



COVID Corner

Association of Surgical Education, Surgery Clerkship Directors Committee Resources

Telehealth and the Integration of Medical Students in this Learning Environment

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The way that we interact with patients in the outpatient setting has completely been upended by the social distancing required by this new viral world reality. Telehealth has been with us since 1924 but has been mostly reserved for those who live long distances from their providers or remote from more populated areas with medical resources. Largely championed by primary care physicians due to the mismatch of the numbers of physicians to patients that is growing worldwide and in the United States.¹ The technology and techniques began in the telephonic era and has become video enhanced. The electronic medical record platforms have incorporated the wireless internet nature of mobile phones with the ability for providers to communicate synchronously and asynchronously with the patient.²

Telehealth has become a big factor in delivering health care across the globe.³ Given its use [during this pandemic], the engagement of medical students in this realm seems not only highly beneficial to students themselves, but also to patients in need of care.⁴ There are a myriad of ways to utilize the various platforms and combination of platforms along with having the students with the team in socially distanced manner or remotely. The principles of preparing for and planning an educational encounter are arguably more important to apply to the use of telehealth for outpatient encounters. Defining the overall goal of a patient encounter and various objectives with a medical student new to your clinic is always prudent. When reviewing the list of patients for the day with the medical students, resident, and fellows assignments should be based on the most appropriate patient in the context of these learning objectives.

If telehealth visits are being done in social distinct rooms for each student and provider, then one suggested method from family medicine in Stanford is below.

| Timing | Task |
|--------------|--|
| Pre-clinic | Attending: Pre-round/huddle with learner and medical assistant (share electronic medical record template, review workflow including obtaining patient consent for learner) |
| Clinic visit | Learner logs into video visit and takes patient history |
| | Learner 'mutes' patient and reviews case with attending |
| | Learner and attending join video visit together with patient Learner summarizes history in the presence of patient and leads patient through provider-directed physical examination Management plan discussed with patient |
| | Patient receives After-Visit Summary and follow-up recommendations |



COVID Corner

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| Post-visit | Learner completes documentation in the electronic medical record |
| | Attending debriefs on clinical case including physical examination, medical decision making and interpersonal communication |

Adapted from a presentation routinely given at Stanford by Rika Bajra, MD and Tracy Rydel, MD. Population Health and Primary Care Stanford School of Medicine. Permission given to replicate.

The telehealth visit requires meaning preparation for the learner and actually everyone who takes part in facilitating a patient encounter using technology. Many of the lessons that we have learned in conducting video conferencing also apply to video conferencing with patients. One of the main challenges is to establish a humanistic encounter. Only with an easy patient rapport, is one to discern the symptoms and signs that contribute to identifying the clinical problem that resulted in the visit and be able to suggest meaningful steps to relieve or resolve them.

Setting the stage for the visit by thoughtful preparation in reviewing the patient data prior, preparing your telehealth environment to minimize distractions, and by organizing the integration of the medical student, resident, or fellow into the visit will make the patient feel the center of the encounter.⁵

Physical exams remotely require excellent communication skills and some planning. Robust pre-visit instructions should include ensuring that the patient comes to the visit ready with their weight, height, pulse, blood pressure and temperature taken by themselves or their loved ones. Often having the patients utilize the camera on their mobile devices to capture pictures relevant to their chief complaint and sending prior to the visit allow for a more focused encounter. Training in how to query the patient verbally combined with visual cues to discern a gross mental status, neurological, and musculoskeletal status takes but minutes.

The telehealth encounter utilized in an overall clerkship plan can also be helpful in achieving LCME milestones for the medical student. Required observations of clinical encounters (H&Ps) can easily be accomplished via a structured telehealth encounter. Patient experience logs can also be achieved by ensuring that visit objectives align with log categories. A series of telehealth encounters in one day with one preceptor will allow for a brief learner feedback session that can be captured toward mid-rotation feedback and end of clerkship evaluations for grading.

The pandemic has accelerated our use of a platform that had already been created, used, and vetted to be a reliable method to care for patients remotely and now socially distanced. The principles of setting up meaningful educational times and environments are more important in the utilization of technology for patient communication. Personal connection to the patient requires a thoughtful review of the patient's documented past and diagnostic history along with clear communication, instruction, and purposeful listening. Practicing discerning medical inquiry through telehealth is an opportunity to strength the teaching of communication skills, clinical acumen and style, and a purposeful achievement of student and clerkship objectives.



COVID Corner

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