

UNIVERSITY OF NEW HAMPSHIRE

Quickstart Guide to Teleprecepting

AN INTERDISCIPLINARY GUIDE FOR
CONDUCTING SUCCESSFUL
TELEPRECEPTING PATIENT VISITS

Partners

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Thank you

Thank you for precepting a UNH student. We recognize that these are extraordinary times, and healthcare practice has had an unanticipated paradigm shift presenting unique learning opportunities in clinical practice and public health.

We greatly appreciate your support and commitment to precepting as we all adjust to these new healthcare systems.

We hope the following materials will assist you in providing excellent clinical guidance and supervision in the practice of telehealth.

What is telehealth?

Telehealth is a format of providing patient care while the patient and provider are in different locations. This service may be used for acute visits, follow-up care, behavioral health, substance use disorder treatment, medication adjustments, and for guidance relating to medical concerns.

What is teleprecepting?

Teleprecepting is the practice of telehealth combined with clinical precepting of an advanced practice nursing or medical trainee who participates in the patient care, either through telehealth or co-locating with the provider and/or patient.

Source: Johnson (2020)

Why teleprecept?

Providing care via telehealth offers a distinct opportunity to pay attention to nuances in communication. As a provider, you focus on your patients' body language, eye contact, speech patterns, and surrounding environment. You whet your history-gathering skills and active listening skills. Teleprecepting exposes students, with you as their guide, to the critical role that communication plays in both developing a therapeutic relationship and gathering appropriate diagnostic information.

Teleprecepting grants us the opportunity to continue to lead the next generation of providers in caring for patients across the care continuum. Regardless of whether telehealth is being used as an emergency stopgap or will become a tool for ongoing practice, we must not delay in leading the next generation of providers and incorporating students into the care continuum.

Preceptors report satisfaction with teleprecepting

"Teleprecepting is a great way to engage students in building rapport with patients. It encourages students to connect with patients through effective communication, empathy and history-taking."

- **Elizabeth Harrison**, UNH Nursing



Students report benefits from learning with telehealth



"Throughout these experiences, I felt that I was gaining exposure to a vital part of the future of primary care, and I am grateful to have been able to learn alongside preceptors."

- **Sarah Whalen**, UNH NP student

Preparing your student for a clinical site

1. Review clinical site student orientation, including EHR, HIPAA, and standards for patient safety and emergencies
2. Identify co-location procedures
 - a. student and preceptor co-located in-person, patient remote
 - b. student remote, preceptor and patient in-person
 - c. preceptor remote, student and patient in-person
 - d. student, preceptor, and patient remote in separate or same locations
3. Discuss process for patient permission, documentation, and consultation
4. Review preceptor expectations regarding telehealth etiquette, setting, lighting, and attire
5. Review Old Dominion telehealth etiquette video

Source: Wamesly & Sullivan (2020)

Active teleprecepting

1. Start day with 10 minute student/preceptor huddle

- This allows the student to learn what to expect and creates organization and a plan for the day
- Review patient schedule and agree on patients the student will see
- Discuss time expectations and constraints
- Make a plan for the day's workflow

2. Have student observe a patient visit

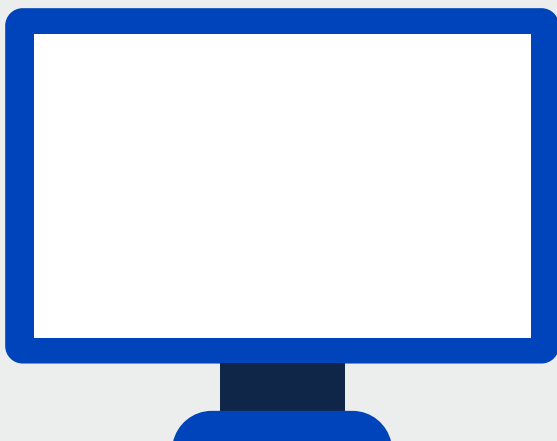
- To understand the preceptor's approach and techniques
- To learn how to ask for permission to see the patient
- To learn appropriate introductions

3. Provider begins seeing patients while student reviews and prepares for their patient cases

Source: Wamesly & Sullivan (2020)

Troubleshooting a virtual visit

- If patient is not on video visit, call the patient over the phone to troubleshoot
- If patient is lacking the information about how to join the visit, text, call or use patient portal to send patient the meeting ID or hyperlink
- If there are audio issues while on video, continue video and contact patient by phone for audio
- If patient is still having video connection issues, consider a phone visit
- If internet is unstable, convert to telephone visit



Source: Wamesly & Sullivan (2020)

Example: conducting a virtual visit

1. Patient logs into virtual platform (e.g. Zoom) to join the visit
2. Student conducts the visit
3. Student contacts the preceptor to join the visit
4. Student presents to preceptor either with patient present or places patient in waiting room while case is discussed
5. Preceptor and student wrap up the visit together with patient
6. Student completes note
7. Student reviews post-visit diagnostics and calls patient as appropriate

[Click here for a video from UCSF about how to use Zoom to teleprecept.](#)



Source: Wamesly & Sullivan (2020)

Telehealth essentials

- Greet patient and introduce all persons in each room
- Review chart. Review HIPAA and obtain consents
- Acknowledge that there may be technical delays, and make a plan with the patient to ensure contact
- Explain the organization, expectations, timing of the visit, and what is happening at each step
- Dress professionally
- Have a clear, organized and professional workspace
- Sit squarely in camera frame
- Eliminate visible personal items
- Take your time, speak slowly, and allow 5-10 seconds for patient to comprehend
- Avoid background noise; close windows and doors
- Silence your phone
- Use signage on door “Visit in process. Do not enter” to prevent persons entering or interrupting patient time

Source: Bear & Guston (2019)

Telehealth etiquette

While teleprecepting, there are techniques you can utilize to show the patient empathy through the screen.



- Lean into the camera and make eye contact by looking directly at the camera lens; this shows interest
- Nod and tilt your head along with verbal feedback to show support and active listening
- Smile, uncross arms, shoulders back & relaxed, head up
- Be aware of your non-verbal signals: sighing, eye rolling
- Limit movement and fidgeting while on camera
- Food free, gum free zone
- Tell your patient that when you look at the screen, you are looking at their chart to gather information
- **Remember to smile and laugh; this is a learning curve for most and it is okay to bond over that**

Telehealth checklist

- Greet patient and introduce all persons in each room
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Common telemedicine platforms*

Regardless of the platform your practice uses, UNH will work with you to onboard your student and assist you with your teleprecepting activities.

Doxy.me

- HIPAA compliant
- Allows for several people in one visit
- Send visit invitation and confirmation
- Live chat text messaging
- Shows the patient queue
- Patient “waiting” room

Epic/Zoom

- HIPAA compliant
- Create visits
- Send invitations
- Record sessions
- MyChart (a secure patient portal)
- Accommodates several people during one visit
- Shared screen allows for consults during the visit
- Shared screen can show patients their labs/results/charts
- 256 AES encryption
- Integrates with Epic

Student documentation

It is important to familiarize yourself and your team with current guidelines for students and preceptors.

As of January 1, 2020, Centers for Medicare and Medicaid Services (CMS) has adjusted the medical record documentation policy so that physicians, PAs, NPs, and others can sign and date chart notes made by other medical professionals.



Source: CMS (2019)

Resources

Videos on telehealth

Telehealth Etiquette
(Old Dominion)

Using Zoom to
teleprecept (UCSF)

Preceptor modules

UNH and AHEC Preceptor Development:
Learner Engagement in Community Rotations

UNH and AHEC Preceptor Development:
Setting Expectations

UNH and AHEC Preceptor
Development: Effective Preceptor

References

1. Telehealth Services - HIPAA Compliant | Doxy.me. Doxy. Published 2020. Accessed September 28, 2020. <https://doxy.me/features>
2. Johnson, D. Tips for Transitioning from In Person Precepting to Teleprecepting [Video file]. <https://ucsf.app.box.com/s/3uj04ysikkjm11h2gjk26p880idijzjq>
3. Loera JA, Kuo Y-F, Rahr RR. Telehealth Distance Mentoring of Students. *Telemedicine and e-Health*. 2007;13(1):45-50. doi:10.1089/tmj.2006.0019
4. Bear, A., Gustin, T. Telehealth Etiquette: Introduction. [Video file]. Old Dominion University; 2019. <https://www.youtube.com/watch?v=pO3MZb4cCBw&list=PLM0VF0yZsE6f6737BT0QdUp7iC9BMINyC&index=2&t=0s>
5. Rutledge CM, Kott K, Schweickert PA, Poston R, Fowler C, Haney TS. Telehealth and eHealth in nurse practitioner training: current perspectives. *Adv Med Educ Pract*. 2017;8:399-409. doi:10.2147/AMEP.S116071
6. Rutledge C, Pitts C, Poston R, Schweickert P. *NONPF Supports Telehealth in Nurse Practitioner Education: Introduction.*; 2018:5. https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/2018_Slate/Telehealth_Paper_2018.pdf
7. Rutledge, C. Teleprecepting Implementation Checklist. University of California, San Francisco. <https://ucsf.app.box.com/s/ra6dem4nb3ga30mqnlp0d57uzdd16c0k>
8. Finalized Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2020 | CMS. Published November 1, 2019. Accessed September 28, 2020. <https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar>
9. Wamsley M, Sullivan J. Remote Precepting of Students. Presented at the: 2020. https://aamc-icollab.global.ssl.fastly.net/production/media/filer_public/aa/43/aa437f6c-6652-4401-8e69-faa6afd64158/remote_student_precepting.pdf

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