**A Resident’s Guide to Precepting via Telemedicine**

**Set-Up**

* For now, only attendings have a Telemedicine schedule, so you’ll find your patients for the day on **your preceptor’s schedule on eCW**
  + You can either look for them on the Resource Schedule
  + Or you can find them on the Office Visit Screen if you change your “facility” to the “Telemedicine” version of your site, for example “Telemedicine CHA – Anacostia” (second page of eCW facility options)
* You should take a look at the patient’s problem list, medication list, and recent encounters as you would prior to seeing any other clinic patient
* Patients should have **already been consented** for Telehealth by a PCT prior to the appointment.
  + **This consent should already be documented in the note**
  + If consent is not documented, you or your preceptor will have to **obtain and document this consent** at the beginning of the visit. Please merge the “telemedicine- English” or “telemedicine- Spanish” template and read the language.
* Patients will have a link to your preceptor’s virtual waiting room, where they will start the visit
* Your preceptor should send you a link to their virtual waiting room prior to a clinic session

**Different Models of Precepting**- Your preceptor will discuss which precepting model will be used

**Direct Observation**

* You, the patient and the attending will all be in the room together
* Depending on the patient- either the attending will run the visit and you will observe OR you will run the visit and the attending will observe
* Decide who will be doing ECW documentation before the patient enters
* When you are running the visit- if you would like to discuss the case prior to discussing plans with family- Please tell the family: “You will be back in the waiting room for just a couple minutes while we discuss the case”, then the attending will move the family back to the waiting room

**Indirect Observation with precepting before patient leaves (Breakout rooms)**

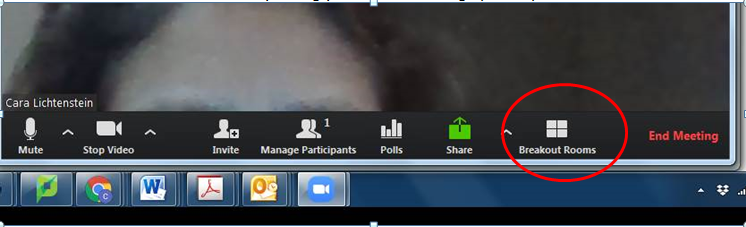
* This similar to how we precept in person- you will see the patient and then discuss with attending. The attending may come see that patient, confirm physical exam findings such as rash etc.
* **Your preceptor should make you a co-host of the meeting on Zoom**, so that you may move around the breakout rooms
* Your preceptor will place you in your own breakout room where you will wait for your patient
* Your preceptor will greet the patient / family member in the “main meeting” window, then place the patient / family in your breakout room, where the encounter will take place
* You will know your patient is ready for the visit when they appear in your breakout room with you.

**The Physical Exam**

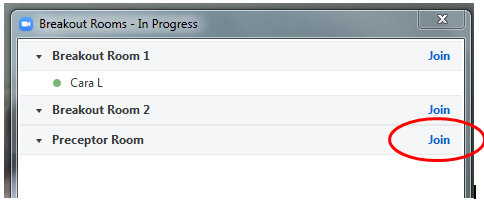
* The following elements of the **physical exam** are appropriate to perform and document, if appropriate to the chief complaint, using Telemedicine:
  + General appearance “alert, well-hydrated, no acute distress”
  + HEENT: “no conjunctival injection seen on video and no eyelid swelling, EOMI, no nasal discharge noted”
  + Oral cavity: “moist mucous membranes”
  + Neck: “full range of motion”
  + Lungs: “no signs of respiratory distress, speaking in full sentences, able to take a deep breath easily”
  + Abdomen: “no tenderness evident on video when palpated by parent”
  + Skin: descriptions of rash characteristics
  + Extremities: “no tenderness evident on video when palpated by parent, full range of motion, no swelling evident on video”
  + Neuro: “normal gait evident on video”

**Precepting / Concluding (If breakout rooms are being used)**

* **If you would like to precept prior to dismissing the patient:**
  + Explain to the family you will be right back after speaking with your preceptor
  + Click the “Breakout Rooms” button by rolling your cursor to bring up the options bar



This will bring up a list of the breakout rooms. From there click “join” on the right side of “**Precepting Room**” where you will meet with your attending to discuss the patient.



* + You can use this same process to go back to your patient breakout room
  + Your attending may then join you in your breakout room after precepting if desired
* **In order to end the encounter, you must ask the patient / family member to “leave” the Zoom meeting**
  + They may have to tap their screen in order for the “Leave Meeting” option to appear

**Documentation**

* eCW does not minimize well on the computer screen, and for that reason it is difficult to document in eCW during a Zoom encounter if you are using only one computer for both purposes
  + You may want to type notes during the encounter in an easier documentation program such as **Notepad, Word, or Sticky Notes**, then add them to eCW later
* Some part of the note must include the rationale for a Telehealth visit as opposed to an in-person clinic visit as well as the **state/territory where the patient is located** during the visit (which may be different from their home address). The suggested language is:
  + The patient/family stated they are located in **Washington, DC** during their telemedicine visit. This visit was conducted via telemedicine given the risks associated with seeing the patient/family in person during the COVID-19 crisis.
* **Add your name / PGY year to the note** via the following in eCW: HPI 🡪 Student 🡪 Resident
  + You may also document your HPI in the “Resident HPI” section here if you’d like, or use the “HPI General” section.
* Otherwise, you may proceed with the note as usual. You will not need to “assign” the note to your preceptor, since it is already on their schedule.
* Make sure that you verify the patient’s medication list and allergies

**Prescriptions**

* Since the encounter is on your preceptor’s schedule, you will not be able to send any prescriptions to the pharmacy. However, you should still **pend prescriptions** to be sent so that your preceptor may send them as they review the note.
* Be sure to **document the preferred pharmacy** in the note or “stickies” section so your preceptor knows where to send the prescription