Clinical Teaching of Students During Telemedicine Visits

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Teaching using telemedicine is very similar to teaching in the clinic. Continue using the same principles of feedback, teaching, and assessment you’ve always used.

Students only need to see 3-5 patients per day to have quality learning. Students can prepare, perform the visit, and write the note for each visit, including the assessment and plan.

Teaching Scenarios at a Glance
1. Just before the visit, talk to the student by phone or video about how the visit will go. You can choose to conduct the visit in one of these ways:
   a. Be on the visit the whole time, but allow the student to take the history, do the physical exam, and then present the problems/assessment/plan. While the student takes the history, be the scribe. Write the note and input orders during the visit.
   b. Join the telemedicine visit when the student is done with the history and ask the student to do the needed physical exam and present the problems/assessment/plan in front of the patient, letting the patient know that you encourage them to let you know if there’s anything that they’d like to add or clarify.
   c. Have the student observe you initially to learn how telemedicine visits go so they can be ready for the next telemedicine visit. If the student is observing, they can write the note.
2. After the visit, ask the student to finish the note in the EMR (if needed). CMS rules allows the student work to be used for EMR documentation as long as you review, sign, and date the entry.
3. After the visit, debrief with the student by asking, “What stood out? What did you do well? Where can you improve?” If you have patients waiting, do this at the end of the day.

Teaching Scenario Details:
1. You are observing the student via video while you’re writing the note
   Generally, this is done when working with a 3rd or 4th year student for the first time so that you can assess their skills.
   a. Before the visit (this is the student and faculty)
      i. Student needs access to EMR beforehand in order to prepare for the visit.
      ii. Start off with the student and faculty on the same medium (Doximity/Zoom/etc)
         a. If the student is off-site, this is a good time to prep the student for the visit
         b. Let the student know how the visit will go – are you observing and scribing OR are you leaving and then returning after the history has been obtained?
         c. Add the patient after you have prepared with the student.
   b. During the visit (this is the student, patient, and faculty)
      a. Introduce the patient to the learner and advise the patient that you will take yourself off video for the first part of the visit to allow the learner to lead the discussion, but will stay on to observe.
      b. Obtain the patient’s consent for the telemedicine visit.
c. During the visit, you can communicate privately with the student in the software’s chat box (for instance, to guide the student in what to ask while obtaining the history or while creating the management plan).

d. When ready to rejoin the visit, start your video and rejoin.

e. Ask the student to present each item from the visit (problem list) and the assessment and plan.
   i. For example: “Number 1 is DM. The latest A1C is 7.9, so just a little high. Ms. A wants to keep her current medication but increase her exercise. We also discussed a dietician consult and repeat A1C in 3 months.”

f. The student provides patient education with your guidance, and the patient, faculty, and student come to agreement on a plan of care.

3. After the visit (student and faculty)
   a. The student writes any of the note that you didn’t finish, especially the assessment and plan.
   b. Debrief by asking the student, “What stood out? What did you do well? Where can you improve?” If you have patients waiting, debriefing can be done at the end of the day.

2. The student is obtaining the history and you join the visit following that

Generally, this is done when you feel the student can obtain the history and perform the physical exam without you needing to directly observe the interaction with the patient.

1. Before the visit (this is just the student and faculty)
   a. Student needs access to EMR beforehand in order to prepare for the visit.
   b. Start off with the student and faculty on the same medium (Doximity/Zoom/etc)
      i. If the student is off-site, this is a good time to prep the student for the visit.
      ii. Let the student know how the visit will go – are you observing and scribing OR are you leaving the student to take the history and perform the physical exam and then returning?
      iii. Add the patient after you have prepared with the student. Start the visit and then turn it over to the student OR allow the student to start the visit.

2. During the visit (this is the student and patient; you are on for just a moment)
   a. Introduce the patient to the learner and advise the patient that you will take yourself off video and audio.
   b. Obtain the patient’s consent for the telemedicine visit.
   c. Let the patient know you are stepping away and will return shortly.
   d. Leave so the student can obtain the history (leaving means: turn off your volume, stop video, and mute yourself)

3. During the visit (this is the student, faculty, and patient)
   a. Re-join the visit
   b. Let the patient know that the student is going to tell you about the patient’s concerns and that if you and the student aren’t getting it right or if the patient wants to add or clarify anything, to please do so.
   c. Ask the student to present each item from the visit (problem list) and the assessment and plan.
      i. For example: “Number 1 is DM. The latest A1C is 7.9, so just a little high. Ms. A wants to keep her current medication but increase her exercise. We also discussed a dietician consult and repeat A1C in 3 months.”
d. The student provides patient education with your guidance and the patient, faculty, and student come to agreement on a plan of care.

4. After the visit (student and faculty)
   a. The student writes the note.
   b. Debrief by asking the student, “What stood out? What did you think you did well? Where can you improve?” If you have patients waiting, debriefing can be done at the end of the day.

3. You are performing the visit and the student is observing
Have the student observe you initially to learn how telemedicine visits go so they can be ready for the next telemedicine visit. If the student is observing, they can write the note. You may choose this option if you are just starting to work with a student or if a patient doesn’t feel they want the student to lead the visit.

   1. Before the visit (this is just the student and faculty)
      a. Student needs access to EMR beforehand in order to prepare for the visit.
      b. You might ask the student to take notes or to actually write the note in the EMR during the patient interaction.
      c. Start off with the student and faculty on the same medium (Doximity/Zoom/etc) first
         i. If the student is off-site, this is a good time to prep the student for the visit.
         ii. Let the student know how the visit will go.
         iii. Add the patient after you have prepared with the student and start the visit.

   2. During the Visit (this is the student, faculty, and patient)
      a. Introduce the patient to the student and advise the patient that the student is going to observe the visit, with their permission.
      b. Obtain the patient’s consent for the telemedicine visit.
      c. Perform the visit.
      d. Ask questions of the student that naturally come up. For instance, if the patient asks how a medicine works or if there are options for stopping smoking. This allows the student to be engaged.
      e. Have the student take notes or write the note in the EMR.

   3. After the visit (student and faculty)
      a. The student writes the note.
      b. Debrief by asking the student, “What stood out? What did you do well? Where can you improve?” If you have patients waiting, debriefing can be done at the end of the day.