Impact of Increased Telemedicine Usage on Resident Education

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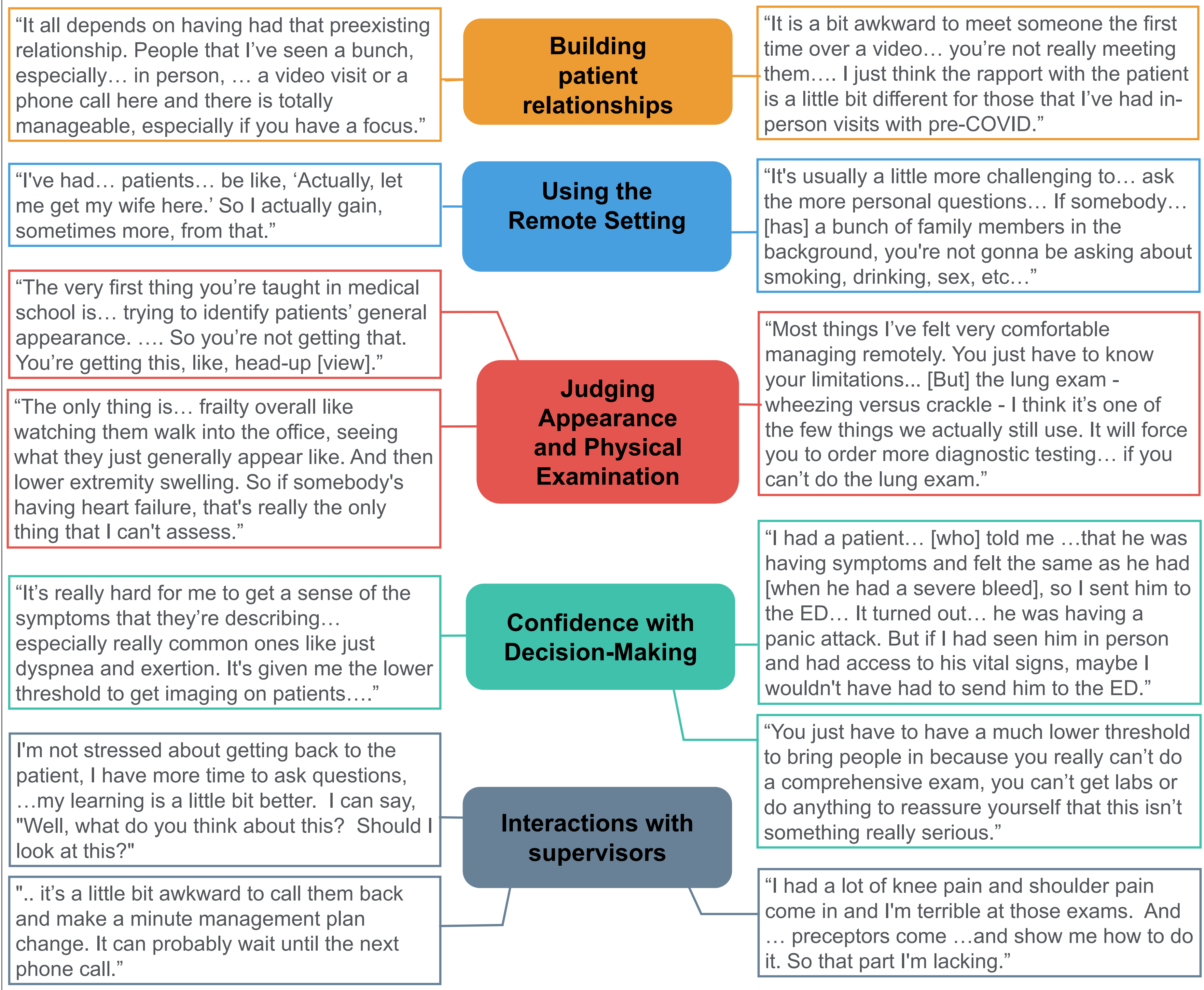http://prmeir.med.nyu.edu

INTRODUCTION

- The COVID-19 pandemic has led to an unprecedented and rapid increase in telehealth visits.

- It is unclear how this shift to telemedicine has impacted resident training within a Primary Care setting.

OBJECTIVE: To explore residents' perceptions of conducting telemedicine visits and how the transition impacted their education and learning.

METHODS

- **Participants:** PGY 1, 2, and 3 Internal Medicine residents at NYUGSoM who have their Primary Care continuity experiences at the Manhattan VA Hospital Center.

- Three focus groups were held with 26 residents.

- Transcripts of the focus groups were transcribed and coded by two coders.

- Transcripts were analyzed for themes using an inductive approach.

THEMATIC ANALYSIS

"It all depends on having had that preexisting relationship. People that I've seen a bunch, especially… in person, … a video visit or a phone call here and there is totally manageable, especially if you have a focus."

Building patient relationships

"It is a bit awkward to meet someone the first time over a video… you're not really meeting them…. I just think the rapport with the patient is a little bit different for those that I've had in-person visits with pre-COVID."

"I've had… patients… be like, 'Actually, let me get my wife here.' So I actually gain, sometimes more, from that."

Using the Remote Setting

"It's usually a little more challenging to… ask the more personal questions… If somebody… [has] a bunch of family members in the background, you're not gonna be asking about smoking, drinking, sex, etc…"

"The very first thing you're taught in medical school is… trying to identify patients' general appearance. …. So you're not getting that. You're getting this, like, head-up [view]."

Judging Appearance and Physical Examination

"The only thing is… frailty overall like watching them walk into the office, seeing what they just generally appear like. And then lower extremity swelling. So if somebody's having heart failure, that's really the only thing that I can't assess."

"Most things I've felt very comfortable managing remotely. You just have to know your limitations... [But] the lung exam - wheezing versus crackle - I think it's one of the few things we actually still use. It will force you to order more diagnostic testing… if you can't do the lung exam."

"It's really hard for me to get a sense of the symptoms that they're describing… especially really common ones like just dyspnea and exertion. It's given me the lower threshold to get imaging on patients…."

Confidence with Decision-Making

"I had a patient… [who] told me …that he was having symptoms and felt the same as he had [when he had a severe bleed], so I sent him to the ED… It turned out… he was having a panic attack. But if I had seen him in person and had access to his vital signs, maybe I wouldn't have had to send him to the ED."

"You just have to have a much lower threshold to bring people in because you really can't do a comprehensive exam, you can't get labs or do anything to reassure yourself that this isn't something really serious."

"I'm not stressed about getting back to the patient, I have more time to ask questions, …my learning is a little bit better. I can say, "Well, what do you think about this? Should I look at this?"

Interactions with supervisors

".. it's a little bit awkward to call them back and make a minute management plan change. It can probably wait until the next phone call."

"I had a lot of knee pain and shoulder pain come in and I'm terrible at those exams. And … preceptors come …and show me how to do it. So that part I'm lacking."

WORD CLOUD

CONCLUSION

- While generally comfortable with televisits, residents identified areas that impact on their learning.

- These include factors that influence history gathering, clinical decision-making and use of supervision.

- Educators must ensure clinical training needs are identified and addressed in this new paradigm so that learners are competent providers of both in-person and remote medical care.

ACKNOWLEDGEMENTS