# Innovative methods to integrate telehealth in multiple simulated activities

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## Introduction

Time constraints, convenience, and health insurance coverage has led to many millennial and "Gen Z" students utilizing telehealth services themselves, perhaps via "teledoc" or "DoctorOnDemand." But, have they considered the benefits of applying this technology to vulnerable populations and those living with chronic disease processes?

The initial introduction to a telehealth simulation activity took place in 2017. Three telehealth activities have since been adapted in various new and existing simulations. This allows students to participate in telehealth service delivery every semester. An important part of safe patient care when utilizing telehealth as a forum includes effective coordination, collaboration, and communication among members of the interprofessional healthcare team. Simulated activities introduce students to telehealth in an engaging and safe environment. Faculty from the Schools of Nursing, Pharmacy, and Public Health identified these gaps with telehealth/telemedicine education in their courses. This led to a collaboration to design, plan, and implement a telehealth Sim-IPE activity for students enrolled in these programs.

In March, 2020, COVID-19 changed the world as we knew it. Telehealth, as we had previously known as a novel onvenience, is now a necessity to ensure the delivery of safe patient care while living in a pandemic. Now, more than ever, inclusion of telehealth training for healthcare providers is an integral part of the curriculum.



*"Today tested our knowledge and really made us trust that we knew how to educate."*

## Purpose

The purpose was to introduce health professions students to telehealth and collaborate as effective members of the healthcare team caring for patients in a nontraditional way.

Faculty from the Schools of Nursing (SON), School of Pharmacy (SOP), and School of Public Health (SOPH) identified gaps with telehealth/telemedicine education in their courses. This led to a collaboration to design, plan, and implement a telehealth Sim-IPE activity for students enrolled in these programs. As successful as that was, we found that students from all participating schools health sciences center were not available to participate every semester. This created a gap of our own. We realized this had to be filled so that every student could participate during their program.

Out of necessity, pre-existing simulations were adapted to include a telehealth component. This diversification created the opportunity for student exposure to physical therapy and occupational therapy in the telehealth setting.

## Methods

- !st Method:
  Six scenarios were developed by faculty to prompt collaboration among health professions, students, and standardized patients portraying patients, and their family members. Second semester nursing students in a Bachelor of Science in Nursing program, Masters of Public Health students, and fourth year Doctorate of Pharmacy students were assigned to scenarios realistic to their areas of study. The SBAR tool specific to the patient scenario was made available to students prior to the simulation activity. Practice areas included palliative care, medication management, diabetes education, mental health, and post-operative follow-up care. Standardized patients were provided with patient background and scripts. Realistic scenes were set to include details such as barking dogs, telephone ringing, and family inclusion. Faculty, students, and standardized patients debriefed post-simulation to discuss the event gaps and student perceptions of assessing and caring for patients via computer screen. Public health implications for each of the disease processes were presented by Masters of Public Health students.

- 2nd Method:
  Telehealth was incorporated into a pre-existing disaster drill simulation with students safety evacuating "patients", triage and prioritize, then deliver handoff to the accepting facility. Telehealth was utilized to provide assistance with triage and facilitating the patients' transfer, thereby enabling the best coordination and continuation of care. An informal debrief regarding the use of telehealth occured post-sim.

- 3rd Method:
  Telehealth components were incorporated into a pre-existing "Chronic Care Day" simulation that includes students in the fields of nursing, pharmacy, occupational therapy, speech therapy, and social work. Several patient scenarios in the inpatient care setting were selected as telehealth candidates. Students were provided beforehand with patient scenarios and common telehealth etiquette and communication techniques. A large group debrief took place that included all faculty, student participants, and standardized patients.

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*"I learned so much about what telehealth is really like. I was not aware of how useful telehealth was in the community and how beneficial it is for vulnerable patients."*

## Results & Conclusions

- Students suspended disbelief and were engaged in the realism of the situations and the scenarios.

- It required more than one scenario for students to feel comfortable in their role as caregivers and coordinators of care. Pharmacy students stated they were comfortable educating patients and families as early as their first scenario, since they previously have had clinical rotations where they independently provide this service.

- Students recognized and practiced nonverbal therapeutic communication techniques in order to provide quality patient care.

- Standardized patients shared with students during debrief that they genuinely felt "cared for" and "heard" during their video interactions with the health practitioners. This came as a surprise to students.

- Nursing students learned public health policy from the Public Health students, and the public health student learned about nursing roles from the nursing students.

- Based on the evaluation of the simulation and qualitative statements made by students and standardized patients, the simulation experience was a valuable learning experience for all students.

## Implications for Future Practice

Broad interprofessional education will soon be an expectation and a necessity for all healthcare providers. We found this does not have to mean writing an original simulation experience. Incorporating a telehealth component into pre-existing scenarios normalizes the telehealth experience for students and simplifies the process for faculty.

Telehealth was an unlikely hero of the COVID-19 pandemic. It allowed practitioners to continue to manage patients with not only chronic diseases and complicated medication management, but also acute illnesses and mental health needs without needlessly exposing them to the virus.