Educating for the Future: Integrating Telehealth into Health Professions Education

Graduate Medical Education

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ACGME Standards and Milestones

- No mention of telemedicine or telehealth in ACGME residency standards

- No mention of telemedicine or telehealth in Milestones

- Clinical Informatics fellowship standards includes "remote systems/telemedicine" as one of thirteen focus areas for "educational assignments"

ACGME RRC FAQs

- Two mentions of telemedicine/telehealth
  - Family Medicine RRC: "It is the responsibility of the program and institution to ensure that in situations where the faculty is precepting via telemedicine (resident has the face-to-face encounter with patient), there is either direct or indirect supervision available to the resident as needed."
  - Hospice and Palliative Medicine RRC: "The Committee will allow for some flexibility in interpretation of the wording, "across settings." For example, telemedicine or other forms of technology may be accepted with respect to patient follow-up. "

ECU Survey Results
ED, Surg, Psych, IM, Peds, Fam Med Residencies

- In only 1 of 6 programs do residents engage in patient care using telemedicine/telehealth
- Telemedicine/telehealth was part of another rotation (not a "stand alone")
- Residents participated at the "central site"
- Competency was not evaluated
- Technical considerations were not covered
- Billing and contracting was not covered
- The program director felt that training in telemedicine/telehealth was "moderately important"

ECU Telemedicine Center GME

- Formal 1 month elective rotation since 2004
- Participation in consultation at both central and remote sites
- Involved with engineers maintaining equipment
- Small group discussions on, technical considerations, home health, billing and contracting for telemedicine services, web applications, telepathology, real time and store and forward consultation, patient access and patient satisfaction, telemedicine research opportunities, future trends

At the completion of the rotation, the resident will be able to:

- Explain connectivity, bandwidth, and technical considerations and limitations of telemedicine
- Conduct a clinical consultation in his/her specialty area from central and remote sites
- Explain reimbursement methods
- Describe the different ways that telemedicine can be used to provide clinical services
- Make a presentation at a Telemedicine Center Grand Rounds

Sunderji N et al: Telepsychiatry in Graduate Medical Education: A Narrative Review. Acad Psychiatry (2015) 39:55-62

- The literature on graduate training in telepsychiatry is sparse, heterogeneous, and primarily descriptive.

- Even brief learning experiences may increase the likelihood that residents will incorporate telepsychiatry into their future practice.

- Training should address competencies that are (1) technical, (2)collaborative/interprofessional, and (3) administrative.

- A more evidence-based approach to telepsychiatry training is needed, including an assessment of residents' learning needs, use of multiple learning modalities, and evaluations of educational curricula.

Table 4 Pedagogical approaches used in graduate training in telepsychiatry

Rotation structure
- Training may be elective or mandatory
- Intensity and duration of training experience vary

Modes of supervision and teaching
- Faculty supervisors directly observe residents providing clinical care
- Faculty supervisors provide individual supervision and/or group supervision

Orientation to videoconferencing technology
- Hands on orientation to equipment
- Video-recorded demonstration of telepsychiatric consultation

Service-based learning
- Provision of clinical care
- Observation of clinical care
- Combination with one or more face-to-face outreach visits

Didactic teaching
- Clinical exposure is accompanied by a didactic curriculum
- Stand-alone didactic curriculum
- Problem-based/case-based learning
- Technology-enabled learning: simulated telepsychiatric consultation, web-based modules, remote internet applications, satellite broadcasts, teleconferenced journal clubs

Other
- Multilevel training (i.e., includes medical students and/or staff psychiatrists)
- Conferences
- Mentorship
- Fellowships

Take home points

- One month rotations end up being two week rotations after the resident takes vacation and/or goes on interviews
- Telemedicine/Telehealth training and evaluation is overall not viewed as critical to GME at the present time
- This will change as specialties like psychiatry discover how telemedicine/telehealth can improve access to care