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## Education

Use of Smart Glass Technology for Resident Education in Long Term Care Facilities During the COVID-19 Pandemic



**Presenting Author:** Jaseena Elikkottil, MD, University of Louisville **Author(s):** J. Jaseena Elikkottil, MD; and L. Morton, MD, CMD

Introduction/Objective: During the ongoing COVID-19 pandemic, long term care facilities have restricted visitation by non-essential personnel to limit the spread of coronavirus in their facilities. These restrictions have impacted the educational experience of resident physicians who were previously able to physically see patients at these facilities. Nursing home continuity experience has been a core requirement for family medicine residents. In addition, both family medicine and internal medicine residents rotate through geriatric medicine for 1 month. Given the current shortage of physicians who work in long term care facilities, it is important to continue to provide resident physicians with an avenue to experience the practice of medicine and care delivery in long term care facilities.

the practice of medicine and care delivery in long term care facilities. Design/Methodology: Our academic institution started a feasibility study to test the use of smart glass technology in various areas including geriatric medicine and care delivery in nursing homes. We extended this to resident education. A medical provider on-site at the facility will don the smart glasses during patient encounters. The smart glasses are equipped with a camera, microphone, earphones, and touchpad navigation. The resident physicians and the on-site medical provider teleconference during the patient encounter using a web-conferencing platform. The trainees are able to hear and visually observe the patient encounter from the vantage point of the on-site provider. They are also able to verbally interact with the on-site medical provider during the encounter. The trainees were asked to complete an anonymous survey regarding their experience with the platform.

Results: The project and data collection are currently ongoing. 11 trainees have been surveyed so far regarding their experience. 81% of trainees (9/11) report their experience to be good or excellent. Trainees were largely satisfied with their ability to hear the patient and the on-site provider during the encounter. However 36% (4/11) reported only a fair or poor experience in terms of their ability to visually examine the patient. Of note, 36% of the trainees had not been previously inside a nursing home during their medical training. Of those, 40% reported a negative perception of nursing homes as a result of this experience. Of the 64% of trainees who had previous in-person experience at nursing homes, 86% reported the smart glass visit as equivalent or better than their past in-person experience.

Conclusion/Discussion: Smart glass technology appears to be a viable method of providing resident physicians with a nursing home experience during the COVID-19 pandemic. Educational innovations like ours are here to stay due to ongoing entry restrictions to long term care facilities. It appears that trainees without prior experience working in nursing facilities may have a less positive experience with these virtual visits. We hope to modify aspects of these encounters based on ongoing feedback to make it a more positive and productive experience for all trainees.

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