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## **Rapid Adoption of Telemedicine in a Dermatology Resident Continuity Clinic**

### **What was the specific educational challenge you faced as a result of COVID-19?**

Providing a meaningful educational experience at Harborview Medical Center while rapidly implementing a virtual continuity clinic to minimize contagion risk during COVID-19 pandemic restrictions in Seattle.

### **What did you do?**

Our established continuity clinic structure prior to restrictions: 2 attendings and 4 dermatology residents working in a common workroom. Residents see 3-7 patients concurrently per session. Each completes the initial patient interview/exam, then returns to the workroom to sign out with whichever attending is available. We gather for a 30-minute pre-continuity clinic meeting to strengthen our community and discuss a variety of topics including professionalism/ethics, clinic management, clinical guidelines, etc.

Initially, we had to cancel one week of continuity clinic at the beginning of the COVID restrictions, during which we obtained telehealth privileges. In the second week, we rapidly adopted virtual patient encounters via live interactive video telemedicine using HIPAA-compliant Zoom. Because clinic schedules were cut back to allow clinics to adjust to the new work-flow, the Zoom space allowed the attending the time to directly observe the entire patient encounter led by the resident, similar to a directly-observed clinical exam (CEX). Feedback could be offered on the clinical reasoning and interaction with the patient, on what worked well with technical aspects, and from the patient regarding his/her satisfaction with the virtual encounter.

With a nimble response by UW Telehealth, each week we rapidly assimilated new features of the Epic-based Telemedicine encounter, including using Ecare/email to connect patients to Zoom, using ZipWhip to send cell phone texts to patients for links to the Zoom visit or for troubleshooting, using the enabled secure chat function within Epic as an effective way for residents to notify an available attending when they were ready for sign out, and using Doximity caller to carry out telephone encounters when internet was not available or if the patient was having Zoom connection issues. Within 3 weeks, all 4 continuity residents and both attendings were working seamlessly in this new virtual space to care for ambulatory dermatology patients. Within 4 weeks, the virtual clinic incorporated medical assistants to virtually room the telemedicine patients, allowing a smooth handoff to residents once the patient was connected, creating more time for the patient encounter and post-encounter discussion.

During virtual pre-continuity clinic meetings, also via Zoom, we discussed how to modify that day's clinic using the newest Telehealth capabilities released that week and shared interesting clinical cases. We then joined the staff huddle remotely to plan and to connect with them which helped to improve staff morale during this challenging time.

### **What did you learn?**

This is a powerful tool for medical education as well as for self and peer evaluation and feedback. It provides a unique opportunity to directly observe the entire patient encounter. By framing the feedback process as collaborative and bidirectional, where both attendings and learners provide and receive feedback about the visit, we can maximize opportunities for role modeling and skills practice in the context of a supportive relationship.

### **What feedback (if any) did you receive from your learners about what you tried?**

Resident clinic experience had essentially come to a halt during the first weeks of the COVID19 surge in Seattle. Residents were essential in our rapid and effective adoption of telehealth. Their

willingness to try new technologies, and their response to feedback made upscaling our virtual clinics much more efficient. Residents were uniformly grateful to contribute to an alternative to in-person patient care during a time when information regarding personal risk was not well known. One resident's experience prompted the following comments: "Robust and effective telemedicine was a HUGE SUCCESS this month in light of COVID-19. This clinical site was the first to adopt, adapt, and implement telemedicine with excellent resident engagement throughout the month. BIG applause for that." Another adds, "We appreciated the willingness of the attendings and staff to 'Just Do It' and start doing telemedicine visits despite continuous updates and changes. This opportunity has given us residents real-life training in adaptability and novel use of technologies."

**What changes, if any, will you incorporate into your teaching approaches in the years ahead as a result of what you did?**

We were proud of our achievement as a learning community to rapidly incorporate technologies that were new to us in providing excellent patient care and continuing resident education. Clearly, Dermatology is a multi-sensory discipline that depends on in-person interaction to properly evaluate the skin and for procedural treatment so telemedicine is not a replacement. However, for particular dermatologic conditions, we will continue to use telemedicine to improve access in our high-demand specialty and take advantage of its multifaceted benefits in clinical education