Virtual decisions: Using a telehealth OSCE to enhance trainees’ triage skills

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1 | WHAT PROBLEMS WERE ADDRESSED?

Amid the COVID-19 pandemic, many institutions have created virtual versions of their Objective Structured Clinical Exams (OSCEs). However, many of these are designed as online simulations of in-person visits, including the provision or reproduction of physical examination findings (eg playing audio of heart sounds, etc). Sartori and colleagues highlight the importance of unique skills required for telehealth visits, and the value of the virtual OSCE platform for teaching and assessing such skills.1 We created an OSCE to focus on one such skill, telehealth disposition triage, which is particularly important for safe medical management in a telehealth environment.

2 | WHAT WAS TRIED?

We modified two OSCE cases, focused, respectively, on management of abdominal and back pain, used during orientation of first-year residents to our internal medicine programme. Our goal was for residents to practise triaging patients to either: (a) continued management via telehealth, or (b) an in-person visit to gather additional information. We structured the cases so that one could safely be managed via telehealth, and the other required a subsequent in-person visit. We added clues to the history portion and trained standardised patients to portray key examination findings only if prompted by the resident. We also added clues to the physical background to suggest possible examination manoeuvres, for example, having the patient walk up and down a stairway visible on the screen during the back pain case. An attending physician preceptor observed the telehealth visit with their camera turned off. At the conclusion of the visit, the standardised patient turned their camera off and the attending physician turned their camera on. The resident then presented the patient’s case (including the triage decision) to the attending physician, followed by feedback about the visit process and the triage decision making.

3 | WHAT LESSONS WERE LEARNED?

Based on our own reflections as well as residents’ and attending physicians’ feedback, we learned three key lessons. First, all of the residents reported that this was the first time they had ever tried a telehealth visit, and had not received any preparation during medical school for decision making on a telehealth platform. The telehealth triage decision was novel for both attending and resident physicians, suggesting that further work is needed to conceptualise curricula to build proficiency in telehealth decision making. Second, our cases strategically provided clues to important physical findings that could be observed, via a telehealth platform, to inform triage decision making. We believe that this presents an opportunity for educators to work towards construction and teaching of a ‘virtual physical exam’, based on observable findings and manoeuvres to elicit them remotely. Finally, attending physicians noted that the virtual platform provided opportunities to observe nonverbal facial expressions of both residents and standardised patients, compared with in-person OSCEs, where watching at a distance from a single angle makes seeing facial expressions much more difficult. This enabled unique feedback opportunities about nonverbal communication. Our overall experience suggests that the telehealth OSCE in general, and telehealth triage decisions in particular, both warrant further exploration in graduate medical education.

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REFERENCE
1. Sartori DJ, Olsen S, Weinshel E, Zabar SR. Preparing trainees for telemedicine: a virtual OSCE pilot. Med Educ. 2019;53:517-518.