

# Virtual Precepting: Incorporating Learners into Telehealth Patient Care



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# Objectives

1. Identify best practices that enhance the learner and preceptor experience during telehealth encounters
2. Develop a framework for dividing telehealth encounter roles and responsibilities between learners and preceptors, that takes into account the patient's understanding of the learner/preceptor relationship and the learner's level of experience
3. Apply the One-Minute Preceptor Model to telehealth encounters

# A New Imperative for Virtual Care Education

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# Background

- Telehealth usage won't return to pre-pandemic levels:
  - 2019: <1% of ambulatory volume
  - 2022: 10-15% of ambulatory volume
- Faculty perception of video visit expansion (May 2021):
  - 50% reported negative impact on their experience teaching learners
- Most faculty have had minimal training on virtual precepting
- Today's learners are digitally-aware
  - Great virtual history-taking skills
  - Comfortable online
  - Less understanding of other aspects of virtual care

# AAMC Telehealth Competencies

## 6 domains:

- Patient safety & appropriate use
- Access & equity
- Communication
- Data collection & assessment
- Technology
- Ethical practices & legal requirements

## 3 physician developmental stages:

- Entry to residency
- Entry to practice
- 3-5 years (or more) into practice

Table 1. Domain I: Patient Safety and Appropriate Use of Telehealth

<b>Entering Residency (Recent Medical School Graduate)</b>	<b>Entering Practice (Recent Residency Graduate)</b> <i>All Prior Competencies +</i>	<b>Experienced Faculty Physician (3-5 Years Post-Residency)</b> <i>All Prior Competencies +</i>
<p>1a. Explains to patients and caregivers the uses, limitations, and benefits of telehealth — that is, the use of electronic communications technology to provide care at a distance</p>	<p>1b. Explains and adapts practice in the context of the limitations and benefits of telehealth</p>	<p>1c. Role models and teaches how to practice telehealth, mitigate risks of providing care at a distance, and assess methods for improvement</p>
<p>2a. Works with diverse patients and caregivers to determine patient and caregiver access to technology to incorporate telehealth into patient care during real or simulated encounters</p>	<p>2b. Works with diverse patients and caregivers to evaluate and remedy patient and practice barriers to incorporating telehealth into patient care (e.g., access to and comfort with technology)</p>	<p>2c. Role models and teaches how to partner with diverse patients and caregivers in the use of telehealth</p>
<p>3a. Explains to patients and caregivers the roles and responsibilities of team members in telehealth encounters regardless of modality</p>	<p>3b. Demonstrates understanding of all roles and works as a team member when practicing telehealth regardless of modality</p>	<p>3c. Coordinates, implements, and evaluates the effectiveness of the telehealth team regardless of modality</p>
<p>4a. Describes when patient safety is at risk, including when and how to escalate care during a telehealth encounter (e.g., converts to in-person visit or emergency response)</p>	<p>4b. Prepares for and escalates care when patient safety is at risk during a telehealth encounter (e.g., converts to in-person visit or emergency response)</p>	<p>4c. Role models and teaches how to assess patient safety during a telehealth encounter, including preparing for and escalating care when patient safety is at risk</p>

# American Board of Pediatrics Telemedicine EPA

## Knowledge:

- Privacy & protection of PHI, specific to children & adolescents
- Licensure legalities
- Billing & coding
- Understanding of tech standards & troubleshooting
- Types of patients/problems that can be managed via telemedicine

## Clinical skills:

- Communication
- Exam techniques
- Medical decision-making, patient management & follow up

# ACGME-Proposed Additions to Family Medicine Residency Curriculum

- Residents must demonstrate competence to independently:
  - IV.B.1.b).(1).(a).(viii) Appropriately use technology to provide accessible care, i.e. via telehealth
- IV.C.3.c) Residents' patient encounters should include telehealth & e-visits.

# CU Medical School Telehealth Education Path

- Early pandemic:
  - Telehealth education identified as necessity, basic curriculum developed
    - Clinical training sites required telehealth education as a condition for returning to clerkships
  - Faculty reported high stress in learning to care for patients virtually & lack of tools for integrating students into virtual environment
  - Faculty demonstrated incredible flexibility & tenacity in face of evolving curriculum
- Goals:
  - Integrate telehealth into longitudinal curriculum, guided by AAMC competencies
  - Prepare students to practice today in the pandemic, tomorrow when benefits of telehealth can be realized for all members of society, and in the future when another emergency requires rapid health system adaptation
  - Achievement depends on having faculty who are well-equipped to precept in the virtual care space

# ACGME CLER Findings for CUSOM (Sep 2021)

- Clinical learning environment review for all ACGME-accredited residencies & fellowships, primarily at UCH site
- Focus on resident/fellow use of telehealth
- Residents/fellows requesting education on:
  - Determining which patients appropriate for telehealth
  - Virtual exam skills
  - How to maximize virtual visits when exam not possible
  - Legal aspects of telehealth care

# Virtual Precepting Best Practices

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# Key Principles

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Telehealth is a new tool for providing care, not a new type of care ... you already know 90% of it!

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Tech varies among care settings, but virtual precepting principles are constant

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Ensure patient understands learner/preceptor relationship ... not as obvious as for in-person care

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Upfront discussion of telehealth encounter roles & responsibilities is essential

# Precepting Tips

- Consider direct supervision more often than for in-person care
  - Learners, even experienced ones, generally have a longer telehealth learning curve because they are building on less clinical experience
  - Learners appreciate feedback on virtual patient interactions
  - Direct supervision may have less impact on autonomy
- Minimize learner-preceptor transition frequency
  - Hold confirmation of key/questionable findings & feedback until end
  - If going down a rabbit hole, consider EMR message or text to redirect
- Set aside time to check-in
  - No hallway or elevator time
  - Remote learners can feel isolated and reluctant to text/call to discuss case
- Discuss workflow steps unique to telehealth (e.g. consent, smartphrases)

# Setting Telehealth Roles & Responsibilities

- Critical for patient understanding, learner comfort & preceptor efficiency
- Roles/responsibilities similar to in-person care...but the “how” differs
- Discuss who will do what, and when
  - What encounter components will be led by learner vs. preceptor?
  - When will preceptor join encounter and/or take lead?
- Communicate roles to patients
  - Verbalize
  - Mic & camera control

# Communicating Roles to Patients

## Shadowing:

- Learner sits beside supervisor with supervisor directly in front of camera, or ...
- 3-way video conference:
  - supervisor & learner both connected throughout
  - learner mic muted, camera on
  - supervisor has mic/ camera on full-time

## Direct Supervision:

- Supervisor sits beside learner with learner directly in front of camera, or ...
- 3-way video conference:
  - supervisor connected majority of time
  - learner camera on full-time, mute mic when supervisor talking
  - supervisor mic muted except when talking, camera usually on

## Indirect Supervision:

- How will learner get supervisor, when needed?
- When will supervisor join encounter?
- 3-way video conference:
  - supervisor disconnected majority of time
  - learner has camera & mic on full-time
  - supervisor turns on camera & introduces self on arrival

NOTE: need for presence may be driven by billing and/or local practice rules in addition to need for supervision.

# Providing Feedback

- Where is the learner starting?
  - Clinical knowledge
  - Telehealth experience
  - Generally, reinforce strongest category & guide weaker category
- Key telehealth skills learners want to understand:
  - Which patients are appropriate for telehealth care
  - Virtual presence (“websiteside manner”)
  - Remote physical assessment techniques
- ❖ Unique opportunity: discuss digital literacy & accessibility as a social determinant of health

# Assessing Telehealth Presence

## Communication

- Verbal: understandable, interruptions minimized
- Non-verbal: gestures, facial expressions, eye contact

## Relationship

- Was learner continuously engaged with patient?
- Were efforts made to build rapport?

## Awareness

- Did learner & patient know who was present on each end?
- Was privacy assessed/addressed?
- Were visual cues in background related to social determinants of health noticed/addressed?

## Technical

- Did learner address distractions or tech issues affecting care quality?
- Was telehealth as a care modality messaged positively or negatively to the patient?
- Was learner's background conducive to patient care?

# Telephone Encounters



- Use conference calling or speaker phone
- Distractions magnified when there is only audio input
  - No background noise, avoid multi-tasking
  - Mute whenever possible
- Learner/preceptor relationship harder for patient to understand
  - Verbalize when learner & preceptor are present in background (or leave)
  - Re-introduce when switching between learner & preceptor
- 3-way phone conversations are confusing
  - Very clear division of tasks to minimize transitions
  - Hold feedback until after call ends

# Patient Safety



Discuss how to handle an on-screen emergency



Preceptor should be immediately available by EMR messaging or text throughout encounter, if not co-located with learner



Prep learners for potentially high-risk encounters



Debrief unexpected events

# Applying “The 1 Minute Preceptor Model” to Virtual Care

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# “The 1 Minute Preceptor” Model

- Set goals & expectations
- Get a commitment
- Probe for underlying reasoning
- Teach a general rule
- Reinforce what was done well
- Give guidance about errors/ omissions
- Encourage reflection & integration

# One Minute Preceptor Example: Novice Learner

- Think of an acute chief complaint you might manage via telehealth
  - Example: You are a PCP seeing a patient with new onset cough & congestion
- Your learner is a student relatively new to clinical rotations.

# Novice Learner Example

- Set expectations
  - Initial 3-way intro, then I will watch while you perform the encounter
  - I'll finish by confirming additional hx/exam findings and updating assessment/plan if needed, then summarize next steps for patient
  - Both of us will mute when not talking and keep cameras on throughout
- Get a commitment & probe for reasoning
  - Do you think this patient has bacterial pneumonia? What did you identify that makes it less likely?
- Teach a general rule
  - Review signs of moderate-severe pneumonia that can be assessed via telehealth
- Reinforce telehealth skills, guide clinical knowledge
  - "Your telehealth presence and lack of background noise made it easy for the patient to stay focused on you." "When I have a patient with URI sxs, I always assess for dyspnea & tachypnea."
- Encourage reflection
  - Did you get the data you needed to determine that this patient has a simple viral URI?

# One Minute Preceptor Example: Experienced Learner

- Think of a planned encounter you might perform via telehealth
  - Example: You are a surgeon doing a post-op home video visit for a patient with limited mobility & transportation options.
- Your learner is just about to graduate from residency.

# Experienced Learner Example

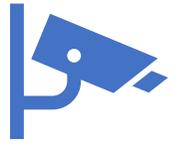
- Set expectations
  - You'll start the visit alone, Secure Chat when you're ready for me to join you
  - Once I join: review your findings on screen. I'll add details/confirm findings as needed, and then verbally hand the encounter back so you can summarize next steps for the patient
  - I won't be on the video link until you get me, both of us will keep our mics & cameras on during shared portion of visit
- Get a commitment & probe for reasoning
  - Are the incisions healing appropriately? How did you determine this? Did you ask for a photo if video quality was borderline?
- Teach a general rule
  - Review signs/symptoms that would warrant urgent in-person evaluation
- Reinforce clinical knowledge, guide telehealth skills
  - "Great step-wise discussion of pain management." "Consider focusing your eyes on the camera lens rather than the patient's on-screen face to build a great patient/provider relationship."
- Encourage reflection
  - How might you use telehealth after graduation?

# Summary

- Virtual care will be a part of our learners' future practice – we have an obligation to teach it.
- Learners often have more experience with digital relationships than faculty – we have an opportunity to learn from them.
- Use in-person precepting knowledge & experience as the foundation for virtual precepting.
- Discuss roles & responsibilities with learners, communicate them to patients
- Focus feedback on which patients are appropriate for telehealth, virtual presence & exam skills

*We're all learning in the virtual space so you can't go wrong!*





# Video Encounter Pearls to Share with Learners

- Verify 2 patient identifiers & consent
- Introduce everyone on both ends, esp. if off-camera
- Keep your camera & mic on when interacting with a patient
- Make eye contact with your camera
- Ask about something you see in the patient's background to quickly establish rapport
- Verbalize when you want someone to leave or rejoin the room, wait for it to be done
- Ask patient to show you their home to get a sense of social determinants of health, but avoid unnecessary intrusiveness
- Address disruptions same as for in-person care
- If glare: ask them to close blinds, change camera angle or move a lamp
- If background noise or activity: explain that it's distracting you, ask them to stop or close door
- Split hx & exam into distinct parts since you'll talk through the exam
- Ask to see med bottle labels during in-home telehealth visits if patient can't recall med names or doses
- Direct patient to move camera for close up/wide view
- Verbalize what you think you're seeing
- HIPAA-compliant workspace with uncluttered background, check your self-view