

Standardized Course/Section Syllabus:



**Johns Hopkins University
School of Medicine**



Introduction to Telehealth in Adult Ambulatory Medicine

Faculty:

Colleen Christmas, MD, Associate Professor of Medicine, Director, Primary Care Leadership track
Sharon Dlhosh, MD, MPH, Instructor of Medicine, Director of Advanced Ambulatory Clerkship
Judith Greengold, CRNP, Faculty, Armstrong Institute for Quality and Safety
Brian Hasselfeld, MD, MBA, Instructor of Medicine and Pediatrics
Maura McGuire, MD, Associate Professor of Medicine
Sean Tackett, MD, MPH, Assistant Professor of Medicine

Community Faculty and Preceptors: Will include members of the core faculty and members of community physician and CRNP faculty who are active in telehealth delivery.

Small Group Facilitators: N/A

Class Schedule:

Duration: 2 weeks. First offering: May 6-15 (up to 2 students)

Schedule: Two 2 week electives per 6 week block

Number of learners: 2 students per elective

Learning sessions: 10 per week, 20 per elective. Half of these sessions (40 hrs) are synchronous with an assigned preceptor; and half of the sessions are asynchronous independent study, and synchronous e-meetings with leaders in the Office of Telemedicine and the Video Visit Support Team

Prerequisites: Learners must have successfully completed 2 core clerkships including Medicine Admin – Contact Iris Knox iknox1@jhmi.edu for interest.

Course Description: 2-week rotation for students completing at least 2 core clerkships, including the Core Medicine Clerkship; provides students with an introductory experience in telehealth in an ambulatory practice setting caring for adult patients. Students take active roles providing primary care to adult patients while working closely with a preceptor in Internal Medicine, Med-Peds, or Family practice. Students also learn about technical, societal, and legal issues related to delivery of telehealth.

Course Learning Objectives:

1. Describe common indications and limitations of telehealth in primary care settings, considering the “social distancing” changes posed by the COVID pandemic vs. normal times.
2. Demonstrate effective telemedicine delivery, clinical skills and documentation.
3. Define roles and responsibilities of interdisciplinary non-physician team members (Medical Office Assistants, CMAs and RNs) in providing telemedicine.

4. List common barriers to telemedicine related to faculty, community providers, technology, and payer restrictions.
5. Describe how telehealth may specifically affect quality, safety, disparities and outcomes related to social determinants of health.

Objective	Skills/Knowledge	Learning Method	Assessment
1. Describe common indications and limitations of telehealth in primary care settings	Disaster-based telemedicine Expansion of resources Economics of telemedicine	Attend Office of Telemedicine meetings Interview patients and preceptors	Preceptor feedback Learner evaluation Learner Reflective writing
2. Demonstrate effective telemedicine delivery, clinical skills and documentation.	How to prepare for a clinic session Shared agenda setting with patients Effective use of time in a clinic visit Telehealth exam fundamentals Patient education and engagement	Work with preceptors to complete telehealth visits 35-40 hours over 2 week elective	Preceptor evaluation Patient Log Learner evaluation
3. Define roles and responsibilities of interdisciplinary non-physician team members (Medical Office Assistants & CMAs) in providing telemedicine.	Review team-based telemedicine workflows Build skills in collaborative communication with members of inter-professional team	Assist one (1) two-hour team-based training; review competency checklists, shadow Video-Visit Support Team (VVST)	Preceptor evaluation
4. List common barriers to telemedicine related to faculty, community providers, technology, and payer restrictions.	Patient access to devices and internet Patient privacy concerns Understand implications of unreliable/ incomplete Hx & PE	Work with preceptors Meetings with telehealth leaders	Preceptor evaluation
5. Describe how telehealth may specifically affect quality, safety, disparities and outcomes related to social determinants of health.	Distinguish among patients who require a follow-up visit in weeks, days, or same-day hospital admission Prioritize diagnostic testing orders, with attention to high value care balanced with patient's circumstances Engage in shared decision-making with such patients to establish plans for next steps	-Patient Log -Journal Entry -Shadow Video-Visit Support Team (VVST)	Preceptor evaluation Patient Log Journal Brief report on emerging telemedicine topic

Independent Study

- Complete work on projects: QI / Patient Safety; High Value Care; Disease Prevention; Clinical reflections; Emerging Telemedicine
- Telemedicine Clinical skills website

Materials:

Office of Telemedicine Sharepoint Site

<https://livejohnshopkins.sharepoint.com/sites/epictraining/SitePages/Telemedicine.aspx>

JHCP Telemedicine Website:

<https://intranet.insidehopkinsmedicine.org/jhcp/about-jhcp/clinical-innovations/telemedicine.html>

Assignments

Students will be assigned to a preceptor and meet virtually for 10 sessions. They will observe the workflow of a Telehealth practice and listen in to the preceptor’s video visits at the start of the Elective. As experience is gained, the student will first conduct visits synchronously while the preceptor observes the entire visit, and later may initiate individual video visits, then give an oral presentation to their preceptor who then joins the patient and the student to confirm key features of the history and exam and observe the discussion of the plan.

Students will arrange additional experiences with the Video Visit Support Team, Interdisciplinary Team and Leaders in the Office of Telemedicine. Each student will generate reflections on their experiences in patient care and telemedicine. Students will prepare a 1-2 page synthesis of existing literature on an emerging telemedicine trend of their choice. Students will participate in a simulated patient care scenario and engage in facilitator feedback.

Day 1: Orientation (1/2 day)		
<ul style="list-style-type: none"> • Orientation to goals, objectives, learning methods (ZOOM meeting with CD). • Introduction to Technical Resources • Telemedicine 101: Basic Concepts before COVID • Introduction to Telemedicine for Providers • Video: starting a video visit • Story Slam: Faculty share their experience with the transition to Telemedicine • Case-based Video Visit: Practice with a Simulated Patient • Virtual Introduction to Preceptors. 		
Day	Topic	Contact & Assignments
2 & 3	Technical aspects of TH: patient and provider barriers	To arrange time and mentor contact George Margetas gmarget1@jhmi.edu Short reflection on tech & disparities
4	Legal, Regulatory & Compliance in Telehealth	Review the Legal FAQ document and discuss with preceptor: https://intranet.insidehopkinsmedicine.org/telemedicine/_docs/frequently-asked-questions-regarding-telemedicine-during-covid-19-crisis.pdf
5	Open / If available e-met with OT leaders	Brian Hasselfeld, Rebecca Cannino, Maura McGuire, Danny Lee Discuss experience, reflect, comments
6	Virtual Physical Exam Skills	Discuss how we are teaching providers new TH skills; non-inferiority studies, and how to decide that in-person care is necessary Contact JudyGreengold@jhmi.edu to arrange time
7	Roles of the Interdisciplinary team	Contact Mindy Berger to discuss experience and models, and how a team-based approach can facilitate care Contact mphil131@jhmi.edu View: Team-Based Approach to Telehealth LINK Review: Team-Based Approach to Telehealth Manual LINK
8	Self-Study & Well-being	Project, update, reflection logs
9	Quality and Safety in Telehealth	Armstrong

10	OPEN	Project, update reflection logs
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Evaluation and Grading

Assessment:

- Weekly formative feedback from preceptor
- OSCE
- Final Summative course evaluation

Grading is Pass/Fail. To achieve a Passing grade, the student must complete:

- All Telemedicine sessions assigned with preceptor.
- Completion of self- study materials & Patient Log
- Brief report on an emerging trend in telemedicine
- Reflective exercise

Pass/Fail Grading Scale (Grading scale is determined by the School of Medicine.)

P = Student must have an average equal to or exceeding 70% and/or must have met all required assignments for the class.

F = Student has not completed all assignments, has failed significant required elements of the course, or has an average score below the passing level for the course. Student should meet with the course director to plan remediation.

Professional Behavior Expectations during all Courses

Students are expected to demonstrate professional behaviors as outlined in the [JHU SOM Honor Code](#) and in the AAMC subcompetencies on professionalism:

1. *Demonstrate behaviors that show compassion, integrity, and respect for others*
2. *Demonstrate behaviors that show responsiveness to patient needs that supersedes self-interest*
3. *Demonstrate behaviors that show respect for patient privacy and autonomy*
4. *Demonstrate behaviors that show accountability to self, patients, colleagues, the profession, and society. [Link to [Accountability Policy](#)]*

Course and Clerkship directors will communicate discipline specific expectations/tasks for which students will be held accountable. **As with other Course/Clerkship domains such as knowledge and skills, students who deviate from these expectations, may have their final grade lowered, or a serious deviation may result in failure of the course/clerkship.**

Serious breaches of professionalism should be expected to result in failure of the course/clerkship in which the breach is detected. These breaches will be handled on a case-by-case basis by the course/clerkship director in consultation with the Office of Medical Student Affairs and the Office of Curriculum. All such matters may also be referred to the Disciplinary Committee.

Examples of such unprofessional behaviors include but are not limited to: cheating, plagiarism, or other forms of academic dishonesty; forgery or falsification of documents/records; lying or misrepresentation of facts, figures, or clinical data; failure to obtain appropriate supervision for clinical care; physical violence, bullying or harassment against others, or other significant lapses in personal ethical conduct that raise concern regarding the moral character of the student in question.

JHUSOM Policy on Attendance

This course is heavily dependent on participation, if you need to miss a required session, you need to let the course leader and course coordinator know ahead of time. The JHUSOM policy on attendance in the curriculum is posted at https://hpo.johnshopkins.edu/som/policies/886/39178/policy_39178.pdf.

Classroom Accommodations for Students with Disabilities

If you are a student with a documented disability who requires an academic adjustment, auxiliary aid or other similar accommodations, please contact the Office of Student Affairs at 410-955-3416. You must also notify the course director and course coordinator in advance of the start of the course and well in advance of any exam or assessment so that appropriate preparations can be completed before an event requiring accommodation.

Statement of Diversity and Inclusion

Johns Hopkins University is a community committed to sharing values of diversity and inclusion in order to achieve and sustain excellence. We believe excellence is best promoted by being a diverse group of students, faculty, and staff who are committed to creating a climate of mutual respect that is supportive of one another's success.

Teacher Learner Conduct Policy

The Johns Hopkins University School of Medicine is committed to fostering an environment that promotes academic and professional success in learners and teachers at all levels. The achievement of such success is dependent on an environment free of behaviors, which can undermine the important missions of our institution. An atmosphere of mutual respect, collegiality, fairness, and trust is essential. Students should review the JHUSOM Guidelines for Conduct in Teacher/Learner Relationships https://hpo.johnshopkins.edu/som/policies/886/39186/policy_39186.pdf.

Student Honor Code

Students are reminded of the honor code developed by the medical student body, introduced in September 1991, is as follows:

As a student at The Johns Hopkins School of Medicine, I pledge:

- To do my own work and be honest in my interactions with peers, faculty, and staff. This applies to my work on examinations, assignments, and papers as well as work in the laboratory.
- To uphold the high standard of conduct in patient care which has always been maintained by the Johns Hopkins medical community.
- To base my interactions with other students on mutual respect and cooperation.
- To act on infractions of the honor code and to maintain the confidentiality of all parties involved.
- To encourage my peers to uphold this honor code.

It is the expectation that Hopkins students live by this code.

Course Evaluation

Please remember to complete the course evaluation for this course. For preclerkship courses, evaluations will be required from a rotating sample of 25% of the class. Other students will always have the option of submitting an evaluation if they choose. This will reduce the overall burden of surveys for students. There will be no extra credit for completing the evaluation. If you are in the designated 25%, you will receive an incomplete if the course evaluation is not completed by the time grades are posted for the course.

Course evaluations are an important tool in the School of Medicine's ongoing efforts to improve instructional quality and strengthen its programs. The results of the course evaluations are kept anonymous — your instructor will only receive aggregated data and comments for the entire class.

For the clinical clerkships and clinical electives, 100% of the students are expected to complete the course evaluations.