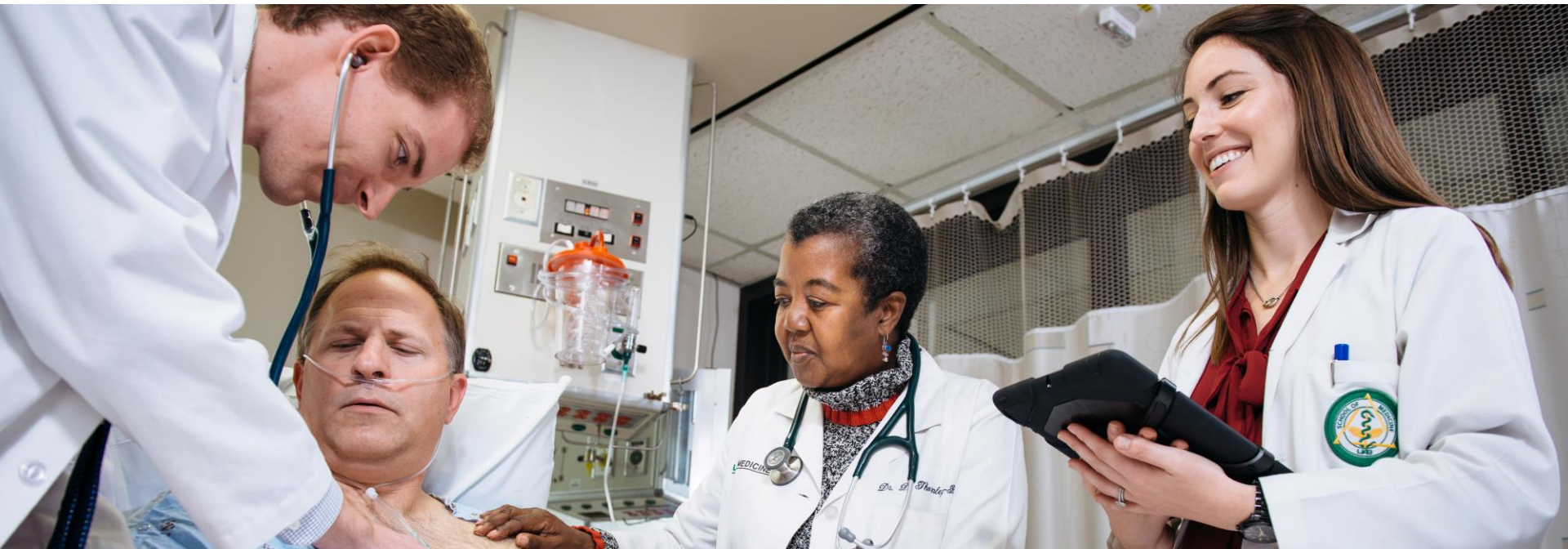




**SOCIETY OF
BEDSIDE MEDICINE**

SBM@theBedside During Covid-19 *(June 2020)* **Welcome**

Sonoo Thadaney Israni, MBA. Executive director, Stanford Presence Center & Founding Board Member, Society of Bedside Medicine



Institutional Founding Members



Founding & Institutional Members

Institutional Members



Stanford Rally for Racial Justice – (5 June 2020)

- “We find ourselves at an all too familiar and horrible crossroads once again. And the question that we have to ask ourselves is what are we going to do differently in this moment to ensure that future generations are not having the exact same conversation that we’re having right now.” - Kamaal Jones, MD, Stanford Pediatrics Resident.
- “When I put on my white coat, I recognize the immense privilege that comes with it. But this coat does not make me or anybody else immune to the racial injustice that runs deep in this country. We are all fed up and we need change. We’re here today as advocates for the black community, and we’re making a commitment for real change toward racial justice.” - Salma Dali, MD, Stanford Pediatrics Resident



Apathy is no longer
a choice

8 minutes, 46
seconds



ANNA TAYLOR
1993 - March 13, 2020



AHMAUD ARBERY
May 8, 1994 - February 23, 2020



GEORGE FLOYD
#JUSTICEFORFLOYD



Society of Bedside Medicine + Covid-19

Fostering best-practices of physician-patient interactions and new knowledge of clinical skills during Covid-19

CME Credit

In Partnership with the Presence Center and the Program in
Bedside Medicine/Stanford Medicine 25, Stanford University,
School of Medicine

To claim CME, please await instructions via email after conclusion
of today's seminar



CLAIM CME

Step 1

Go to the evaluation link:

bit.ly/SBMattheBedside06092020

(link is case sensitive)

Step 2

Create a Log In/Sign In using your email and password

This activity has been approved for AMA PRA Category 1 Credit™

For more CME Information:

stanford.cloud-cme/SBM@theBedside06092020

Questions? Email: stanfordcme@stanford.edu



Stanford
MEDICINE

Stanford Center for
Continuing Medical Education

Agenda

- **Noon:** *Welcome* (Sonoo Thadaney Israni, MBA, Stanford University)
- **12:05-12:20:** *Mental Health Effects of Police Violence and Prescriptions for Moving Forward* (Rhea Boyd, MD, The California Children's Trust)
- **12:20-12:30:** *Tele-Presence 5 for Covid-19* (Donna M. Zulman, MD & Megha Shankar, MD, Stanford University)
- **12:30-12:40:** *The VA Covid Tent* (Lars Osterberg, MD, Stanford University)
- **12:40-12:50:** *Covid & Diabetic Populations in Scotland* (Dr. Nicola Zammitt, Edinburgh Centre for Endocrinology and Diabetes, NHS Lothian)
- **12:50-12:55:** *Hidden & Here During Covid-19*, Dr. Junaid Zaman, Royal Brompton Hospital and Imperial College, London)
- **12:55-1:00 pm:** *Closing* (Stephen Russell, MD, University of Alabama)



Thank you!



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Mental Health Effects of Police Violence and Prescriptions for Moving Forward

Rhea Boyd, MD, The California Children's Trust



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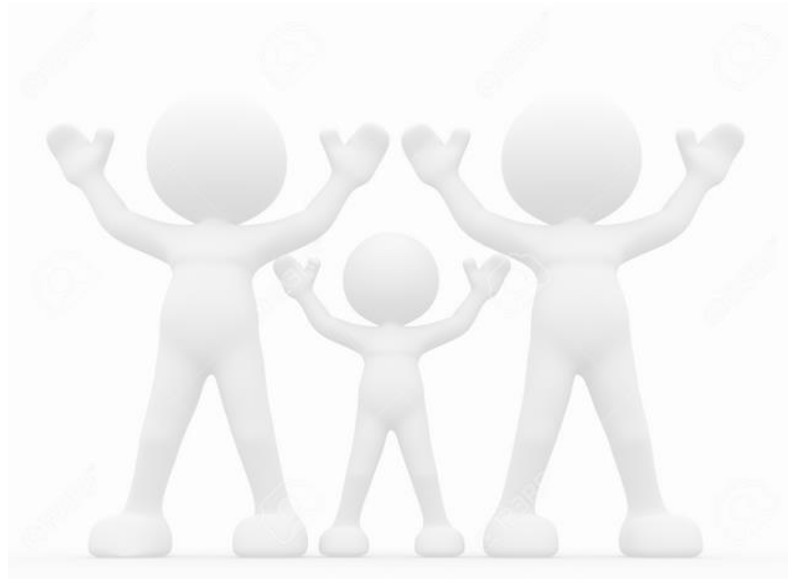
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Policing, Pandemics, and Protest

Implications for Child, Family, and Community Health



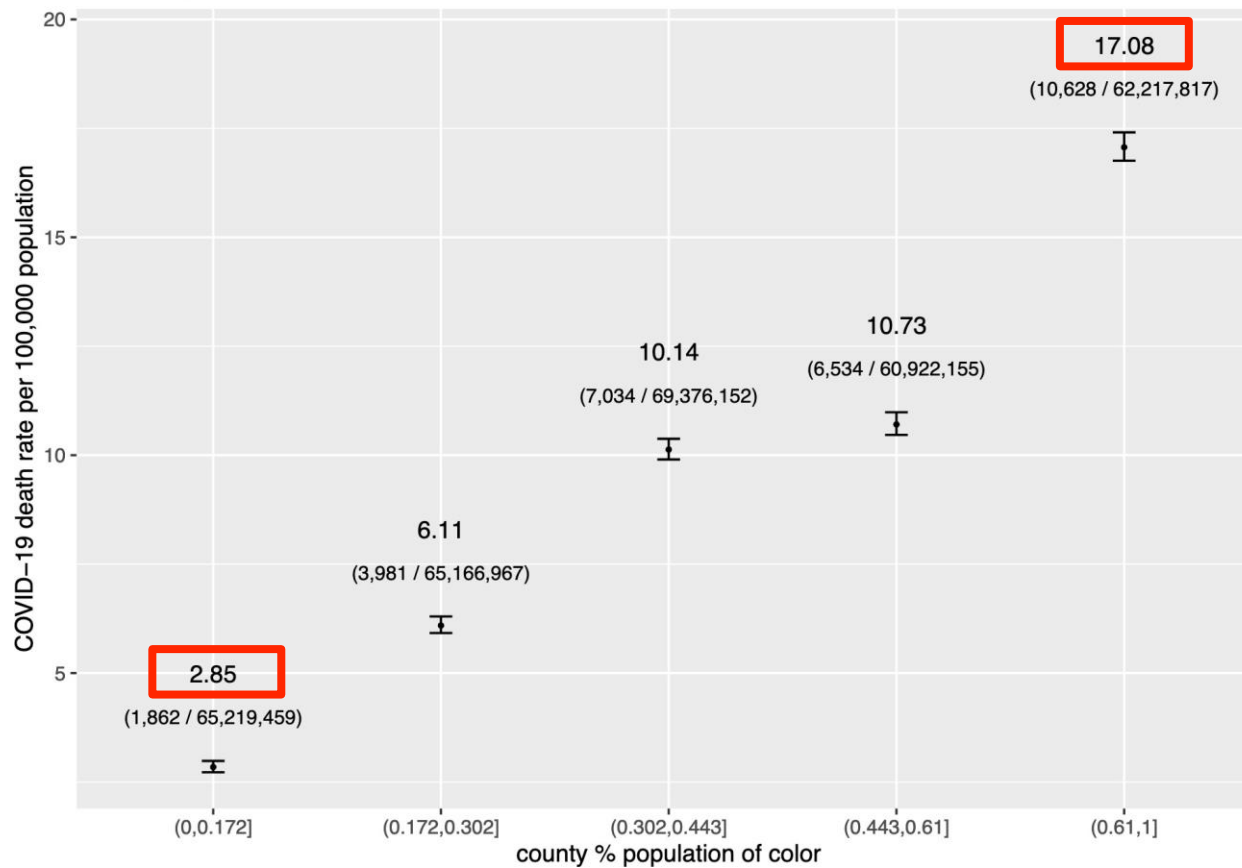
June 9, 2020

RheaW Boyd, MD, MPH, FAAP

Society of Bedside Medicine

@RheaBoydMD

Figure 1d: US COVID-19 deaths per 100,000 population
by county % population of color (as of 4.16.2020)



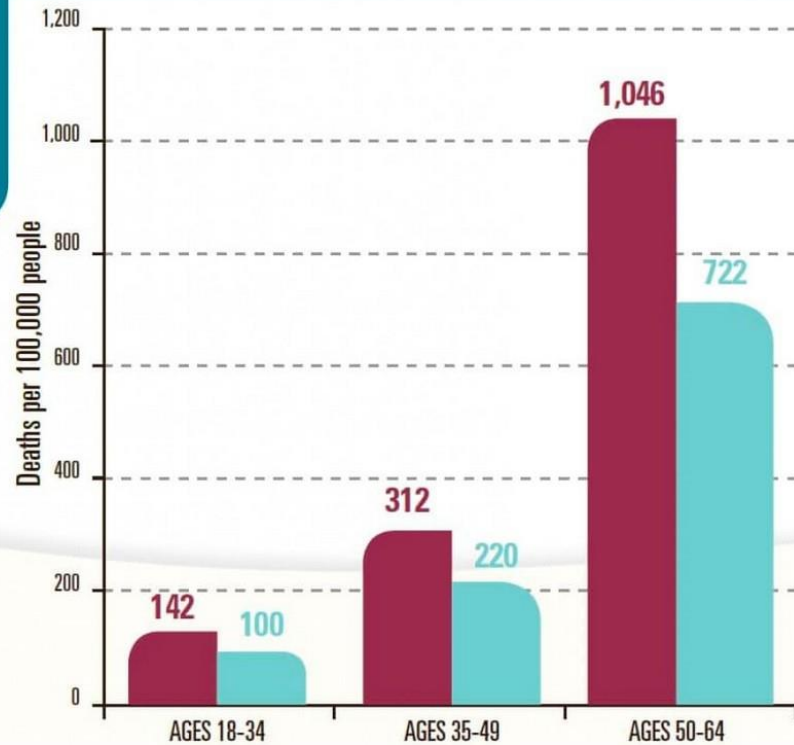
Majority Black counties have **6x** the rate of COVID19 *deaths* as majority white counties.

County majority	Counties	Cases per 100k	Deaths per 100k
Asian	6	19.5	0.4
Black	131	137.5	6.3
Hispanic	124	27.2	0.6
White	2,879	39.8	1.1

Note: Data per 100k based on averages.

Source: Johns Hopkins University and American Community Survey.

African Americans are more likely to die at early ages from all causes.



US Vital Statistics, 2015

Washington Post. Life expectancy improves for blacks, and the racial gap is closing, CDC reports. 2017.

Inequitable Risk* of COVID

Infection + Complications

The preconditions that render certain racial and ethnic populations *vulnerable* to COVID19 are not simply summarized as "poverty" or "underlying illness".

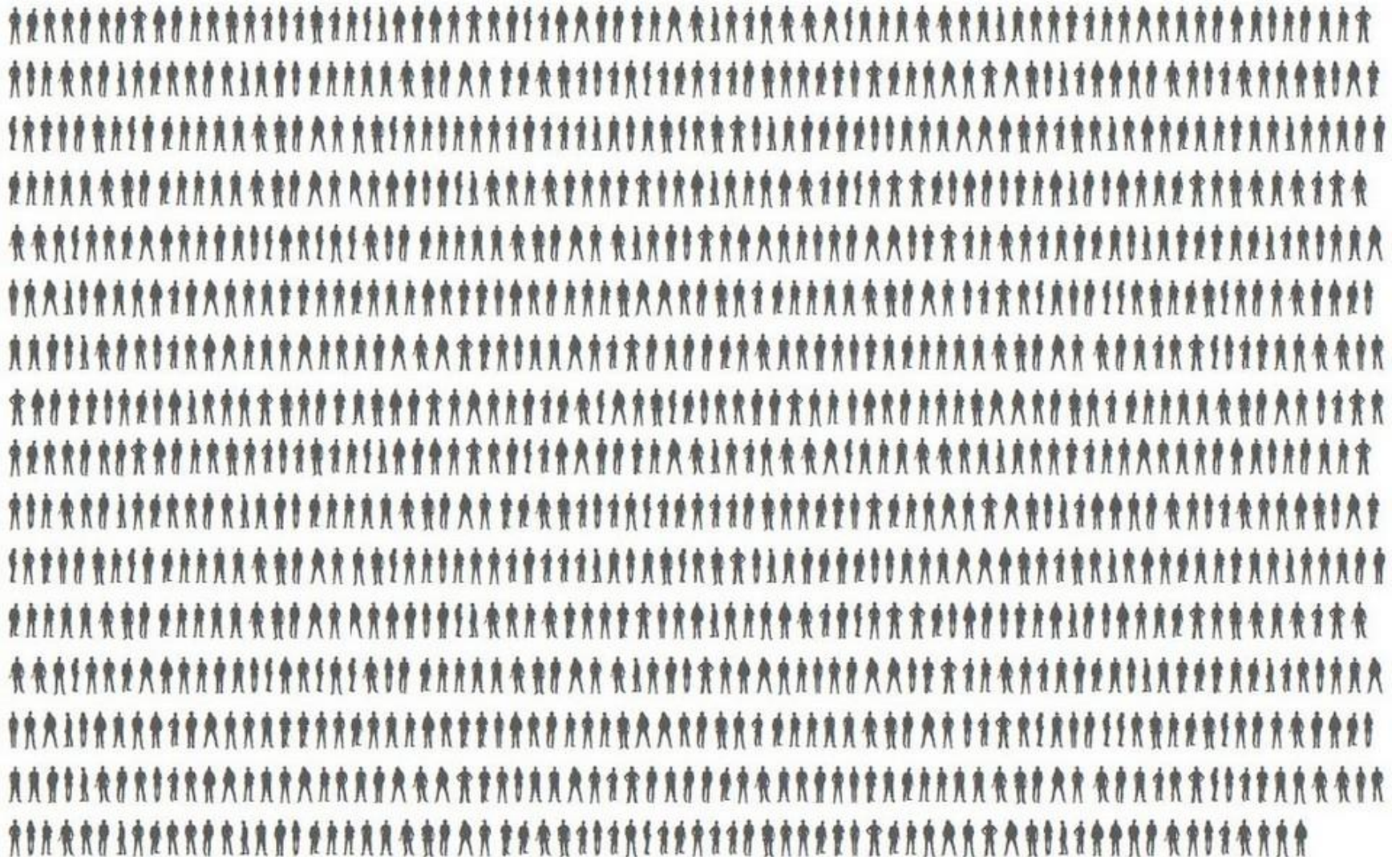
Inequitable Risk* of COVID

Infection + Complications

The preconditions that render certain racial and ethnic populations *vulnerable* to COVID19 are not simply summarized as "poverty" or "underlying illness".

They are legacies and *current* practices of **racial exclusion**, **discrimination**, **disinvestment** and **violence** that concentrate **disadvantage**, create **adversity**, shape population-level opportunities for health and **provide conditions for disease**.

More than one thousand people are **killed by police** every year in America





1 in 1000

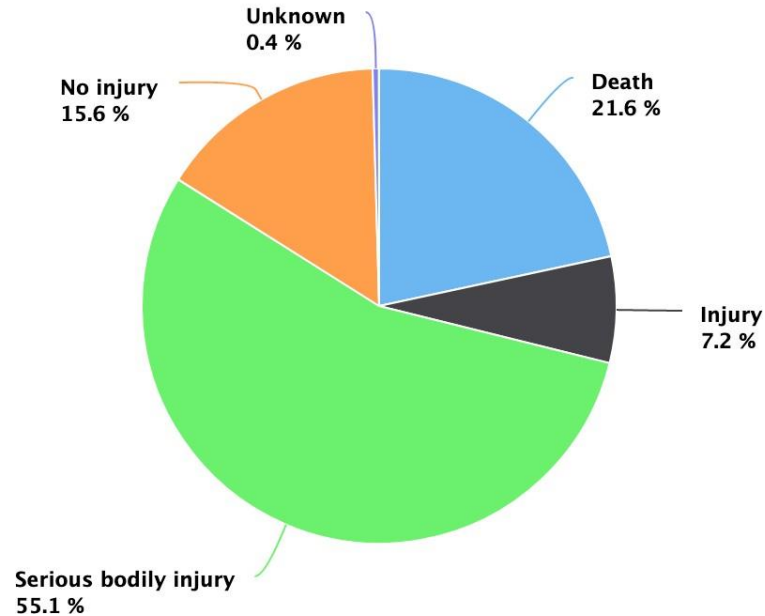
Black men + boys will be killed by police.

Edwards et al. Risk of being killed by police use of force in the United States by age, race—ethnicity, and sex.
Proceedings of the National Academy of Sciences. August 2019.

On Use of Force

CIVILIAN INJURY BY TYPE, 2018

Total = 679

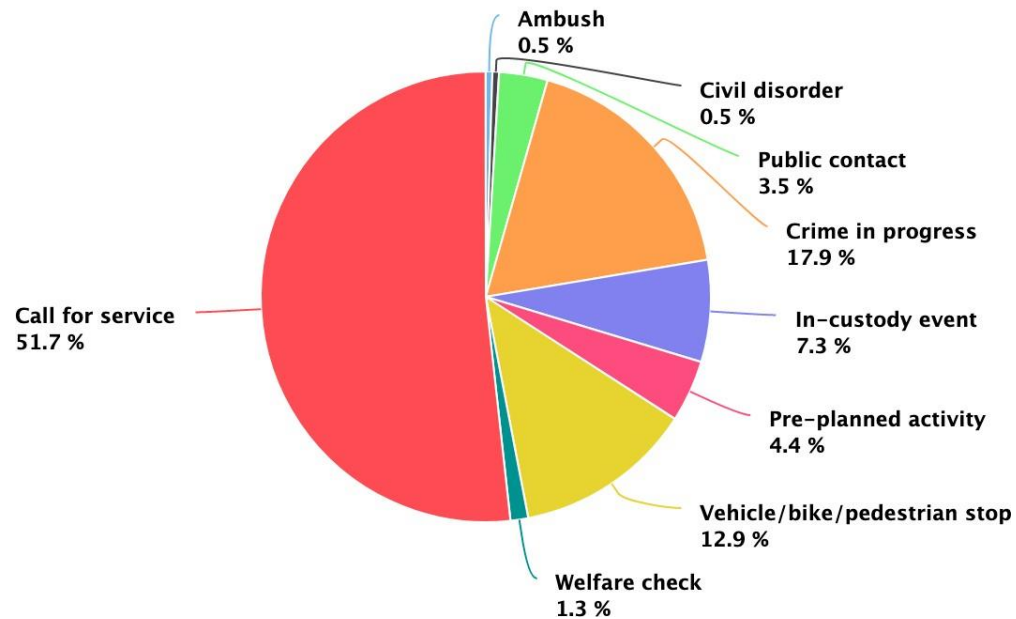


California Open Justice Portal.2018.

On Use of Force

REASON FOR INITIAL CONTACT, 2018

Total = 630



Exposure to Police Violence

Victim

- ✓ Arrest
- ✓ Incarceration
- ✓ Injury
- ✓ Disability
- ✓ Mental Health
- Impairment
- ✓ Death

Boyton-Jarrett R, Ryan LM, Berkman LF, Wright RJ. Cumulative violence exposure and self-rated health: Longitudinal study of adolescents in the United States. *Pediatrics*. 2008; 122(5):961-970.

Exposure to Police Violence

Victim +

- ✓ Arrest
- ✓ Incarceration
- ✓ Injury
- ✓ Disability
- ✓ Mental Health
- Impairment
- ✓ Death

Boyton-Jarrett R, Ryan LM, Berkman LF, Wright RJ. Cumulative violence exposure and self-rated health: Longitudinal study of adolescents in the United States. *Pediatrics*. 2008; 122(5):961-970.

Exposure to Police Violence

Victim

+

Witness

✓ Arrest

✓ Incarceration

✓ Injury

✓ Disability

✓ Mental Health

Impairment

✓ Death

Boyton-Jarrett R, Ryan LM, Berkman LF, Wright RJ. Cumulative violence exposure and self-rated health: Longitudinal study of adolescents in the United States. *Pediatrics*. 2008; 122(5):961-970.

Exposure to Police Violence

Victim

+

Witness

- ✓ Arrest
- ✓ Incarceration
- ✓ Injury
- ✓ Disability
- ✓ Mental Health Impairment
- ✓ Death

- ✓ PTSD
- ✓ Substance Abuse
- ✓ Depression
- ✓ Poor Reported Health
- ✓ Attentional Impairment
- ✓ School Failure
- ✓ School Suspension/expulsion

Boyton-Jarrett R, Ryan LM, Berkman LF, Wright RJ. Cumulative violence exposure and self-rated health: Longitudinal study of adolescents in the United States. *Pediatrics*. 2008; 122(5):961-970.

Exposure to Police Violence

Police killing unarmed Black Americans increase self-reported poor mental health days and frequent mental distress in Black Americans living in the *same state*.

Bor J, Venkataramani AS, Williams DR, Tsai AC. Spillover effects of police killings on the mental health of black Americans in the general U.S. population. Lancet 2018.

How *sophisticated* are the
questions we are asking about the
impacts of **racism** on health?

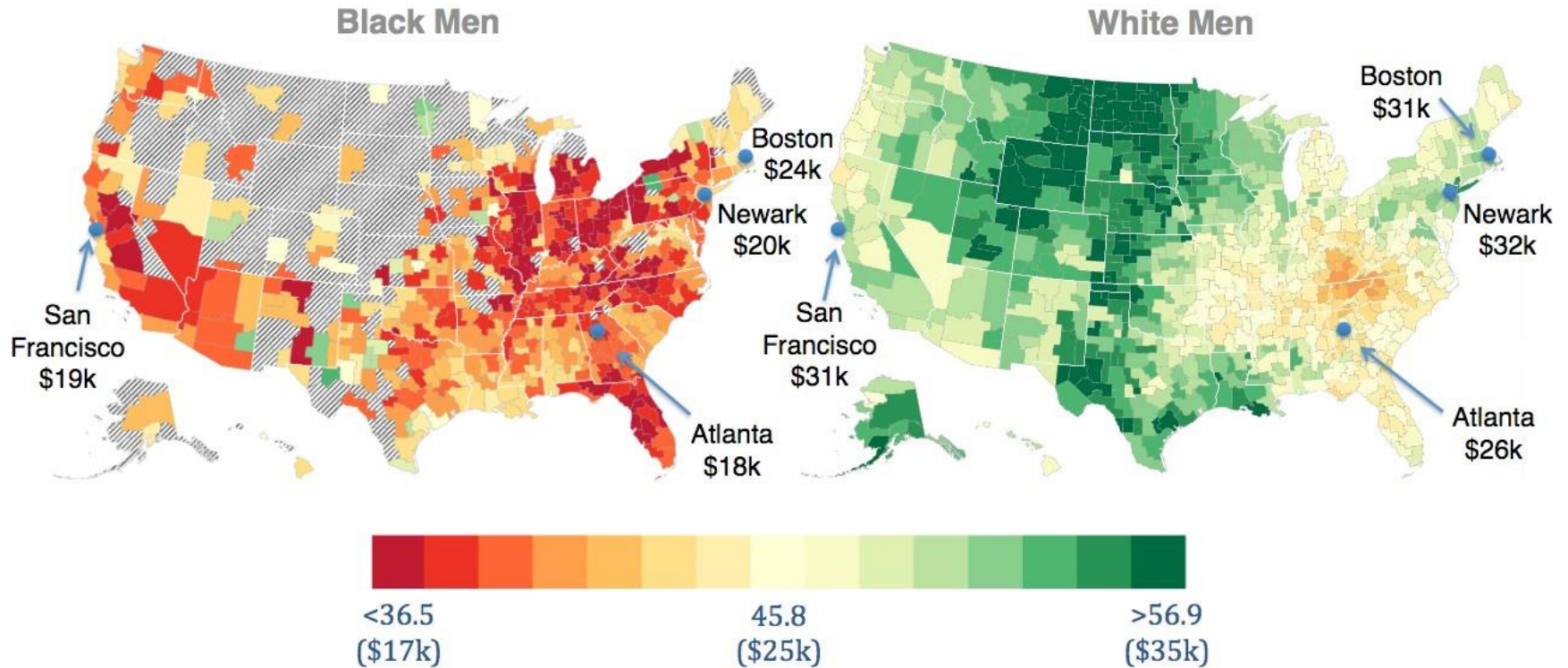
How *sophisticated* are the questions we are asking about the **impacts** of **racism** on health?

How far is healthcare *willing* and *prepared* to go to address the **impacts** of **racism** on health?

How does **police violence** shape
the social and **economic mobility**
of Black children?

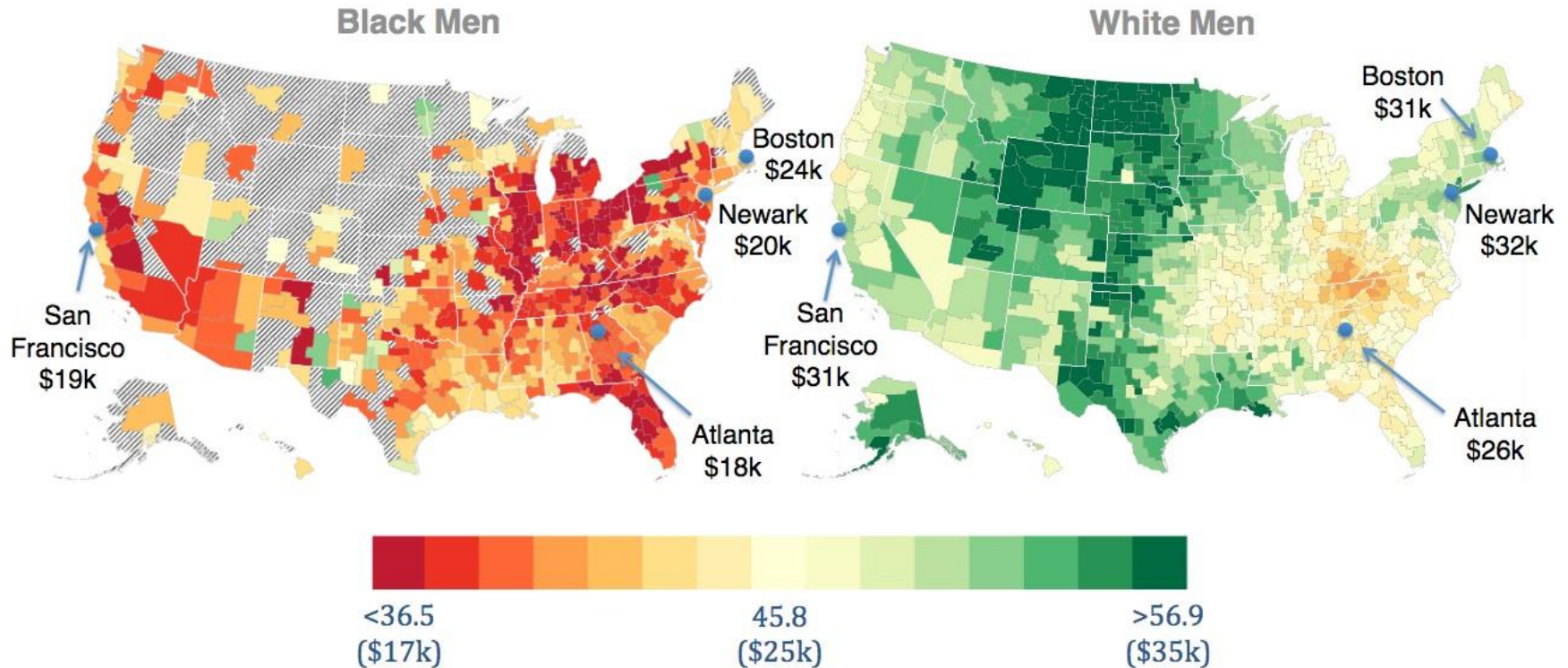
Two Americas: The Geography of Upward Mobility by Race

Average Individual Income for Boys with Parents Earning \$25,000 (25th percentile)



Two Americas: The Geography of Upward Mobility by Race

Average Individual Income for Boys with Parents Earning \$25,000 (25th percentile)



In **99%** of neighborhoods in the US,
black boys **earn less** in
adulthood than *white boys* who grow up
in families with comparable income.

Black and white children fare **very differently** in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.



Black and white children fare **very differently** in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.



*These gaps are smallest in areas with **low racial bias** among whites and high father presence in black neighborhoods.*

Racism kills humans.

Protest is a *powerful* and *vital*
public health intervention.



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Tele-Presence 5 – for COVID & Beyond

Megha Shankar, MD

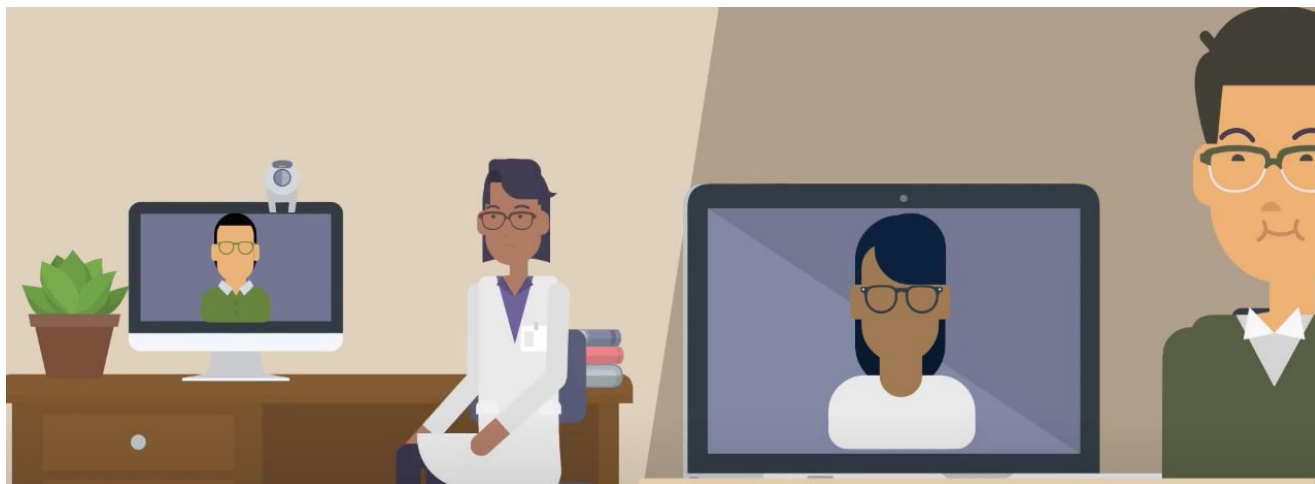
Health Services Research and Development Fellow, VA
Palo Alto Health Care System

Postdoctoral Fellow, Stanford University, Primary Care
Outcomes Research

Donna Zulman, MD, MS

Assistant Professor, Stanford University Division of
Primary Care and Population Health

Investigator, Center for Innovation to Implementation, VA
Palo Alto Health Care System



Presence 5



Prepare with intention

Familiarize yourself with the patient you are about to meet. Create a ritual to focus your attention before a visit.



Listen intently and completely

Sit down, lean forward, position yourself to listen. Don't interrupt.



Agree on what matters most

Find out what your patient cares about and incorporate these priorities into the visit agenda.



Connect with your patient's story

Consider circumstances influencing your patient's health. Acknowledge your patient's efforts, celebrate successes.



Explore emotional cues

Tune in. Notice, name, and validate your patient's emotions to become a trusted partner.



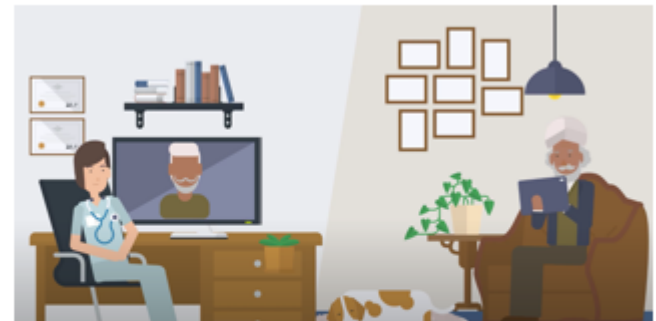
Adaptation of Presence5 to Telemedicine



LITERATURE REVIEW
800 articles



USER FEEDBACK
17 users



CME VIDEO PRODUCTION
10-minute animated video

Society of Bedside Medicine,



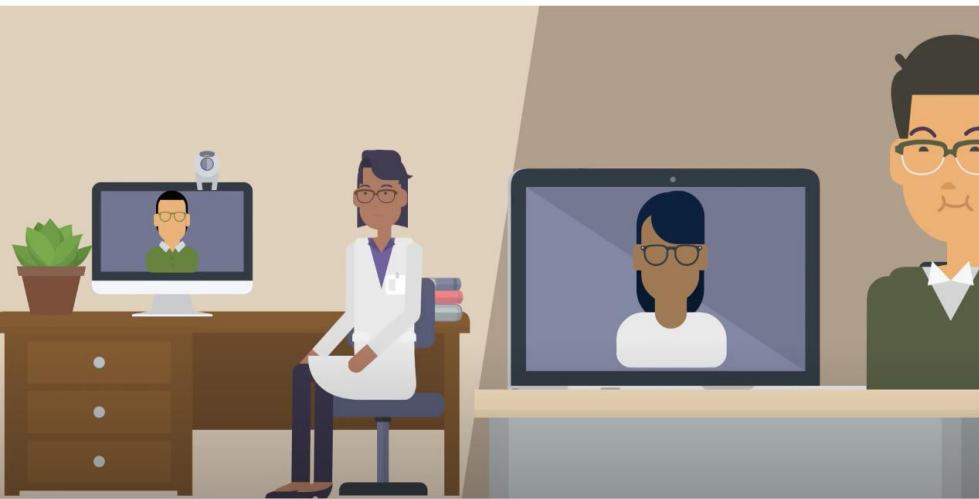
Prepare with intention

- Stand up and take a deep breath between visits
- Perform a brief chart review, emphasizing key elements of the social history
- Minimize distractions to focus on the person you are about to see



<https://www.youtube.com/watch?v=DbLjEsD1XOI>





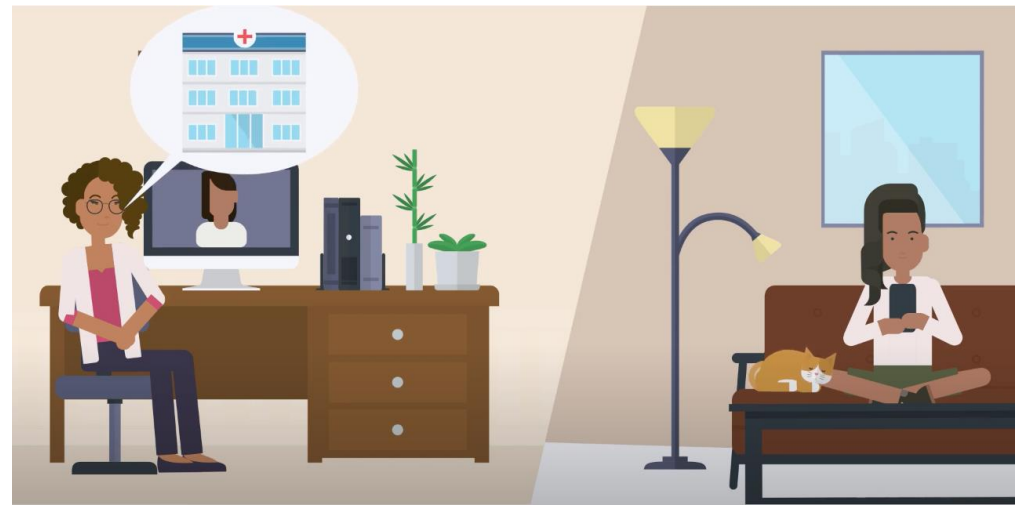
Listen intently and completely

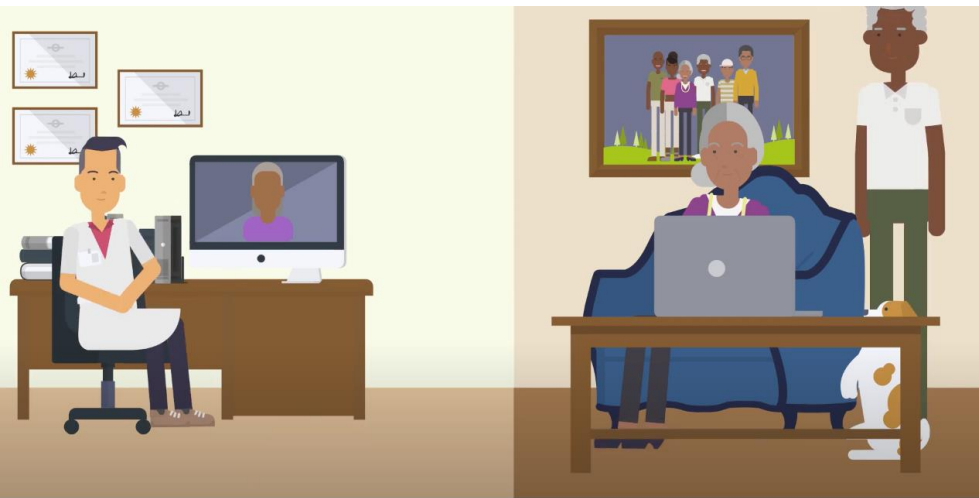
- Sit up, lean forward, stay in the frame, and look directly at the camera to maintain eye contact
- Nod and use facial expressions to communicate that you are listening
- Pause before responding to account for lag time and prevent interruptions



Agree on what matters most

- Ask about your patient's priorities and expectations, and share your own goals for the visit
- Use open-ended questions and utilize teach-back to assess understanding
- Reassure your patient that you are there for them, despite the virtual nature of the interaction





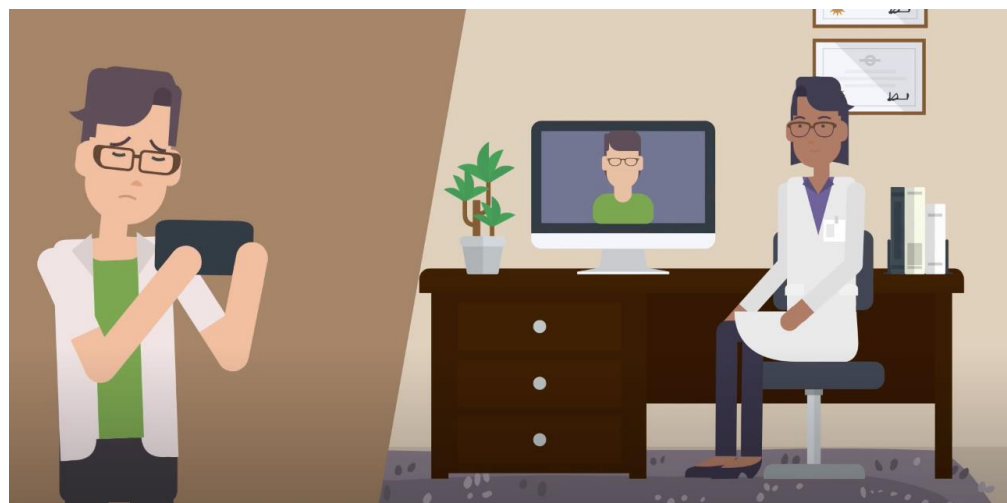
Connect with the patient's story

- Invite your patient to comment on their visible personal items such as pets, photos, or furnishings
- Ask individuals who are present to introduce themselves to learn about the patient's social support
- If appropriate, inquire about the patient's home environment and safety



Explore emotional cues

- Tune into patient emotions evident through body language and tone or volume of speech
- Ask the patient how they are feeling about their health concerns and other stressors
- Name and validate observed emotions





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Thank you!

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or visit www.besidemedicine.org



Veterans Affairs Respiratory Tent:

Evaluating patients with respiratory illness, COVID-19 screening & minimizing SARS-CoV-2 exposure

Lars Osterberg MD, MPH

1. Enable large scale testing for COVID-19 patients under investigation (PUIs)

- “Swab and go” low level triage needing COVID-19 testing
 - Urgent care patients with respiratory complaints
- Telephone Care triage process
 - Core Team:
 - Dental/Nurse/MD/Scribe
 - On-site radiology
 - On-site lab draws
 - On-site pharmacy
 - Immediate ED consultation
 - Automated results callbacks



2. Avoid Exposure of PUIs to other patients and staff



1. Drive up triage



2. Respiratory Team



3. Tent for patient assessment if needed
(unable to examine in car or for walk-in patients)



3. Effective management of patients with outpatient respiratory complaints

Evaluate patients in their car

Emphasis on clinical evaluation
minimizing need for leaving car

Radiology, lab, pharmacy pick-up all
done with a drive-up process

Radiology

Lab



History/Exam &
Covid-19 testing
in the car



Summary:

1. Large scale COVID-19 testing
2. Minimizing exposure to patients with COVID-19
3. Efficient evaluation & management of patients with respiratory complaints



Pharmacy
History/Exam &
Covid-19 testing



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Lab





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Diabetes and Covid 19 – Clinical interactions in Scotland

Nicola Zammitt MBChB MD FRCPE
Clinical Director Edinburgh Centre for Endocrinology and Diabetes
Board Member Society of Bedside Medicine



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eCED

Edinburgh Centre for Endocrinology and Diabetes

Perspectives from a Scottish diabetes clinic

Since 16th March, ECED appointments mainly delivered by phone

Making some use of video (Attend Anywhere)

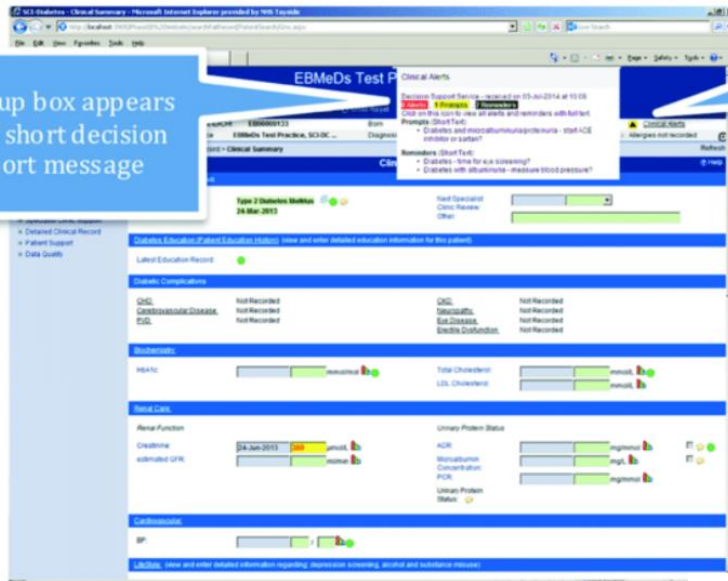
- **Preparing for the diabetes consultation:** clinician and PWD
 - (TP5: Prepare with intention)
- **Tailoring diabetes examination to the virtual consultation**
- **Feedback from the consultation:** what do PWD want?
 - (TP5: Listen intently and completely, agree on what matters most)
- Focus on UK information/resources
- Focus on out-patient setting



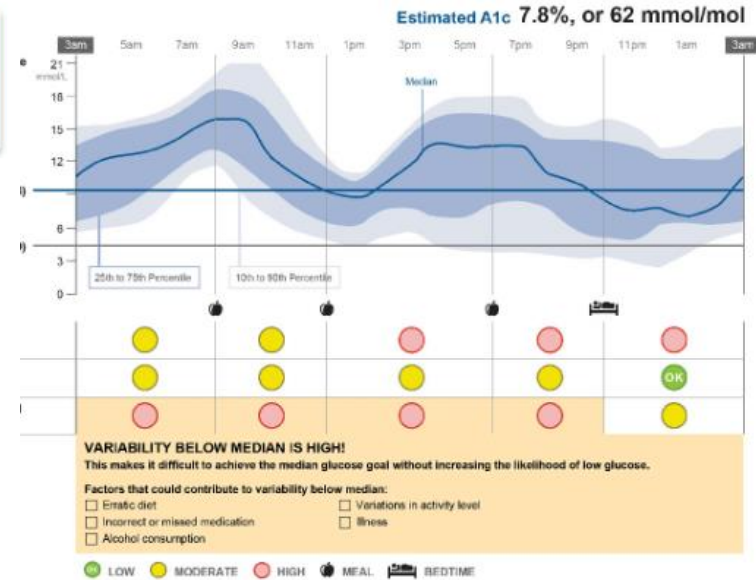
Preparing for the consultation

PWD: Phone call, letter, website

Linking data to clinic, Sick day rules (T1/T2)



Icon shows clinical alert has been triggered



*my diabetes * my way*

Clinician prep: Set the scene. "Are you able to speak just now?" Limitations of phone consult
"Is there anything in particular you would like to cover today?"
"Life is pretty strange just now -how are you doing?" (Connect)

Clinicians: facts in lay language





Type 1 and Type 2 diabetes and COVID-19 related mortality in England

Document



Valabhji - COVID-19 and Diabetes Paper 1

PDF 497 KB 24 pages

Summary

Type 1 and Type 2 diabetes and COVID-19 related mortality in England: a whole population study.

Data from 1st March to 11th May 2020

Document



Valabhji COVID-19 and Diabetes Paper 2 Full Manuscript

PDF 715 KB 22 pages

Summary

Type 1 and Type 2 diabetes and COVID-19 related mortality in England: a cohort study in people with diabetes.

Key facts (use lay language)

Death rate <40 y/o is extremely low (OR 0.01).

<40 age group represented 0.7% of Covid 19 deaths

<40 year olds with T2DM represented 0.3% of total deaths

- OR of dying in hospital with Covid 19: T1DM 2.86, T2DM 1.18
- HR of death with HbA1c >86mmol/mol vs 48-53mmol/mol: T1DM 2.19, T2DM 1.62
- HR of death with BMI >40 vs BMI 25-29.9: T1DM 2.15; T2DM 1.46
- Other risks: Male gender , BAME, social deprivation
- https://www.diabetes.org.uk/about_us/news/coronavirus-statistics



Tailoring examination to the virtual diabetes consultation

Eyes – national screening programme paused

Injection sites – ask PWD to check

Feet – Diabetes UK website has useful resources

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

Talk to us about diabetes
0345 123 2399

Donate

Forum

Membership

Professionals

Shop

Learning Zone

Diabetes and Me

<https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/touch-the-toes>

How to do the test

It's quick and easy to do. But you need someone there to help who'll touch your toes and write down the results. Tell them it'll only take a couple of minutes.

Kumar and Alex will show you how to do it in the video below. You can also [download full instructions on PDF](#) (PDF, 1MB)



Right big toe



Right little toe



Left big toe



Left little toe



Right middle toe



Left middle toe

Ipswich Touch Test
Prof Gerry Rayman

Missing 2 or more
suggests “at risk”
feet



Society of Bedside Medicine

=61)

Useful

happening

felt well

Fine

Nice

Absolutely

Great

review

assessed

right

everything

Brilliant

Good idea

Bang on

Things

Happy

Satisfactory

Difficult

convenient

better

bit

call

Unsure of plan

Really follow

Tricky

wishes could

Excellent

I don't drive ... it's
really good not
having to come up
to the hospital as
often

Useful Rating	Count
1	1
2	2
3	0
4	1
5	3
6	2
7	6
8	15
9	8
10	23

-

Summary

- **Prepare:** clinician and PWD
- **Tailor exam to virtual consult**
- **Gather feedback**

- **Useful resources**

www.edinburghdiabetes.com

<https://learning.rcpe.ac.uk/course/index.php?categoryid=114>



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Not secure | edinburghdiabetes.com

Email social media work Health Music, theatre, arts Horses Dogs Money Travel Food Shopping Home and car ASUS E-Service

ECED COVID-19 resources for people with diabetes and other endocrine conditions

Download our guide for improving control in Type 1 Diabetes

ECED RT @WilmotEmma: 30 years ago today I was diagnosed with T1 diabetes.

Covid diabetes PHE stats

<https://www.england.nhs.uk/publication/type-1-and-type-2-diabetes-and-covid-19-related-mortality-in-england/>

https://www.diabetes.org.uk/about_us/news/corona-virus-statistics

My Diabetes My Way Sick Day Rules

<https://www.diabetes.org.uk/About-us/News/Coronavirus-statistics>

<https://www.diabetes.org.uk/About-us/News/Coronavirus-statistics>

<https://www.diabetes.org.uk/About-us/News/Coronavirus-statistics>

Concise advice on Inpatient Diabetes (COVID:Diabetes):
FRONT DOOR GUIDANCE

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.



Thank you!



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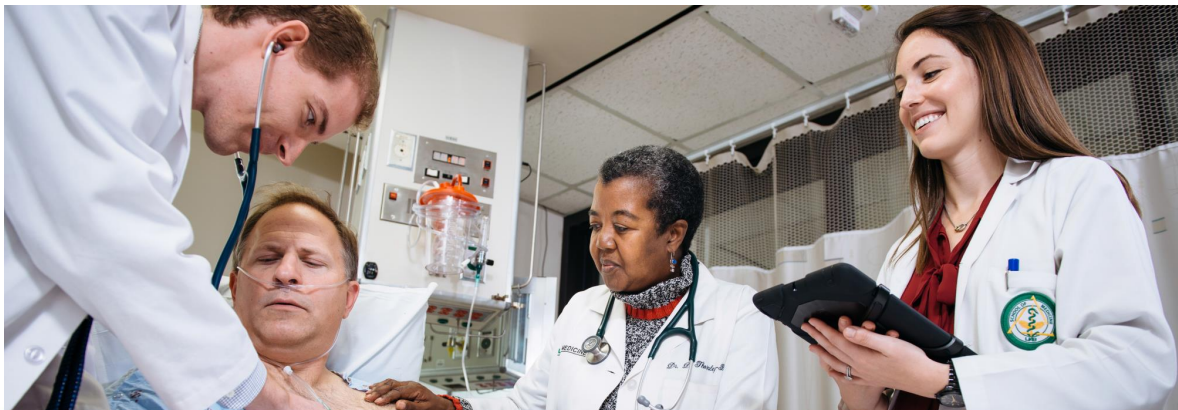


Closing

Stephen W. Russell, MD

Co-Directors of Communications and Outreach, SBM

University of Alabama at Birmingham



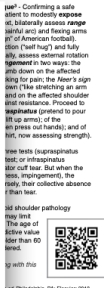


ABOUT CARDIAC MURMUR CASES

Click here for a recorded version of our [May 12, 2020 webinar](#).



5 Minute Moments



SBM@theBedside During Covid-19

July 7th *at NOON PST*

Including:

- Panel discussion to answer your questions
- Clinician Resilience During Covid-19
- Covid-19 and The Cardiology Consultant
- *Practical Pearls*: Cleaning POCUS Equipment
- Covid-19 & Intimate Partner Violence (VA Perspective)



Thank you!



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