Telehealth for Vulnerable Populations

Training Health Profession Students via Remote Learning

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Telehealth: Best Practices in Student Training
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Dr. Susan Elswick has over 16 years of clinical mental health experience that includes community mental health, case management, residential programming, school-based programming, integrated behavioral health, infant mental health, and home-based services.

One of her areas of research focuses on the use of informatics and technology in the field of social work. Dr. Elswick serves as the Co-chair for the Council on Social Work Education (CSWE) Annual Program Review Technology Track that focuses on harnessing technology for social good in behavioral health practice, and she is a current Faculty Affiliate on campus at University of Memphis with the Institute for Intelligent Systems (IIS). Most recently, she is a Co-PI on the U of M’s $2.58 million National Science Foundation (NSF)-funded project, which will lay the foundation for a future Learner Data Institute (LDI) at the university.
• **Annie Cornelius BCBA**- Annie is the current director of the UMbrella Project at the University of Memphis in the Applied Behavior Analysis program
**Belinda Fleming RN-Dr.** Fleming currently serves as the Director of the Family Nurse Practitioner Program where she has implemented several new clinical teaching strategies with the help and support of the gifted FNP faculty. She also teaches Advanced Health Assessment, Scholarly Synthesis, Advanced Pharmacology, as well as advanced clinical courses. She also serves as one of the coordinators for TN eCampus, the Tennessee Board of Regents online degree program.
Advances in telecommunication technology provide unique opportunities for the provision of medical services to underserved and geographically displaced patients. Health care professionals currently use voice and video systems to communicate with patients and colleagues in a variety of clinical venues. Unfortunately, such systems are still not widely used across helping professions. A variety of factors, including lack of familiarity with existing devices and perceived system purchase and operation costs, appear to be limiting its use. Even the terminology is confusing with such terms as telehealth, telemedicine, and telebehavioral health often used interchangeably. The purpose of this webinar is to present an overview of this technology, to provide a clinical perspective regarding the use of telehealth in practice, and to cover best practices in training new clinicians and graduate students in the use of telehealth practices.
Learning Objectives
Upon completion of this training the participant will...

• 1) Understand the need and purpose of telehealth in today's clinical programming
• 2) Be more knowledgeable about best practices in providing telehealth services including boundaries, confidentiality, and best practices in programming
• 3) Be more familiar with Behavior Skills Training (BST) as a model for student training in telehealth
What is Telehealth?

Susan Elswick EdD, LCSW
Telehealth

• Provides clients with face-to-face tele-behavioral and mental health services
• Client and provider (therapist) connect from separate locations via technology with a web camera, microphone a speakers, using:
  • Desktop or laptop (no more than 3 years old)
  • iPad
  • Notebook
  • Tablet
  • iPhone
  • Smartphone
• Client privacy in their home
What is it and Why Should I use it?

• Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.

• Telehealth is a growing trend
• As effective as traditional face to face treatment
• Improves access
• Removes barriers
“Telesuite” of Services

• Telepsychiatry
• Telepsychology
• Telehealth (Primary Care)
• Telepharmacy
• Telebehavioral health: The administration and delivery of mental health and substance abuse services through information and communication technologies that overcome the limitations of time and/or space (Wilkerson et al., 2019).
Prior to Practicing Telehealth

What Students Need to Know..
Things to Consider...

• Before you begin offering services, you will need to assess and ensure you have the following items and resources available for practice:
  • Noise-canceling headset with a microphone
  • 780p, 1080p, of 4K video camera
  • Proper lighting that provides a clear image of you (no shadows, reflections off glasses, or dark backgrounds)
  • A quiet, confidential space
  • A space with minimal visual or audio distractions
  • A level platform for your computer so that your camera lens is pointed directly at you, rather than below, above, or to the side of you
  • A backup form of technology to use if you lose connection with the client
  • A HIPAA-compliant video conferencing provider
Things to Consider

• Identifying Clients accessibility*
• Identifying Clients preference and level of comfort with the use of this form of technology
• Obtaining Informed Consent*
• Know your States licensure laws
• Professional Liability Insurance
• Ensure HIPPA compliant systems
• Verifying Client Identity
• Client Assessment and Monitoring Progress – Rapid Assessment Instruments (RAIs)*
• Ensure the space being used is secure and confidential
• Having a backup plan for “glitches”
Tele-based systems

• Best practices for helping professionals is to utilize apps where the technology vendor is HIPAA compliant and has entered into a HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The following vendors meet these criteria:
  • Doxy.me
  • Skype for Business / Microsoft Teams
  • Cisco Webex Meetings / Webex Teams
  • Updox
  • VSee
  • Zoom for Healthcare
  • Google G Suite Hangouts Meet
  • Amazon Chime
  • GoToMeeting
  • Spruce Health Care Messenger
Preparing and Safety Planning for Telehealth

• Creating an emergency plan informs clients and providers of what will occur in the event of an emergency or a crisis.

• Emergency plans may vary from client to client, depending on client needs, location, and available resources. However, there are a number of basic components that should be included in every emergency plan, i.e.:
  • Emergency contact information for local emergency personnel
  • Emergency contact for client
  • Contingency plan in the event of technical failure
  • Plan in the event of self-harm, hurting of others, or domestic violence
  • Community resources available in client area
  • Breach of client information (i.e., a plan in the event the client’s protected health information is breached)
Behavioral Skills Training (BST) as a Model for Training

Annie Cornelius, BCBA
Training Nursing Students

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Behavioral Skills Training (BST) in Telehealth

Annie Cornelius, MS, LBA, BCBA
General Overview of BST

• 4 steps:
  • Introduce the topic
  • Model the behaviors
  • Provide opportunities to practice with feedback
  • Provide opportunities for independent responding and feedback

• Used in a wide array of training settings:
  • CPR training from the Red Cross
  • Skillstreaming Social Curriculum
  • Safety Care Training
  • You may already be doing this!
Breaking Down the Step: Introducing the Topic

• Why?
  • For buy in
  • To help the learner understand when to use the skill
  • To explain relevant options related to the skill (when to do it this way or that)
  • To cue the learner into what you are about to model if the skill is complex

• How?
  • Reading a written assignment on the topic prior to practice sessions
  • Reviewing the steps of the desired behaviors
  • Stating a few sentences about the skill prior to practicing
  • Providing an entire lesson prior to practicing the skill
Breaking Down the Steps: Modeling

• Know what skills you want the learner to see
• Know in what context the learner will need to use the skill
• Know some bad examples and consider modeling these in a role playing activity so the learner may understand the consequences without having to directly experience them
• If you make an error, discuss it
• Have a criteria for moving on to the next step
• Debrief and get feedback from the learner
Breaking Down the Steps: Practice with Feedback

• Whenever possible, this is best to start in a “safe space”
• It may make sense to start with parts of the skill set rather than the whole skill set
• Feedback is best when:
  • It is immediate
  • You make it clear exactly what was done right
  • You make it clear exactly what was done wrong and how to correct it
  • It can be immediately followed by another opportunity to practice the skill
• Have criteria for moving on to the next step
• Pro Tip: have something tangible for this step like a rubric or checklist
Breaking down the steps: Independent responding and generalization

• Set them up for success here (this is not the time for the hardest case, this is the time for small victories)
• Be available for support
• ...but maybe not too available?
• Keep in mind that new scenarios may still be tricky for your learner
Peak Performance and Pitfalls

• Peaks: you’re doing BST very well if you...
  • Are using data to decide which step your learner is ready for
  • Are actually letting go of the reigns when your learner meets criteria
  • Have a plan for when to provide unsolicited support
  • Have a system for providing feedback
  • Are reinforcing your learner’s achievements

• Pits: You’re missing opportunities if you...
  • Are using trial by fire
  • Push your learner to the next step before they are ready
  • Keep your learner at the same step for too long
  • Don’t address your own errors
  • Only acknowledge the learner’s errors
  • Never acknowledge the learner’s errors
What this looks like in telehealth: The FAST

The FAST is an assessment questionnaire that takes about 15 minutes to complete

• Step 1: Coursework
• Step 2: I assess, they observe
• Step 3: They conduct the assessment with a peer, I observe
• Step 4: They conduct the assessment with a client over video conferencing,
• Unofficial Step: Celebrate!
• Time: about 3 20 minute sessions, not including coursework.
What this looks like in Telehealth: Data collection

• Step 1: Coursework + review of our data sheets
• Step 2: Using scenarios, I collect data on the white board, they observe
• Step 3: They collect data on the whiteboard, I observe
• Step 4: They collect data from the client via video observation
• Unofficial step: Celebrate!
• Time: about 45 minutes for steps 1-3 (excluding coursework), plus a 30 minute-hour long observation session with client
What this looks like in Telehealth: Communication with Parents

We discuss problem behaviors, potential interventions, and official intervention plans (to name a few) with our clients’ parents

• Step 1: in-depth pre-meeting meeting with outline
• Step 2: I talk, they observe (sometimes with the outline or prompts form me)
• Step 3: They practice with me or at least provide a verbal overview, I give feedback and may role play some scenarios
• Step 4: They talk to parents, I observe
• Unofficial step: Celebrate!
• Time: multiple months, if not years. Former students may seek help for years to come. May be at different steps with different clients.
What this looks like in Telehealth: Analyzing data and making decisions

We have weekly meetings to review client progress using screensharing

• Step 1: Coursework and discussions about clinically significant changes

• Step 2: I make and explain decisions, they observe

• Step 3: I ask what they think we should do, we discuss

• Step 4: They make decisions and get the OK from me

• Unofficial step: Celebrate!

• Time: multiple months, if not years. Former students may seek help for years to come.
Telehealth: Best Practices in Student Training
Training and Testing
Advance Practice Nursing Students

Belinda Fleming PhD APRN FNP-BC
Telehealth

• Unprecedented public health crisis as a result of COVID-19.
• Healthcare providers and systems are striving to implement methods to address the health and wellbeing of our patients.
• Telehealth has emerged as a primary modality for addressing our nation's healthcare needs.
• Telehealth enables providers and patients to remain separate from each other while participating in healthcare delivered virtually.

It includes videoconferencing health visits, remote patient monitoring with devices to collect physical data, and behavioral health counseling. In addition, it allows providers to consult with other providers/experts at a distance.
The Challenge of Clinical testing; the OSCE

• The effectiveness of simulation has been established among NP students.
• Prior experience with use of Objective Structured Clinical Examinations (OSCE) for faculty and students
• Prior Experience of faculty and/or student with telehealth
• Scant literature that describe the educational process for nurse practitioner students
• Shortage of health professional programs that actually integrate training in telehealth within their curriculum
• Brainstorming with faculty
Curriculum Objectives Addressed

• Patient-centered communication skills
• Psychosocial awareness
• Patient education
• Self-evaluation
• Person in environment; family, community, culture
• Barriers to care
• Coordination of Care
• National Quality and Safety objectives
Telehealth OSCE

• Didactic telehealth content was provided to faculty and students
• Standardized Patients were contacted for willingness to participate and availability.
• Standardized Patients (SP) were trained remotely.
• Faculty/SP trial runs.
• Step by step instructions were shared with students including a revised evaluation tool
• Telehealth OSCEs took place only if students had 90% of their clinical hours and patient numbers
• Telehealth OSCEs were conducted using a free video conferencing system
Lessons Learned

• The Telehealth OSCE was well received by both students and faculty. Students report the Telehealth OSCE made them more aware of new practice models.

• The Telehealth OSCE is easily adaptable. The scenario can be adapted to fit the needs and contexts of different institutions and learner levels (e.g. residency programs). Any video chatting technology can be used that has file transfer capacity (for the CBG values and foot picture). Popular videoconferencing technologies, like Skype, have this capacity.

• The Telehealth OSCE can effectively expose students to a new model of primary care for rural and underserved populations.

• Plans are being made to implement the Telehealth OSCEs into formative evaluations.

• In addition to rural contexts, tele-visits are growing in popularity as a convenient manner for some urban visits in ambulatory care settings.
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