

Document for Administrative Clinical Coordinator/Placement Coordinator

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Guide to Telehealth Placements of APRN Students

The purpose of this Coordinator Guide and the following Types of Formal Telehealth Clinical Experiences is to aid the individual that is responsible for MOUs and the placement of students in a clinical experience.

Prior to contacting facility:

- Determine need for MOU/Facility Agreements revisions to include telehealth
- Determine need for revisions to preceptor agreement forms
- Determine need for onboarding student documents, if applicable.
- If student is crossing state lines to conduct telehealth visits, additional consideration should be given to the possibility of additional BON requirements and state law requirements.

Contacting Facility and Preceptor:

- Provide document reviewing possible ways telehealth can be used in the clinical setting.
- Assure facility that the student has received telehealth training.
- Determine willingness of facility and preceptor to host student at their clinical site and any additional needs the facility may have for placement.
- Initiate MOU/Facility Agreements and Preceptor Agreement Forms with the considerations and legal requirements needed by the institution.

Types of Possible Formal Telehealth Clinical Experiences

These experiences should not be observational only. The APRN student needs to be actively involved in the evaluation and management of the patient.

Teleconferencing:

- Preceptor with patient and student performs videoconferencing visit using a HIPAA compliant platform.
- Preceptor and student together and videoconference with patient
- Preceptor, student and patient all meet virtually – student performs visit
- Student presents patient via videoconferencing to a specialist
- Student performs visit with patient either virtually or in person, then presents the finding to the preceptor
- Student can lead/participate in a group visit via videoconferencing (i.e weight management, high risk pregnancy, T2DM management, asthma education, etc....)

Televisit with peripheral capabilities:

- Students collect subjective and objective data from a person (in-person) and then present findings to the preceptor and provides the assessment and plan. Student can then serve as a telepresenter and allow preceptor to confirm physical findings
- Students can serve as teleconsultant/providers and a nurse can telepresent a patient to them. The student can be alone, or the provider can be present (in person or remotely) for guidance.

Remote monitoring:

- Students can participate in remote monitoring of patients, either analyzing data sent from patients who are at home (e.g. daily weights, BPs, blood glucose), then call and counsel patients when there are any abnormalities. These visits can be via videoconferencing

Virtual visits:

- Students can review CC's, HPIs and history using a on demand telemedicine visit platform, discuss finding and plan of care with preceptor. With some of these platforms, a video visit can be initiated to gather more information.

Teleprecepting Implementation Check List

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
- Ensure learner has remote access of EHR if possible
- Learner (and ideally preceptor) will review Telehealth Practice Guidelines and etiquette training video based upon clinical practice setting
 - o [ATA/APA, CMS, Great Plains TRAC Telehealth Startup Guide or Telehealth Resource Center guidelines](#)
 - o [Old Dominion University Telehealth Etiquette Training \(2 minutes\)](#)
 - o [Old Dominion University Telehealth Behavioral Consult Training \(9 minutes\)](#)
 - o [Old Dominion University Telehealth Physical Exam Training Videos](#)
- Schedule initial meeting with learner to review
 - o clinical site orientation content,
 - o clinical site telehealth platform, access, security, process
 - o standards of practice for managing patient safety/emergencies
 - o specific process for patient permission, documentation, consultation
 - o preceptor expectations re: telehealth etiquette, setting, lighting, attire, introductions, etc.
- Secure contact information for learner/preceptor
 - o Cell phone
 - o Email
 - o 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
 - o Between patients
 - o During administrative time
 - o 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.

Tips 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 Student (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 televideo 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 student, 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

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Email Letter to Preceptor

Many of the agencies and providers who we partner with have transitioned to telehealth during the challenges of COVID-19. We are finding that many of our students will begin their internships using remote access to preceptors and/or patients. UCSF has developed some [tools](#) to prepare students and their preceptors for transitioning to teleprecepting. Please feel free to review these [resources](#), particularly the "[Checklist for Transitioning to Teleprecepting](#)" and let me know if we can assist with this approach if it is needed.

Please let me know if you would like to meet by Zoom or phone to discuss this further. We look forward to sharing our vision and hearing your thoughts.

Here is what I tell PMHNP students to review prior to starting clinical training via telehealth:

PMHNP Telehealth Orientation/Training Resources:

1. [APA toolkit](#) *
2. [Old Dominion University Telehealth Etiquette Training: Introduction](#) (2 minutes)
3. and [Behavioral Health Consult](#) (9 minutes)
4. Telehealth Training Videos & Quizzes

* For other specialties (e.g. FNP, PNP, AGPCNP) the following resources may be more suitable: [CMS](#), [Great Plains TRAC Telehealth Startup Guide](#) or [Telehealth Resource Center guidelines](#)

Thanks everyone!



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Dear Preceptor,

The School of Nursing at Georgia College would like to thank you for working with our students during these challenging times. Typically, we would be planning a visit in person with you to see how things are progressing with our students and to see if you had any suggestions for improvement or areas that we could assist you with in the training of our students.

We are actually mandated by the American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (NONPF) to periodically observe our students during clinical learning experiences. However, this semester COVID-19 and restrictions from the University System of Georgia have made it impossible for us to travel to your practice to see our students. Thankfully, with the recent marked increase in the use of telehealth, we have a ready solution to overcome this barrier.

Georgia College has purchased for our clinical faculty a HIPAA compliant version of ZOOM. This will allow us to virtually watch our students interact with your clients without having to be there in person. I am sure that you are very familiar with telehealth and its capacities. We want to assure you that we will NOT be recording any interaction or doing anything other than interacting with our student as though we were actually present. Here is what we would do:

- On a pre-determined day that is agreeable to you, you would decide on a client that you think would be good for our student to see in the clinical rotation.
- You would then inform the student who will then notify the faculty.
- The student and faculty will work together to make sure everything is ready prior to the client's arrival at your office (optimal camera position, avoiding glare, etc.) so that you are not delayed.
- After the client arrives, if they are agreeable to a virtual "telehealth" faculty visit and give you a verbal consent, let the student know.
- The student will then enter the room, introduce themselves, activate the secure network through a link and set the camera in the predetermined location in the client room.
- The student will introduce the faculty and the faculty will reassure the client that they are in a private location where no one can overhear them and that they are not recording the interaction.
- The faculty will then ask for another verbal consent to continue the encounter.
- The student will then conduct the visit with the client.
- At the end of the telehealth visit, the faculty will thank your client for helping the university and the student in meeting their educational needs.
- We would then watch how the student does in reporting and discussing the HPI, PE, DD, assessment and plan with you.
- Once you are ready, the faculty would then like to talk with you about the student and discuss any concerns and see how we may help with areas that you think the student may need some extra work.

We are really hoping that you find this to be an easy way for faculty to interact with you and our students without taking up much of your valuable time.

Please let us know if you have questions or concerns.

Links to Examples of MOUs

- [Example from Georgia of materials needed for MOU](#)
- [School Based Health MOU](#)