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## **Telemedicine Workplace Learning Selective Curriculum**

### **Problem**

Telemedicine is a growing aspect of health care delivery in the United States (US) with use in over 60% of healthcare institutions prior to COVID-19. Since the COVID-19 pandemic started, increased reliance on telemedicine has resulted in fundamental changes to reimbursement which will undoubtedly change the landscape in the future. However, no published literature exists in the US on telemedicine in graduate medical education.

### **Approach**

Using Kern's approach, a multi-disciplinary telemedicine curriculum was developed at the Boise Veterans Affairs Medical Center (VAMC) between July 2019 and May 2020. This week-long ambulatory elective included trainees from the University of Washington Boise Internal Medicine Residency and the Nurse Practitioner Residency. The clinical experience involved patients via rural Clinic Video Telehealth (CVT), an Accessing Telehealth through Local Area Stations (ATLAS) in a highly rural location and to a patient's home or mobile using VA Video Connect (VVC).

**Learning objectives** were to 1. identify appropriate selection of patients for telemedicine, 2. Conduct a primary care visit via telemedicine, 3. Employ skills unique to telemedicine during care of the patient, and 4. Provide interprofessional team-based care.

Residents received training with self-directed online modules, an interprofessional case conference, virtual simulations and a pre-clinic didactic. Trainees received real-time feedback with observation of the patient encounter using a telemedicine-based competency checklist. A total of 17 trainees rotated, including 14 internal medicine residents (3 Post-Graduate Year (PGY) 3, 5 PGY2, 6 PGY1) and 3 nurse practitioner residents (all PGY1).

### **Evaluation**

Qualitative evaluation of the telemedicine curriculum was completed via post-rotation survey that assessed self-rated skills in telemedicine and applicability to future practice. The program evaluation included tracking the numbers of the trainee's telemedicine unique visits during and after the rotation. Telephone visits were not tracked.

### **Outcomes**

Trainees completed a total of 23 telemedicine visits. Of these, 23 were completed in a clinic-to-clinic setting and 10 were completed in a clinic-to-home setting. Of the clinic-to-home visits, 6 were completed during the rotation and 4 were completed after the rotation. All trainees completed clinic-to-clinic telemedicine visits, but only half completed clinic-to-home telemedicine visits. Comments from trainees ranged from "rural care is really hard" and "wish I had this rotation earlier" to "I will consider primary care now" and "the rotation has a lot of information and the pace is very appropriate to internalize it and build on it." The survey showed trainees self- survey self-rating skills % and usefulness of telehealth skills %. Limitations to full participation by trainees included technology related issues in continued access to telemedicine software and changes to practice protocols due to COVID-19.

**Next Steps**

Based on the success of the primary care telemedicine curriculum, a telemedicine project featuring group visits for diabetes education was developed and provides further opportunity for study. Acknowledging the foundational nature of VA telemedicine in primary care, future areas of study will be integration of telemedicine into other settings – including non-VA primary care settings and subspecialty practice.