

Development and Implementation Virtual HIV Clinical Preceptorships during COVID-19

Maria Gutierrez BS^{1,2}, Trisha Melhado MPH¹, Aro Choi MS¹, Raudel Bobadilla MPH, CHW-I²,

Maria Chacko BS, DDS^{1,2}, Waridibo E. Allison MD, PhD, FACP¹

UT Health San Antonio Department of Medicine - Division of Infectious Disease¹, UT Health San Antonio SCAETC²



INTRODUCTION

- UT Health San Antonio South Central AETC (SCAETC) develops HIV-related educational and training opportunities for Central and South Texas health care providers to fill in HIV clinical care gaps
- COVID-19 impacted the delivery of education and training
- A virtual clinical preceptorship protocol was piloted at a Ryan White HIV/AIDS Program funded clinic in San Antonio, TX
- Protocol allowed health care professionals (preceptees) to virtually learn about clinical HIV management despite pandemic restrictions

OBJECTIVES

- **Identify key aspects of developing a protocol for virtual preceptorships**
- **Describe the implementation of a virtual clinical preceptorship program**
- **Provide a baseline for replicability and adaption of virtual preceptorships**

METHODS

- Virtual preceptorship protocol was established with the onset of COVID-19
- Virtual HIV clinical preceptorships were piloted from May 2021 to July 2022 at the San Antonio AIDS Foundation (SAAF)
- Inclusion criteria: Interested healthcare professionals looking to gain HIV clinical experience
- Preceptees completed an anonymous evaluation (5-point Likert scale: strongly disagree, disagree, neutral, agree, strongly agree)
 - Overall virtual clinical experience
 - Whether virtual preceptorship was as beneficial as in-person
 - Preceptor's knowledge and competence
 - Preceptor's enhancement of the doctor-patient relationship
- Analysis: Descriptive data detail the findings

RESULTS

- **Preceptorship Protocol**
 - Protocol components include the following: description of the clinic site, training checklist (Figure 1), standards of conduct, software requirements, and a resources page
 - Logistically, a clinician (preceptor) and patient meet in a consultation room joined virtually by a preceptee via a laptop and telemedicine software
- **Preceptorship Participation and Rating**
 - The virtual interaction via telemedicine software worked well and was acceptable to patients
 - Three preceptees went through the virtual preceptorship pilot with two preceptors each
 - Preceptees rated their overall experience as 'excellent' and agreed it was as beneficial as an in-person preceptorship
 - Preceptees rating preceptor knowledge as "strongly agree", preceptor competence as "strongly agree", and preceptor's ability to enhance the doctor patient relationship as "strongly agree."
 - Additional feedback was also favorable (Table 1: Preceptee quotes)

Figure 1: Virtual Preceptorship Training Checklist

Table 1: Preceptee quotes about the virtual preceptorship experience

It was a wonderful and impactful experience (3rd year, RN)

Observing in HIV care was a great opportunity to look at healthcare through a different angle. There was a lot of team collaboration and the quality of care felt very holistic (2nd year, MPH student, MD candidate)

Overall great experience (4th year, pharmacy student)

Preceptor was very welcoming and ready to teach at any moment. Answered all my questions and gave me more knowledge about HIV care (2nd year, MPH student, MD candidate)

CONCLUSIONS

- Overall feedback was positive: the implementation of the virtual preceptorship protocol was successful
- Virtual preceptorships are a viable alternative to in-person preceptorships for AETC programs, eliminating the barriers of pandemic restrictions including travel
- Study team plans to share protocols, resources, and lessons learned via the UT Health San Antonio SCAETC for replicability and adaptation of virtual preceptorships to suit other clinical settings and AETC programs