

# Development of Hybrid Leadership Training at a Student-Run Free Clinic

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#### **Problem:**

- Hybrid learning became necessary due to COVID-19 safety restrictions.
- The Saturday Clinic for the Uninsured (SCU), a student-run free clinic supported by the Medical College of Wisconsin, needed to adapt its leadership training to adhere to restrictions.
- Virtual training alone resulted in leadership feeling unprepared to complete in-clinic tasks.
- Lack of confidence performing roles necessitated creation of a hybrid leadership training format.

## **Approach:**

- Determine trainings to effectively deliver virtually vs. in person.
- Prioritize in-person training when able.
- Present all policy and protocol-based didactic sessions virtually.
- Develop a two-day in-person training to increase confidence performing on site clinic roles.
  - Day one: partner rotations covered in-clinic tasks that directly affected patient care.
  - Day two: "Mock Clinic" allowed incoming leadership to apply concepts from virtual and in person training to real clinic scenarios.

## **Tables and Figures:**

Figure 1: Training Performance Confidence Survey – An Example

Please rank your level of comfort with the following items/tasks.

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Learned Task – Float Manager	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable	
I can orient Lab Admin.	0	0	0	Ö	0	
I can orient Dispensary.	0	0	0	0	0	
I can orient Clinical Pharmacy Students.	0	0	0	0	0	
I can give the Provider Huddle.	0	0	0	0	0	
I can prepare a Telehealth pick-up.	0	0	O	Ó	Ö	
I understand how to locate and use the To-Do List.	Ö	O	O	O	O	
I can complete a record request.	0	0	0	0.	0	
I can check out Lab Admin.	0	O	0	0	ο	
I can check out Dispensary.	0	0	0	0	0	
I can check out Clinical Pharmacy Students.	0	0	Ó	0	Ο	
I feel comfortable performing the Float Manager role during my shift (with outgoing manager guidance).	O	Ó	o	o	Ö	

#### **Table 1: Pre and Post Training Confidence Scores**

1: Very Uncomfortable 2: Uncomfortable 3: Neutral 4: Comfortable 5: Very Comfortable

	PRE-TRAINING SCORE (X/5)	POST-TRAINING SCORE (X/5)	% INCREASE
FRONT DESK MANAGER (LEADERSHIP)	3.31	4.65	40.70%
FLOAT MANGER (LEADERSHIP)	2.81	4.36	55.22%
CLINIC PHONE (LEADERSHIP)	2.82	4.55	61.09%
CHECKPOINT MANAGER (LEADERSHIP)	2.81	4.59	63.28%
STUDENT DOCTOR (NON-LEADERSHIP)	2.79	4.69	67.89%
DISPENSARY (NON-LEADERSHIP)	2.68	4.71	75.86%
LAB ADMINISTRATOR (NON-LEADERSHIP)	2.40	4.63	92.95%
IN-PERSON SKILLS (LEADERSHIP)	1.78	4.74	165.52%

#### **Lessons Learned:**

- Student confidence and comfort in performing tasks increased dramatically between pre- and post-hybrid training.
- Confidence in skills only covered in-person increased the most (165%).
- Tasks with associated didactic sessions also showed increases in confidence (range: 40%-93%).
  - Non-leadership volunteer roles showed the greatest increase in confidence (range: 68%-93%).
  - Leadership roles showed increases in confidence ranging from 40% to 63%.
- Feedback requested less didactic and more active learning sessions.

# **Significance:**

- As medical education adopts an increasingly virtual format, effective, hands-on experiences need to remain.
- Sessions should focus on activity-based learning that compliments self-paced didactic material.
- SCU hybrid leadership training model was successful in increasing confidence scores in all competencies, especially with in-person skills.
- SCU will continue to adapt all student trainings to compliment learning styles and evolving COVID-19 restrictions.

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