Cardiac Coaches: A Student-Led Inpatient Cardiac Rehabilitation Program in the COVID-19 Era

To the Editor: Incorporating clinical experience into the preclinical years of medical school is vital to prepare students for clinical rotations. We present our experience leading and staffing the Cardiac Coaches program, a student-run pilot program that provides lifestyle-based counseling for recovering acute coronary syndrome (ACS) inpatients, including a telehealth counseling model we implemented during the COVID-19 pandemic.

The University of Maryland School of Medicine’s Cardiac Coaches program was established in 2018 to provide lifestyle-focused secondary prevention of coronary artery disease in an inpatient setting. Participating students undergo 8 hours of behavioral change counseling training with a faculty cardiologist and meet independently with stable, recovering ACS inpatients before discharge. As coaches, students assess their patients’ values and goals and work with them to identify a series of small, actionable postdischarge goals regarding diet, exercise, and tobacco use. Afterward, students debrief with a faculty cardiologist and follow up with the patient 7 to 14 days postdischarge to reassess their progress and goals.

When the COVID-19 pandemic forced us to halt in-person patient coaching, we created a new telehealth model of cardiac coaching, using Doximity Dialer, a free telehealth app that allows secure audio and video calls to patients. We encountered multiple challenges, such as technical problems and difficulty establishing rapport in a virtual environment. However, this also led to new opportunities, like the ability to reach patients at their convenience rather than ours (including after discharge) and the ability for multiple students to “shadow” a coaching session simultaneously. As of April 2021, nearly 25% of every cardiac coaching session since the program’s inception has been done via telemedicine. We anticipate eventually transitioning to a hybrid model to capture the best of both models.

From the perspective of students whose days consist of watching Zoom lectures from home, each remote cardiac coaching session we have run has been priceless. We have gained not only an anticipated experience with telemedicine, but also a sense of purpose from contributing to patient well-being during a global crisis. We share our experience in hopes of inspiring other medical schools to provide similar and uninterrupted clinical learning opportunities to preclinical students throughout the COVID-19 era and beyond.

Acknowledgments: The authors would like to thank Drs. Rebecca Lolley and Jonathan Ludmir, who as trainees, helped create the Cardiac Coaching Program. The authors would also like to thank the University of Maryland cardiovascular disease fellows who volunteer to coordinate the program and identify appropriate patients for the program.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Lars J. Berg
Second-year medical student, University of Maryland School of Medicine, Baltimore, Maryland; ORCID: https://orcid.org/0000-0002-0226-5518.

Danielle Arons
Second-year medical student, University of Maryland School of Medicine, Baltimore, Maryland.

Joseph Deng
Second-year medical student, University of Maryland School of Medicine, Baltimore, Maryland.

Alexis L. Green
Second-year medical student, University of Maryland School of Medicine, Baltimore, Maryland.

Monica Taneja, MHS
Second-year medical student, University of Maryland School of Medicine, Baltimore, Maryland.

Chaoyang Wang
Second-year medical student, University of Maryland School of Medicine, Baltimore, Maryland.

Stanley S. Liu, MD
Assistant professor, University of Maryland School of Medicine, Baltimore, Maryland; stliu@som.umaryland.edu; ORCID: https://orcid.org/0000-0002-4798-1665.

First published online June 8, 2021

Clinical Support and Practice: U.K. Medical Students as Clinical Support Workers During COVID-19

To the Editor: As medical students in our penultimate year at Warwick Medical School in the United Kingdom, our medical education has been affected by the COVID-19 pandemic. Recognizing the falling staff numbers in our local trusts due to self-isolation, along with the inevitable pause in studies during the first national lockdown, our medical school offered students the opportunity to work as clinical support workers (CSWs). We wish to share the role that we took on as CSWs/medical students within an Accident and Emergency (A&E) Department and advocate for additional experience in acute settings within the medical curriculum.

This hybrid role, based on the important duties of a conventional CSW, also provided the opportunity for performing vital clinical skills such as venepuncture and peripheral venous cannulation. Competency in these skills is essential but, possibly due to varying requirements by different medical schools, is not universally obtained. Studies have revealed that approximately 20% of final-year medical students have not performed either venepuncture or peripheral venous cannulation,1,2 a worrying statistic, considering that competence in these skills requires repeated practice.

With nearly all patients in A&E requiring such procedures, we gained regular practice throughout shifts. This enabled us to go from having never cannulated a patient to being proficient and confident within a relatively short space of time. Meanwhile, our peers who did not take up this role found themselves regretting not having had the same opportunity to practice their clinical skills.

Going forward, we propose that other students are offered the opportunity to be CSWs by their institutions and are encouraged to practice their clinical skills on a regular working basis within acute medicine. This would have the dual benefit of providing an invaluable opportunity for students to become more confident in their clinical skills, as well as lessening the burden on A&E staff. Therefore, we would be interested in hearing the thoughts of those working in both medical education and acute medical settings as to whether this could be viable.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Matthew J. Wateridge
Third-year medical student, University of Warwick Faculty of Medicine, University of Warwick Medical School, Coventry, United Kingdom; matt.wateridge@warwick.ac.uk; ORCID: https://orcid.org/0000-0001-5927-2463.