Telehealth for the Resident Physician

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BACKGROUND

- Telehealth clinical, research and educational initiatives are being rapidly developed in SC
- Telehealth champions are needed to adapt technologies to meet needs of patients, providers, and communities
- Faculty leaders identified key educational topics to prepare residents for practice across a variety of care settings
- Privileging and credentialing requirements for telehealth practice are being instituted
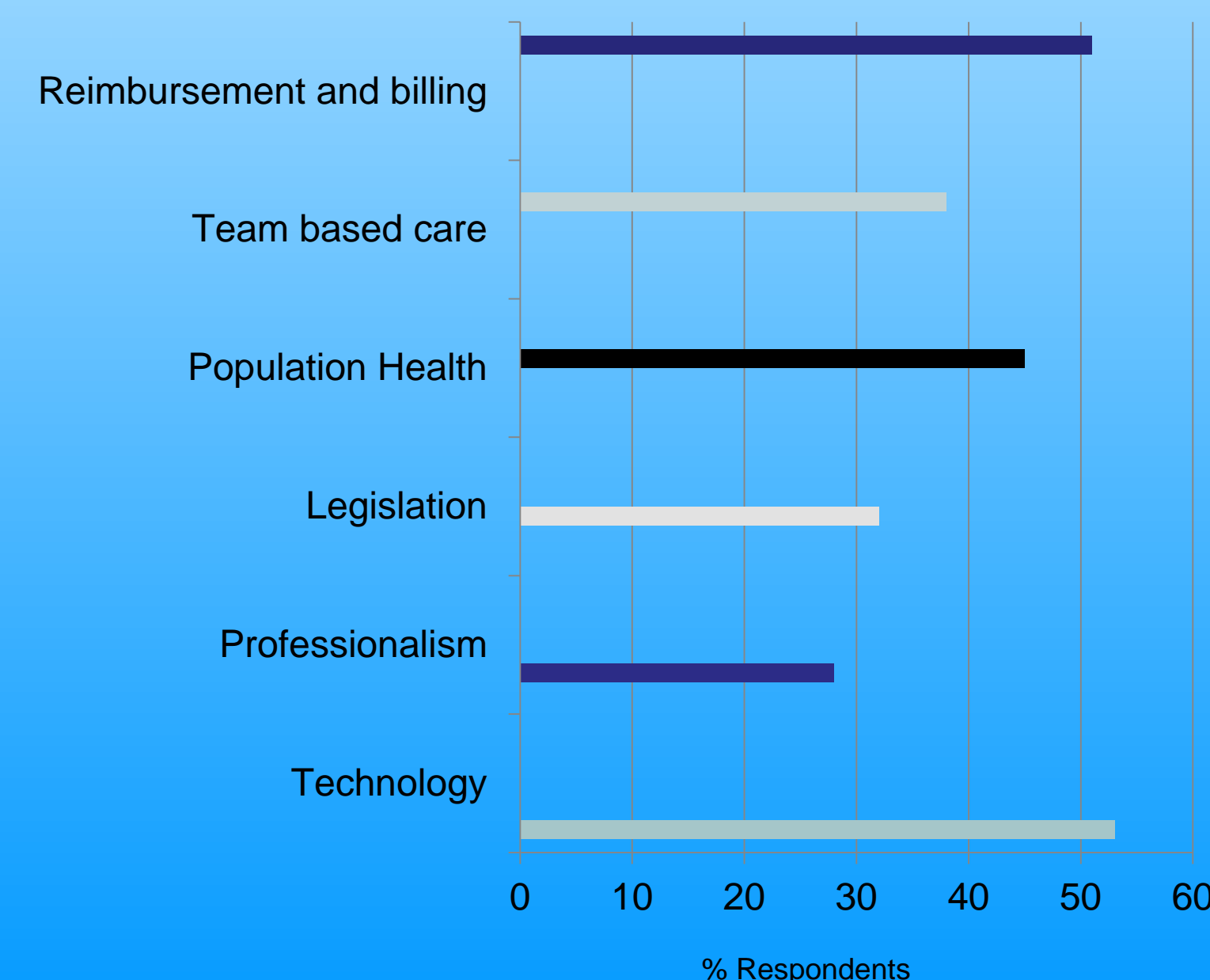
DESCRIPTION

- Online curriculum accessible throughout year
- Curriculum includes modules with targeted reading and videos
- Assessed by participation in discussion forums
- Completed during protected time during ambulatory month
- Curricular topics:
  - History & Changing Models of Care
  - Access and Population Health
  - Technology: Infrastructure and Applications
  - Legislation and Regulation
  - Team-Based Care and Community Partnerships

FIRST PHASE OF INNOVATION

CURRICULUM LEARNING OBJECTIVES

- Explain how history of telehealth has contributed to current applications of technology
- Understand how telehealth increases cost efficiency, reduces expenses, and improves access to specialists, communication among providers, and quality of care
- Demonstrate the use of 3 telehealth tools in clinical, research and educational settings

Self-perceived ability to utilize telehealth in clinical, educational or research practice

Level of Interest in Telehealth Topics
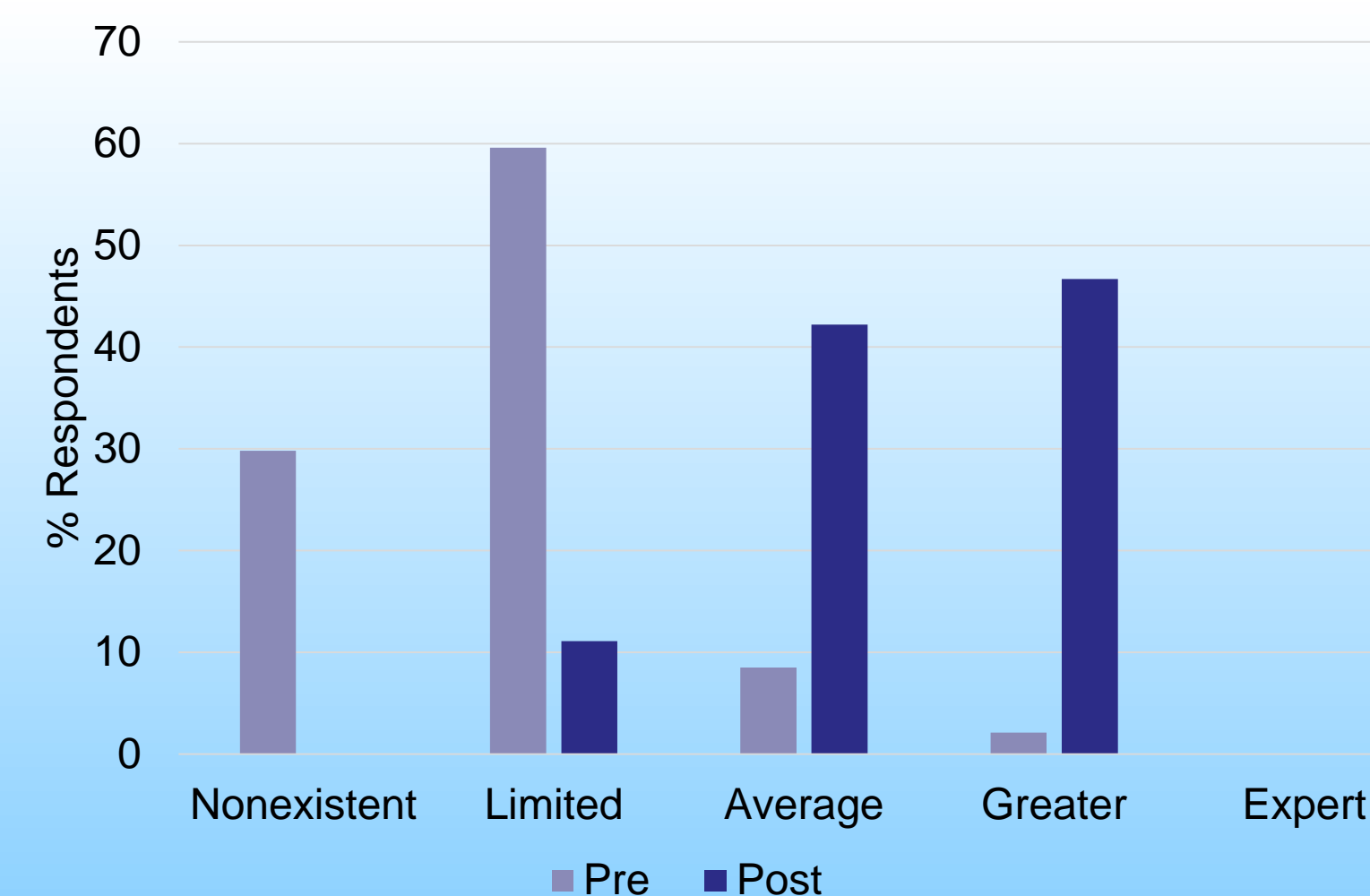
Faculty Perceptions (GIM faculty)

Importance of Telehealth education for residents:
- Essential to their future practice: 61%
- Nice to know, but not essential: 33%
- Not a current or future training priority: 6%

Current faculty engagement with telehealth:
- Daily consultations: 0
- Periodic consultations: 6%
- Familiar, not yet integrated: 33%
- Telehealth novice: 61%

REFLECTIONS

- Residents and faculty recognize value of training in telehealth
- Curriculum provides framework for future inquiry
- Both faculty and residents feel the biggest barrier to use of telehealth in practice is concern about reimbursement (70%)
- Pilot feedback included desire for hands-on experiences – expanded curriculum to include

FUTURE PLANS

- Longitudinal curriculum over 3 years
  - **First Years**: 1-hour of overview education
    - Tour of center, equipment, processes
  - **Second Years**: 4-hours online modules
  - **Third Years**: 4-hours of experiential training
    - E-visits for acute complaints
    - Tele-consults with specialist
    - Remote PCP for institutionalized patients
    - Remote patient monitoring of chronic disease
- Faculty development opportunities

REFERENCES

Carvour, M. L., Ayyar, B. K., Chien, K. S., Ramirez, N. C., & Yamamoto, H. (2016). A patient-centered approach to postgraduate trainee health and wellness: An applied review and health care delivery model. *Academic Medicine, 91*(9), 1205-1210.
Henry, B. W., Block, D. E., Ciesla, J. R., McGowan, B. A., & Vozenilek, J. A. (2017). Clinician behaviors in telehealth care delivery: a systematic review. *Advances in Health Sciences Education, 22*(4), 869-888.