

Widener University's DPT and OTD students run a pro bono clinic, the Chester Community Clinic, providing services to underinsured and uninsured members of our community. During the time of the COVID-19 crisis, we had 29 active patients receiving physical therapy and/or occupational therapy services with some also receiving services from our psychology and social work graduate student interns. When the university had to close campus due to COVID-19, many of our patients were unsure of what was next. We made sure each patient had access to an HEP that they understood and the equipment they needed; but other than this, the future was uncertain.

Our class, the class of 2021, completed our semester virtually and anticipated an April 13<sup>th</sup> start date for our first full-time clinical experience. We soon realized that the start of that experience would be delayed. One of our faculty members presented the idea that perhaps we might explore launching pro bono telehealth for our patients that were home without our services for three weeks now. Seven of us took her up on that challenge and we started exploring the idea. We began by researching the State regulations and license requirements for the students and our supervisors. We researched various video platforms. We began editing our current documents to make them Telehealth friendly. This included transforming intake forms to fillable PDFs, creating a consent form, modifying our appointment confirmation methods, and creating a new process for document storage. We also reached out to each of our four professions (PT, OT, Psych, SW) to see if they were all able to participate in this approach. Once all professions were contacted, we began moving forward.

Within a week, we had contacted all of our active patients to see who would be interested and what services they would like to receive. We had thirteen patients show interest on our initial round of calls for PT, two patients for OT, three patients for psychology, and one patient for social work. We then asked for Class of 2021 DPT volunteers. A total of 18 of our classmates volunteered to participate. We reached out to our PT core and adjunct faculty gathering a total of eight PA-licensed PT volunteers to help oversee the treatments. We began treating patients seven days after beginning the planning process of our telehealth approach. In our first week, we treated thirteen patients. During each session, at least one student PT and one licensed PT were on the call with the patient. Each session averaged 30 minutes and the student therapists had both a pre-brief and a debrief with the licensed supervising therapist.

In our second week, we had 10 first year PT students join our team. Additionally, we had one more patient join and scheduled our first telehealth initial evaluation. The initial evaluation had been scheduled right before the COVID-19 closure date, and once we reached out, they were eager to get going! With 28 student volunteers this week, each treating student therapist took on a partner for a co-treat. As much as possible, the same student therapists and licensed supervisors are remaining with each patient to facilitate continuity of care.

Following each patient visit for the first two weeks, each patient was given a satisfaction survey via email in order for us to assess and improve our methods. Additionally, the student leaders responsible for organizing the telehealth hold weekly video-based meetings to discuss how things are going and explore recommendations for improvement. Just this past week, we began holding weekly meetings with other universities and their student leaders across the country who are trying to do the same thing for their pro-bono clinics. Our licensed supervisors

have provided detailed feedback as well throughout this process. Using all of the feedback has helped us improve our methods so far.

As we head into our third week of telehealth, we have already seen a positive impact on our patients, students, and supervisors! We have had several clients send us thank you emails/messages and expressing their gratitude during sessions for us taking time out of our lives to improve their lives. They had no expectation that we would be reaching out to them within a month of our clinic closure. Our main goal was to help keep them moving and connect them with whatever professions they needed to get through these hard times successfully. For our students, we have been able to reconnect with classmates we have otherwise not been able to see or work with since the clinic has closed. With our clinic being such a large part of the curriculum, we are constantly working closely with each other, brainstorming ideas of how to improve clients plans of care and treatment sessions. Telehealth has allowed us to re-engage in this task and helps us not only remain close to our classmates, but also keep our clinic skills challenged while we await our opportunity to safely step into our full-time clinic experience. Our faculty and clinic mentors are working closely with students and learning new things themselves as they explore application of clinical reasoning without application of tactile cues or manual techniques. They are enjoying watching their students apply their skills and like having the opportunity to further shape their knowledge application. Working closely with licensed therapists in this new environment is allowing students further their skills which will help them in their future practice. This experience overall has given so much to everyone involved, and we are eager to further our telehealth journey.