**APDEM Suggested Practices for Fellow-Directed**

**Patient Care during COVID-19 Pandemic**

**1. Inpatient Care**

* There is lack of consistency amongst institutions regarding in-person vs. remote in-patient visits in the inpatient setting.
* Determination of telehealth vs. in-person evaluation for individual patients
  + Must be mutually agreed upon by consult team and primary team
  + Any questions/concerns should be addressed via attending-to-attending discussion (not fellow/housestaff)
* Physician-patient interaction (phone or video call) is essential to telehealth visit
  + Joint phone/video calls between fellow/attending/patient encouraged to optimize teaching and supervision
  + If remote, to maximize workflow, recommended to not call the patient more than once per day (consider joint conference calls from fellow/attending to patient)
* “E-consult” can be used for peer-to-peer discussions (interprofessional consultation)
  + Intended to be used for a one-time rendering of an opinion, not for patients being followed serially in the hospital
  + Check with local coding educators for institution-specific guidance

**2. Outpatient Care**

Fellow Continuity Clinic

***On-site*:** no change in work-flow; fellow performs initial evaluation and then reviews case with attending; fellow and attending portions of the visit performed via video or combination of phone/video.

***Off-site***:

* Create virtual physicians work room via videoconferencing software (Microsoft Teams or similar secure videoconferencing technology that is approved by the institution).
  + Allows fellow to communicate with attending via videoconference instead of phone (frees up phone for patient communications).
  + Fellow toggles video on/off when does/does not need to speak to attending (frees up phone for patient communication).
  + Use screen-sharing feature to jointly review:
    - Labs, imaging, data
    - Web-based diabetes management software programs for insulin pumps/CGMs
* Workflow:
  + *Fellow evaluation of patient*: Fellow performs initial patient evaluation via phone or video (using Doximity or other secure application approved for patient communication by the institution). If initial portion of visit conducted via phone, fellow tells patient that will call back via video for (1) limited exam and (2) attending evaluation.
  + *Fellow-attending discussion*: Fellow disconnects with patient, and discusses case with attending via videoconference
  + *Fellow-attending return to patient*: Fellow joins patient and attending via video, using Doximity or similar application approved by institution for patient communication. Together, fellow and attending conduct limited exam and attending portion. Note: this requires program (such as Doximity) with the ability to conference multiple parties.

**Subspecialty Clinic / Fellow joins attending clinic**

* **Option 1:** fellow calls each patient and attending listens to calls
  + ***On-site***: via speaker phone
  + ***Off-site***: via conference phone/video call
* **Option 2:** fellow and attending “huddle” at beginning of clinic to decide which patients fellow will call/video, and which patients attending will call independently. In deciding which patients fellow will call, consider (1) educational value for fellow, and (2) timing on schedule (i.e. fellow patients should be spaced throughout the session). To staff fellow patients, attending can use workflow above (under Fellow Continuity Clinic).

**3. Thyroid Biopsies**

ATA guidance: <https://www.thyroid.org/covid-19/clinical-committee-physician-guidance/>

A multitude of factors including the wide range of variability in disease activity, resources, and regulations present a challenge as an organization to make specific recommendations regarding timing and process to perform thyroid fine needle aspiration (FNA) during the pandemic. We can provide some general considerations as follows:

1. Timing
   1. The urgency of the FNA should be determined by the patient’s risk factors, the sonographic and structural risk characteristics of the nodule, and the clinical judgement of the treating team. Timing of FNA may also be impacted by local public health directives on societal re-opening.
   2. The following editorial provides some suggestions regarding the timing of FNA during the COVID pandemic: [https://www.liebertpub.com/doi/10.1089/ct.2020%3B32.156-158](https://www.liebertpub.com/doi/10.1089/ct.2020%3B32.156-158" \t "_blank)
2. Safety. Clearly, the FNA needs to be performed “safely” without undue increase in risk of exposure to the patient, staff, or the clinicians (faulty and fellow) to COVID-19.
3. The following are several resources for consideration:

1-Centers for Disease Prevention Ambulatory Care Settings Guidance  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>  
2-Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic  
<https://www.aha.org/system/files/media/file/2020/04/roadmap-from-aha-others-for-safely-resuming-elective-surgery-as-covid-19-curve-flattens.pdf>  
3-Centers for Medicare & Medicaid Services (CMS) Recommendations for Reopening facilities to provide non-emergent Non-COVID-19 healthcare  
<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

1. In deciding to perform an FNA, one must follow not only the state recommendations but any **regulatory agency requirements (licensing agencies)** as these requirements supersede local recommendations or allowances. In addition, for employed clinicians, most employers have protocols (e.g. pre-procedure COVID-19 testing or screening for symptoms) that need to be followed within that organization.
2. Once the decision to perform a thyroid FNA has been made, the main objectives are to avoid exposure of the patient and the health care workers to COVID-19 while at the same time avoiding harm to the patient from delaying a treatable non-COVID related condition.
   1. Ideally, and especially if there has been widespread community-spread of COVID-19 within the local community, pre-procedure testing of clinician, staff and patient may be advised.
   2. If this is not available, pre-procedural low-threshold screening for any of the possible symptoms of COVID-19 should be performed for the patient, the clinician, and staff on the day of the procedure.
   3. We also advise to do follow-up monitoring for symptoms after the procedure, including a follow-up call to the patient to inquire regarding symptoms of COVID-19.
   4. The following is a list of symptoms to screen for both pre and post procedure
      1. [https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html" \t "_blank)
3. Use of PPE by the clinician with at least a mask by the patient is highly recommended.
   1. Specific safety questions can be referred to the expert clinician support team at the CDC by calling **1-800-232-4636.**
4. Safe processing and handling of the FNA cytology specimen also needs to be considered as detailed in the following link**:** [https://www.liebertpub.com/doi/10.1089/ct.2020%3B32.239-241](https://www.liebertpub.com/doi/10.1089/ct.2020%3B32.239-241" \t "_blank)
5. Consider creating patient education materials such as: “What You Should Know About an Elective Procedure During the COVID-19 Pandemic**”**. This can be done at the health care system, facility and/or practice level. At a minimum these materials should emphasize that:
   1. if the FNA is considered an elective procedure (definitions vary by state) that it does not need to be performed at this time and
   2. there is a risk that the patient could become infected with COVID 19 virus.
   3. Information on testing, PPE and other safety policies could also be included.
6. Consent
7. Consider utilizing a Special Consent Form for An Elective Procedure During the COVID-19 Pandemic
   1. This form should emphasize the shared decision of agreeing to perform an elective procedure and, if the above-mentioned patient education materials were provided, confirm that the patient received and understands the materials.
   2. Consultation with the local institution’s legal division or the physician’s legal advisor (for private practices performing FNA procedures) to review the special COVID-19 consent is recommended (concerning appropriate documentation of efforts to protect the patient from exposure to COVID-19).

**4. Diabetes technologies**

* Consider creating diabetes education classes for patients to teach them how to upload pumps/CGM to web-based diabetes management software programs
* Encourage patient utilization
* Screen-sharing between attending/fellow for joint review and teaching

**5. APDEM support for PDs with questions**

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