their supervisee(s). Despite our best efforts, our faculty have not quite mastered the art of mindreading. As a result, it is crucial for communication to be bidirectional. We strongly encourage all supervisees and supervisors to regularly discuss their thoughts, feelings, and concerns related to providing treatment during this pandemic. Should an intern have concerns that they feel unable to bring to their specific supervisors, it is encouraged that they bring this information to the Training Director, who will help them navigate these conversations. If the Training Director is the supervisor who the intern does not feel comfortable

discussing these matters with, it is recommended that they approach a trusted supervisor and/or our Business Manager as a supportive advocate.

3. What if I need an individual accommodation?

If at any point during your training year an intern is uncomfortable with the current policies and procedures, they are welcome to approach the Training Director to discuss individual accommodations. WVU Medicine also provides employees with access to a compliance hotline (877-334-2209), which allows the submission of anonymous or identified concerns that will be investigated and promptly addressed by the company's compliance officer.

4. Have clinical staff been seeing patients?

Clinical staff at WVU Medicine: University Behavioral Medicine and Psychiatry have been seeing patients consistently throughout the COVID-19 pandemic. Services have been provided both in person and via telemedicine based on type of service provided (e.g., testing v. therapy), local epidemiology, provider comfort, and patient preference.

5. What has the clinical staff's experience been like doing telemedicine?

The majority of our clinical faculty did not have experience conducting telemedicine prior to the COVID-19 pandemic. As a result, our transition began through the completion of continuing education credits to increase our competency within this area. We have held regular meetings during the pandemic to offer peer consultation and discuss concerns as they arise. Our staff has communicated largely positive experiences with the transition to telemedicine, including unforeseen positives of this mode of treatment (e.g., being able to see patients in their home environments, being able to see parents interacting with children in a more natural environment, decreased late cancellations, etc.). There are some services, specifically psychological evaluations, which have not fully transitioned to telemedicine giving the need for in person administration for the majority of instruments used.

6. Are there concerns about interns not receiving enough clinical hours to graduate?

We do not have concerns regarding intern's meeting their minimum direct service (500) and total (2,000) hours required to successfully complete this internship. Typically, interns obtain well over their required hours and still have ample time to take advantage of the generous benefits package offered through WVU Medicine: University Healthcare. Should we experience a second wave in West Virginia that requires clinics to be consolidated we will facilitate the transition of clinical activities from the office to the learners' homes, as we did during the 2019-2020 training year. Importantly, during the 2019-2020 training year interns' direct service hours, while reallocated differently (e.g., providing more individual therapy and intake assessments and less psychological evaluations), remained consistent with interns' performance pre-COVID.

7. How safe it is to see patients in the office, and at what proportion?

WVU Medicine, under the direction of Dr. Clay Marsh (Vice President and Executive Dean of Health Sciences for West Virginia University) and Dr. Albert Wright (President and Chief Executive Office of West Virginia University Health System), have opened our WVU Medicine Clinics. Across the Eastern Division, the vast majority of all services have return to in person visits versus telephonic or telemedicine with use of proper PPE.

8. Will there be enough PPE available for all the providers?

Yes. While in the room with a patient, providers are required to wear surgical masks and either goggles or a face shield. WVU Medicine is able to provide this PPE to interns, as needed. It is requested that providers alert the business manager as the supply of masks decreases to ensure that we can obtain additional masks from WVU Medicine.

Additionally, all offices are equipped with HEPA-air purifiers to be run in larger common areas as well as an anti-viral cleaner to be used in individual offices between patients.

9. What will be telemedicine versus in person (e.g., services and supervision)? Who decides this?

Once cleared to provide co-therapy via telemedicine, interns will work with their individual supervisors to identify patients that would be appropriate to offer telemedicine services. The intern will be supported through exploring treatment options with these patients and will collaboratively work with their patients to make a decision on whether to pursue co-therapy via telemedicine.

Once cleared to provide independent telemedicine services, interns will continue to work with their individual supervisors and their patients to discuss the pros and cons of telemedicine for each individual patient. It is expected that over the course of this training year, interns will see some patients in clinic and some virtually but still on site.

If a patient declines telemedicine services, they will still be allowed to continue treatment in the office. WVU Medicine policy is currently that we have enough PPE to allow patients who want to be seen in clinic, to be safely seen in clinic. As such, treatment will not be withheld from patients who prefer to be seen in clinic, using appropriate PPE.

10. What might happen if another wave keeps interns from getting sufficient hours through the year?

As we cannot foresee all possibilities, we will continue to monitor (as we do every year) each intern's progress towards obtaining their direct service and total hours on a monthly basis. Interns are required to submit an hours log to the Training Director at the end of each month. We will compare an intern's hours to the hours obtained by previous cohorts to track their progress. We will work with APA and APPIC to make accommodations for individual learners on a case-by-case basis.

11. How to deal with client crises in telemedicine?

When conducting telemedicine sessions, the provider is to document the patient's location, telephone number, access to weapons, and the contact information for an identified emergency contact. This information is to be reviewed and confirmed for each telemedicine session.

If technology issues arise, the provider is to reach out to the patient via their provided telephone number. If the patient is in crisis and does not answer this call, the intern is to consult with their assigned supervisor or if their supervisor is unavailable with the licensed supervisor on site. The patient's risk will be assessed and if imminent risk is present, their emergency contact and/or local EMS will be contacted on the patient's behalf.

If risk assessment yields heightened risk without technology issues, the intern will conduct themselves in a similar manner as they would if they had a patient in crisis in their office. They will collect necessary risk assessment data and inform the patient that they need to consult with their clinical supervisor prior to the patient ending the session.

12. In person, what if client refuses safety measures?

All appointments for University Behavioral Medicine and Psychiatry are confirmed by one of our office staff the business day before their scheduled session. During this confirmation they are screened for COVID-19 symptoms and instructed that they will need to wear a mask during their visit. If they screen positive for COVID-19 symptoms their appointment will be cancelled and they will be instructed to contact the COVID-19 hotline for additional testing. If the patient reports that they are unable to wear a mask due to an underlying health condition then it is provider discretion on whether they will see the patient in clinic, via telemedicine (once approved to conduct these services), or if the patient will be rescheduled with another provider who is capable of conducting telemedicine sessions.

WVU Medicine policy is still for patients and providers to be masked during clinical encounters. If a patient enters the building not wearing a mask, they are offered one by the front desk staff. If they refuse to wear the mask, the front desk staff can ask the patient to leave and reschedule for a virtual visit.

13. Any measures in place for shared offices?

Each office is equipped with a bottle of anti-viral cleaner, which should be used to spray down the office in between patients. It is the intern's responsibility to read the label on the anti-viral and ensure that the required sterilization time has been completed prior to bringing another patient in their office or vacating their office for the day.

14. Recording/reviewing video or sessions still possible?

Interns will still be required to video record their in person sessions (with appropriate informed consents and supervision disclosures). They will also be required to video record telemedicine sessions that do not occur through co-therapy for their supervisors to review. Each intern is

provided with a computer camera and tripod that can be positioned to face the intern or their electronic device to allow video recording of the patient and intern simultaneously.

Live supervision can be provided either through the one-way mirror on site at University Behavioral Medicine and Psychiatry or through video services that are HIPAA compliant with a BAA agreement (e.g., EPIC Video, Vidiyo, or Microsoft 365 Teams).

15. What if I see other staff around the building not wearing masks? What should I do?

In line with our code of ethics it is important to have conversations with colleagues that you believe are acting in unethical or illegal ways. As masks are currently mandated in public spaces by our governor and WVU Medicine, you are encouraged to engage in direct conversation regarding any concerns you have about the use or lack of use of masks. If you feel unable to address these concerns directly, you are encouraged to approach the Training Director or another trusted supervisor to discuss your concerns and develop a proposed resolution.

As a general reminder, it is important to note that WVU Medicine cannot require masks be worn by staff with medical issues that prohibit the use of a mask.

16. Can we play Just Dance outside in the grass if we take appropriate precautions (e.g., social distance, wear masks)?

Yes. 100% yes.