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As the course co-chairs for the Foundation of Clinical Medicine course we are tasked with creating and maintaining a course for pre-clinical students teaching the fundamentals of clinical medicine. A key portion of the course involves biweekly hospital tutorial mornings where pre-clinical students complete 8 comprehensive histories and physical exams over the course of the 18-month curriculum. Students rotate through a variety of hospitals which provides exposure to a diverse patient population and a variety of medical conditions.

With the onset of COVID, medical students were removed from the clinical environment. In order to continue providing the opportunity to build their clinical skills we instituted the help of trained standardized patients (SP) to play the role of patients via telemedicine encounters. The SPs are provided a case description with comprehensive details regarding the history of present illness and comprehensive medical database. In addition, the case includes guidance on affect and mood and ways to potentially respond based on the student's manner of communication. The SPs are provided with recommendations on how to perform their physical exam findings if the student asks to perform an exam. In addition, the SPs are giving guidance on areas of student feedback. The cases topics included fatigue, gastrointestinal bleeding, headache, acute knee pain, and right lower quadrant abdominal pain.

Prior to the first session, students were provided a brief tutorial on basic telemedicine skills. The student, SP and either faculty mentor or student colleague are sent to a breakout room after receiving some brief information about the case. The observers shut down their audio and video. The students perform a history, some physical exam and discuss an assessment and plan. At the end of the 45-minute session, students receive feedback from the standardized patients and observers.

Following the telemedicine visits, the interviewing students join 3-4 of their student colleagues and college faculty mentors for a didactic session. At least one of the interviewing students performs a formal oral case presentation which is followed by specific feedback from their colleagues and mentor on their oral presentation skills. The faculty mentor guides the students through a discussion on clinical reasoning around the specific case, encourages discussion around hypothesis driven physical exam and later provides the actual exam findings for the specific patient.

Although we have not collected formal feedback of these sessions, anecdotal feedback from the students, faculty and SPs has been very positive. Students appreciate the ability to receive immediate and directed feedback from the "patient". They also have the opportunity to "rewind and replay" any part of the interaction that may have been challenging. The ability for the observers to give immediate verbal feedback and offer approaches to challenging moments is impactful. Additionally, the students are learning the skill of how to conduct telemedicine visits. As we consider how medicine may be practiced in the future, learning telemedicine skills is clearly important. Based on the success of this modification, we may consider substituting some of our hospital-based tutorials with telemedicine sessions.