that allow the streaming of video, audio and clinical data, such as auscultation sounds, vital signs, fundoscopy, otoscopy, bedside ultrasound, and macrovideo of physical signs. These devices are commercially available and currently in clinical use. The data are shared in real time with students via teleconferencing software (Google Meet) allowing their participation in clinical care without risk of infection or need for PPE, providing an alternative method to gain clinical experience in a safe yet effective manner that consumes less resources critically needed for safe patient care, and in compliance with recommendations from regulatory authorities.

The RCPS allows clinicians to care for patients in real time, allowing learners to remotely participate in the history-taking, physical examination interpretation, diagnosis and clinical decision making and providing valuable clinical experience and the opportunity to continue their training and learn more about patient care in biological disasters.

The RCPS underwent alpha testing in different settings starting from simulated environments progressing towards the high-risk evaluation unit at the emergency room, allowing the prototype to be progressively modified. Learners were actively involved in the alpha testing providing valuable ideas for development though post-experiential focus groups.

3 | WHAT LESSONS WERE LEARNED?

Enhanced telepresence is not an ideal method of training, but it facilitates clinical education in situations which are unsuitable or risky for learners to be physically present at the point of care. Learners, faculty, patients and simulated patients involved in the testing and development of the RCPS expressed positive views of their experience participating in the clinical teaching sessions. Learners and faculty expressed that they felt they could gain clinical experience that would otherwise be impossible given the current restrictions and that the ability to receive live clinical data from the patient aided their understanding of the diagnostic process and was useful to develop a suitable management plan.

Patients and simulated patients expressed that initially they experienced some discomfort by the video but after getting accustomed to it they felt it was more comfortable than the presence of large groups of learners at the bedside.

The use of telepresence is not new in the field of medical education, but the integration of inexpensive existing technologies to share clinical data with learners in real time through an integrated system allows them to enhance their educational experience and have a better understanding of the clinical decision-making process.

As we further develop and test the RCPS, we hope to incorporate other health professionals to provide an interprofessional learning experience.

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Telemedicine implementation in family medicine:
Undergraduate clerkship during COVID-19 pandemic

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1 | WHAT PROBLEMS WERE ADDRESSED?

The COVID-19 pandemic forced cancellation of student clinical activities abruptly in March 2020. Clinical patient contact was needed to supplement the online curriculum that was implemented, whereas students were barred from clinical settings.

2 | WHAT WAS TRIED?

Introducing medical students to virtual visits with patients as an alternative to real-time patient contact during the COVID-19 crisis.

Shortly before the onset of the pandemic, our organisation had prioritised the implementation of ‘virtual visits’ using a proprietary
WHAT PROBLEMS WERE ADDRESSED?

Patients can actively contribute to health professions education (HPE). Such involvement results in higher patient satisfaction, enhanced patient-clinician communication and improved adherence to treatments. However, educators have minimal guidance on how to effectively involve patients in HPE.

WHAT WAS TRIED?

Using Thomas et al’s curriculum development approach, we designed and implemented a 12-module online course that provides educators with theory on as well as current evidence and strategies for patient involvement in HPE. The course targets HPE Diploma, Master and Doctorate students at a Canadian University. The course learning outcomes are as follows: (a) to critique theory and current

WHAT LESSONS WERE LEARNED?

Students readily adapted to this type of patient visit. A post-participation survey (1 = strongly disagree and 5 = strongly agree) of the students revealed: Connecting was easy and intuitive (3.80/5), meaningful connection with the patient was established (4.20), format was sufficient to demonstrate clinical skill to preceptor (3.60), student felt confident in ability to thoroughly assess patient’s complaints in virtual setting (3.80), and preceptor was able to teach sufficiently using virtual format (4.40).

Student participants felt that the experience was a meaningful introduction to telemedicine, provided an excellent opportunity to work on interviewing skills and provided a chance to work on a virtual team for the first time. Technical obstacles were very minor. They expressed the importance of communication with the attending physician before the clinic, and a post-clinic phone session for feedback and additional learning suggestions. Physical examination options were limited in this format.

Students and faculty alike felt the programme was a valid format for clinical experiences during clerkships and endorsed expanding it to all students training in family medicine at our institution.

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Course on patient involvement in health professions education

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