

**Dear Colleagues,**

I hope this letter finds you and your loved ones healthy and well. The past few weeks have been immensely turbulent. However, the response of our healthcare system to the COVID-19 crisis has been extraordinary. These are unprecedented times for healthcare workers and the PLU School of Nursing DNP program faculty recognize the unique role you play in keeping your patients well. We see colleagues taking on new and taxing roles within the healthcare system and we celebrate our educators rapidly transitioning towards telehealth and other forms of remote clinical management.

We appreciate the pressing need for this rapid paradigm shift. As we adjust to these new systems, our learners struggle with gaining sufficient clinical experience. This imperils our learners' ability to graduate on time and transition to be critically needed personnel in our healthcare workforce

As the clinical situation allows, we encourage preceptors and organizations to continue educating and incorporating learners to your changing clinical practices. We share a commitment to clinical education, excellence, and development. We also know that this crisis presents unique learning opportunities around telemedicine and public health.

Over the coming weeks, we hope to partner with you and your organization to develop opportunities and operationalize tele-precepting. We are committed to supporting preceptors through a hands-on, individualized approach, and by connecting preceptors to resources and best practices.

Thank you again for your support of advanced practice nursing education and considering flexibility in the way that you incorporate learners into new as well as existing work-flows. These learners are our work force of tomorrow.

Sincerely,

Please contact one of the following faculty clinical placement coordinators if you are interested in incorporating a student into tele-health in your clinical practice.

# Teleprecepting Implementation Check List

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## Prior to offering teleprecepting:

- Complete *Telehealth Implementation Check List* and implement telehealth
- Ensure preceptor/clinician competency with use of telehealth for patient care

## Prior to first day of teleprecepting:

- On-board learner per agency requirements including EHR and HIPAA training
- Learner (and ideally preceptor) will review Telehealth Practice Guidelines and etiquette training video based upon clinical practice setting
  - [ATA/APA, CMS, SAMHSA](#) or [Telehealth Resource Center guidelines](#)
  - [Old Dominion University Telehealth Training](#)
- Schedule initial meeting with learner to review
  - clinical site orientation content,
  - clinical site telehealth platform, access, security, process
  - standards of practice for managing patient safety/emergencies
  - specific process for patient permission, documentation, consultation
  - preceptor expectations re: telehealth etiquette, setting, lighting, attire, introductions, etc.
- Secure contact information for learner/preceptor
  - Cell phone
  - Email
  - Zoom or another video link
- If possible to work with learner in the same building or face-to-face before teleprecepting, arrange for first day on-site with preceptor
- Before first patient encounter, test learner and preceptor equipment, and ensure both know the process for troubleshooting audio, video, and internet stability (e.g. turn off camera briefly if audio unstable)

## First day of teleprecepting:

- Meet with learner to review caseload, determine learner role and level of supervision, assign patients, discuss communication plan for case consultation
- If time allows, rehearse essential scripts, including patient consent, safety protocols, documentation and consultation process (e.g. “chat box” on Zoom, texting, and/or muting patient call to speak by phone)
- When time allows, log out of program to clear “chat” log between patients
- If necessary, review preceptor expectations re: telehealth etiquette, setting, lighting, attire, introductions, etc.
- Ensure time for debriefing regarding the patients and process
  - Between patients
  - During administrative time
  - End of day

## Each day of teleprecepting:

- In addition to continuing steps above (First day of teleprecepting), continue to check-in each day regarding student's role and patient caseload as the student progresses towards increasing competency and role development
- Ensure that student understands the expectations regarding written patient evaluations and progress notes. Review student's written evaluations and progress notes and provide feedback as needed.
- Learners may require guidance regarding best practices in providing quality care via telehealth and timely documentation.

## FAQs for Successful Teleprecepting

### Determine Plan for Specific Setting:

- **Identify where telehealth will occur in your practice setting**
  - Provider in clinic & patient at home
  - Provider in office & patient at home/in field
  - Provider in dedicated telehealth work space & patient at home or alternate setting (e.g. exam room with learner or tele-presenter or in-patient setting)
  - Provider in isolated work room & patient at home or alternate setting (e.g., exam room with learner or tele-presenter, or in-patient setting)
    - Learner in clinic
    - Learner at home
    - Learner in alternate setting with patient (e.g., inpatient)

### Determine Plan for Specific Learner (and Preceptor)

- **Identify learner role and level of supervision**
  - Observation (during initial hours/day(s))
  - HPI/patient interview
  - Complete visit and report to preceptor
  - Charting
  - Follow-up plans
  - Establish a plan for frequent review and increasing responsibilities over time
    - Note: In order to develop clinical competencies, learners\* are expected to incrementally increase level of direct care and proportionately decrease level of required supervision

### Recipe for success

- **Tips**
  - Require learner to review the charts of all patients to be seen same day (if scheduled visit) and report to preceptor at the beginning of the clinic day with a plan
  - Decide on learner level of involvement prior to call or tele-video encounter
  - Select known patients with secure patient/provider rapport for first encounters, requesting patient permission to incorporate a learner

## □ **Sample phone or email script for patient consent**

“Because of the news about coronavirus, we think it is best if patients don’t come to the hospital/office unless they really need to. We are offering some patients a telephone consultation instead. I just need to confirm with you that you understand that this a telephone appointment. The benefits are that we may be able to address most of your concerns today without you having to come to the clinic. The risks are that I cannot do a physical exam and may not be able to address all of your concerns if an in-person visit is needed. Are you okay proceeding? I have a learner, name, working with me today. Would it be OK if they are involved in your care by...(interviewing you about what is going on...)”

## References

American Psychiatric Association & American Telemedicine Association (2018). Best Practices in Videoconferencing-Based Telemental Health. April, 2018.

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## Next Steps

### **Provide Solutions for Logistics Several Scenarios**

- Office based-care in telephone visits
  - Learner in office
  - Learner remote dialing/video in
- Preceptor Working from home
  - Learner remote dialing/video in
- Video best practices
- Telephone best practices
  - Three-way calling on phone vs doximity

### **Supervision/Teaching Tips with Telemedicine**

- How to sign off charts

- Observation
- Report/Teaching