The COVID-19 pandemic has thrust telehealth to the forefront of patient care. Front-line physicians might be most immediately affected by this seismic shift in the art and science of medicine, but medical school faculty and their students aren’t far behind.

“The lack of training and experience for those new to telehealth is matched by a similar lack of preparedness to make the transition from face-to-face precepting to precepting in telehealth settings,” according to the authors of the “AMA Telehealth Clinical Education Playbook,” a new educator-directed guide focused on embedding educational interactions within a telehealth patient encounter. Download the playbook now.

“While it may be tempting to long for a ‘return to normal’ in providing patient care and education, the reality is that, like telehealth, teleprecepting is the new normal (or at least a significant part of the new normal),” the authors wrote.

Everyone needs to know these

During the telehealth patient encounter, the goal should be to “replicate an in-person clinical encounter as closely as possible, and strategies for incorporating learners into the visit should be the same” as for in-person encounters, wrote the authors, who were all drawn from member schools of the AMA Accelerating Change in Medical Education Consortium.

“This includes clear explanation to the patient of the roles of each team member, learner and preceptor. The experiences should be richer than a simple video call.” Learners should be incorporated into the visit using modified strategies that take advantage of telehealth and minimize barriers to education.
Supporting telehealth is an essential component of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

The authors identified these 12 keys to creating a high-quality telehealth encounter:

- Eliminate actions that can distract viewers. These include eating, drinking, being on the phone and looking around.
- Make sure your space is private. Look for a place where you can close the door and be free from external noise.
- Look into the camera. This simulates eye contact. Positioning your view of the patient close to your camera can help.
- Project your voice. In other words, imagine speaking “through” the microphone.
- Sit up straight. Just as you would in person.
- Make sure you have good lighting. Also consider using a background to mimic an exam room.
- Dress professionally. Again, as if you were in clinic.
- “Frame the shot.” Put yourself in the center of the frame.
- If you are doing the encounter by phone, place the phone on a stable surface. Noise from holding it in your hand can be distracting for the listener.
- Create a clinical experience, not just a video call. This includes seamless communication between team members, learners and preceptors.
- Pause before responding to each person’s comment or question. Delays can occur with voice and video transmission, giving participants the impression of being interrupted. This is increasingly important when three or more locations are involved.
- Follow best practices and relevant laws. These include credentialing, licensing and HIPAA.

Learn more about how physicians can improve their telehealth technique.

Follow up with feedback
“Consider providing the patient with opportunities to provide feedback to team members and learners as well,” the authors wrote, adding that this can be done informally at the end of the encounter with questions like, “Do you think our medical student did well today?”

You might also use a more structured feedback format, such as a post-visit survey.

“Similarly, learners should be afforded the same opportunities to share their impressions of the telehealth encounter and thus become incorporated into a collaborative process of ongoing improvement,” the authors added.

Read more about why telehealth is here for good—in practice, and in medical education.