MITE Tip November, 2020
Tips on clinical teaching and precepting using telehealth
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Since the start of the COVID-19 pandemic in the U.S., there has been an abrupt and substantial shift to providing health care through telehealth. Staff, learners, and patients have been learning to adjust to using technology for outpatient clinical care and clinical education.

Pros of using outpatient telehealth:
-Removes geographical barriers for appointments
-Reduces spread of COVID-19
-May lower psychological barriers to seeking and receiving care for pts with anxiety and/or psychological trauma disorders
-Allows us to treat and precept remotely
-See patients in their home environment
-video platforms can improve communication for people with hearing impairments via additional hearing assistance technology, not having to use masks, and use of chat button for clarification

Cons and barriers to using outpatient telehealth:
-Lack of personal access to technology for some patients for financial, cognitive, or psychological reasons
-Poor connectivity or lack of internet access in some geographical areas
-Can be harder to develop the same rapport as with in-person visits
-Less (or different) data when not in person, especially aspects of physical exam
-Less efficient when there are technological glitches or unfamiliarity with the technology
-Loss of hallway teaching time with learners between appointments
-People may discover they have hidden hearing loss

What are some tips to creatively adapt clinical teaching when using telehealth?

Dr. Erlich's webinar (link below), The Triumph of Teleteaching: Tips for Incorporating Students into Outpatient Telemedicine, offers a number of ways to adapt clinical teaching approaches for efficiently teleteaching with students when all are on ZOOM or other video platforms:

-Modeling:
The learner actively watches the preceptor. Prior to the appointment, ask the learner to watch how the preceptor approaches something specific in the appointment and then discuss that afterwards together. For example, the learner might be directed to observe how the preceptor shares bad news or broaches substance use.

-Pre-rooming:
The student can do typical medical assistant functions prior to your arrival at the appointment such as checking that technology is working, maintaining and editing the electronic health record, completing screenings, entering the reason for visit, medication reconciliation, or other tasks. This also builds a rapport with the patient that segues into the rest of the appointment which the student can conduct with the preceptor observing.

-Virtual Triangle Method or In-Room Precepting:
The student starts alone with the patient via phone or virtual appointment. The preceptor joins the appointment at the midway point. The student presents the patient in front of both the patient and the preceptor using patient centered language directly addressing the patient with second person grammar (you, your).   The preceptor can leave the video camera off to be more of an observer. The preceptor would ideally debrief with the student by phone or ZOOM briefly after the appointment is over for feedback.

Advantages of Virtual Triangle Method:
It is more time efficient than having the student present to the preceptor away from the patient.
The patient can correct information presented by student.
Both the patient and the student can learn more about the patient's condition with all present for discussion with the preceptor and with the preceptor modeling patient teaching and care.
The preceptor gets more face time with the patient.

Other advantages of using telehealth:
The preceptor can use private chat with students to give them
- suggestions or feedback in their interactions with patients.
- request for learner to look up evidence or educational materials for patient to give during the appointment or afterwards.
Using screen sharing for labs or other materials.

Disadvantages:
Technological glitches, although many students are technology savvy and able to help.
Patients without access to phone or internet.
Loss of time alone with student for teaching for which you can compensate by concentrating on getting across one general teaching point rather than lots of information. The preceptor can also compensate by chatting with the student in the ZOOM room after the visit or by phone at the end of the session to debrief and give feedback.

In conclusion, we all benefit from improving our clinical teaching skills in telehealth as it gets better integrated into health care and clinical teaching. Please watch the attached video for more concrete details on implementing precepting via telehealth. These same concepts apply to residents and fellows, although they can function more independently.

From Tufts CANVAS site:
The Triumph of Teleteaching: Tips for Incorporating Students into Outpatient Telemedicine
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