

## Notes relevant to teaching from Virtual Faculty Connection: Teaching during a Telemedicine Visit

Total faculty participating = 36

5-5-2020

### General comments:

- Patients are more relaxed, in their home environment
- Sometimes (peds) patient is not in view – need to tell parent to get child to be on screen
- Requires more “brain power” re: communication skills/making patients comfortable - skills that seem to come more naturally in office
  - o Exam is limited due to time constraints: Have an “exact” amount of time
  - o Technology can be difficult for patients- Adds to limited time issue

### Teaching challenges:

#### 1. Office set-up:

- o Some offices use separate Zoom link (meeting) for each patient encounter. This limits seeing patients to one at a time from start to end. Faculty cannot jump back & forth between rooms, or switch with trainee. Faculty reported “non-stop talking” (first with patient, then with student). Learners end up observing, not doing anything. Faculty feel they can either can debrief w/learners or can write notes, not both, so notes win and some have stopped having learners present.
- o Some offices use one Zoom link (meeting) for a clinic “session.” Patients are held in the Zoom “waiting room” until called into the actual meeting to be w/Dr. X. CNMC uses the clinic “session” but also uses breakout rooms for learners to go into a separate room with patient. The learners can do more—take history, talk with patient, start notes, etc. Faculty can also use break out rooms to give students feedback.
- o Some offices are using medical assistant to call before session (phone) to get background, basic info, start notes. Others find that the need to do that during the 20 min visit eats up another 5 minutes of their time.

#### 2. Records access:

- o GWUH – students don’t have remote access to records.
- o MFA and CNMC – students can view records and/or start notes

#### 3. Suggestions for teaching students:

- a. Students and faculty need to have clear expectations about what is to happen during telemed---Faculty specifically want to know what students are being told.
- b. Experienced telemed educators suggested:
  - i. Telling students to look professional—wear lab coats
  - ii. Have the students look at the patient history ahead of time; identify what they want to learn from the case (for all cases or some the attending selects)

- iii. Have the students (who are tech savvy) help the patients/family with tech issues
- iv. Share the EMR with the students
- v. Have student do a follow-up after session
- vi. Don't ignore assessment. A suggested resource: SCOOP ([structured clinical observation of preceptor](#)) – students are told to observe for specific things  
[Slide show explanation](#)

**4. Suggestions for teaching fellows:**

- a. Fellow does entire visit
- b. Attending introduces, explains structure of visit
- c. Fellow does visit
- d. Some: Attending turns off video/mutes so that focus is between Fellow/patient
- e. Some: Attending sends text/instant message to fellow to prompt other questions
- f. Send patient back to waiting room so attending and discuss plan
- g. Bring patient back from waiting room, Fellow describes plan