



## Clinical Teaching/Precepting of Residents During Telemedicine Visits

Adapted by Brett Johnson, MD from  
*Clinical Teaching of Students During Telemedicine Visits* by Suzanne Minor MD

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

### Teaching/Precepting Scenarios at a Glance

1. Many residency programs will “huddle” prior to a clinic session seeing patients. This is an opportune time to discuss with the resident and team how the visit will go. You can choose to conduct the visit in one of these ways depending on the level of the resident. Notably, first year residents may need more supervision.
  - a. Have the resident observe you initially to learn how telemedicine visits go so they can be ready for their next telemedicine visit. If the resident is observing, they can write the note. This might be a strategy for new residents who have never done a telemedicine visit.
  - b. Be on the visit the whole time, but allow the resident to take the history and do the physical exam and then present the problems/assessment/plan. This is a great time to use an evaluation tool to assess the competency of the resident to perform a telemedicine visit, which could lead to less direct supervision.
  - c. Join the telemedicine visit after the resident is done with the history and physical and presents their assessment and plan to you. This presents an opportunity for you to get feedback from the patient about the encounter.
  - d. Have the resident perform the telemedicine encounter alone and discuss the case with you. This is usually the case with a resident further along in their training.
2. For the novice resident, after the visit, debrief with the resident by asking, “What stood out? What did you do well? Where can you improve?” If patients are waiting, do this at the end of the day.

### Teaching/Precepting Scenario Details:

#### 1. The resident observes you performing a telemedicine encounter

This is generally considered “shadowing.” but it can set the tone for future telemedicine visits. The resident may have anxiety over the telemedicine encounter due to an unfamiliarity with the technological aspect, the rooming process, what to do if the visit is disconnected, HIPPA requirements, and billing. Training could include didactic sessions or simulated encounters.

#### 2. You observe the resident via video the whole encounter

Generally, this is done when working with a 1<sup>st</sup> year resident for the first time so you can assess skills.

1. Before the visit
  - a. Start off with the resident and faculty on the same medium (Doximity/Zoom/etc)
    - i. Whether the resident is on or off-site, prep or huddle for the visit.
    - ii. Include nursing or any other needed health care team members in the huddle.

- iii. Let the resident know how the visit will go – whether you will or will not be interjecting as you observe the visit.
    - iv. Discuss with the resident how to determine when the patient is ready to be contacted, and review any nurse intake notes.
  2. During the visit (this is the resident, patient, and faculty)
    - a. The resident introduces you to the patient and explains why you will be observing the visit. Having an agreed upon script for this can help with consistency among all telemedicine encounters with all faculty.
    - b. The resident obtains the patient’s consent for the telemedicine visit and follows any HIPPA requirements.
    - c. After the history and physical, you either place the patient on hold or call them back after the resident presents their assessment and plan to you. The presentation happens just as it would if a patient was physically present in the clinic.
    - d. The resident communicates the agreed upon plan to the patient with you present.
  3. After the visit (resident and faculty)
    - a. Provides feedback on the encounter to the resident.
    - b. Debrief by asking the resident, “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.
    - c. The resident completes the note for the visit with the faculty reviewing and signing, if appropriate.

### **3. You join the visit with the resident or independently after a plan is determined**

Generally, this is done for one of these reasons:

- To get feedback on the encounter from the patient
- To meet billing requirements.
- The patient asks to talk with the faculty
- To directly let the patient know the faculty participated in the encounter

### **4. You precept the visit without interacting with the patient**

This is done with residents who have shown competency with telemedicine and do not need direct supervision. This would be similar to if a patient was seen in the office and fell under the primary care exception. Supervision and documentation rules for faculty are ever-changing with the pandemic. It is wise to keep up with these changes with your billing.