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Project Aim:

The aim of this project is to determine what methods were utilized by Interprofessional Team Immersion group 2 to establish connections between the provider and the patient during their Telehealth visits, and which method was most effective.



Introduction

Telehealth is an emerging service that is being utilized more than ever in medical care. A study found a 154% increase in Telehealth visits in week 13 of 2020 compared to the same week in 2019.¹ The increase in Telehealth is directly related to pandemic. Overall, an estimated 41-42% of US adults reported having delayed or avoided seeking care during the pandemic because of concerns about COVID-19, including 12% who reported having seeking urgent or emergency care.^{2,3} Telehealth offers a unique opportunity to receive medical care without having leave your home.

Telehealth is a great way to increase patient access to care, but it does not come without risks. First, not everyone has access to or is familiar with devices capable of virtual communication. This might lead to a disparity among the care received by people of lower socioeconomic status and the elderly/aging population. Second, not being in person decreases the ability to perform physical exams and diagnostic tests. There is not enough research available to see if outcomes are equivalent between in person care and Telehealth.

This experience allowed an inside look of what advantages and disadvantages Telehealth has to offer. Through patient interaction, we were able to find what works and what does not work in a virtual environment. Lastly, this experience allowed us to understand each of our clinical roles and how we can work together to provide the best patient care possible.

Methods & Data

In Spring 2021, members of IPTI Team 2 (SPPACE) partook in a series of Telehealth sessions involving two actors. These session consisted of two 20 minute back to back sessions one day, followed by two 20 minute sessions back to back several weeks later. All sessions were with the same actor(s). After the final Telehealth session team 2 members completed a three question poll to assess their personal IPTI experience.

The following data was collected through the survey:

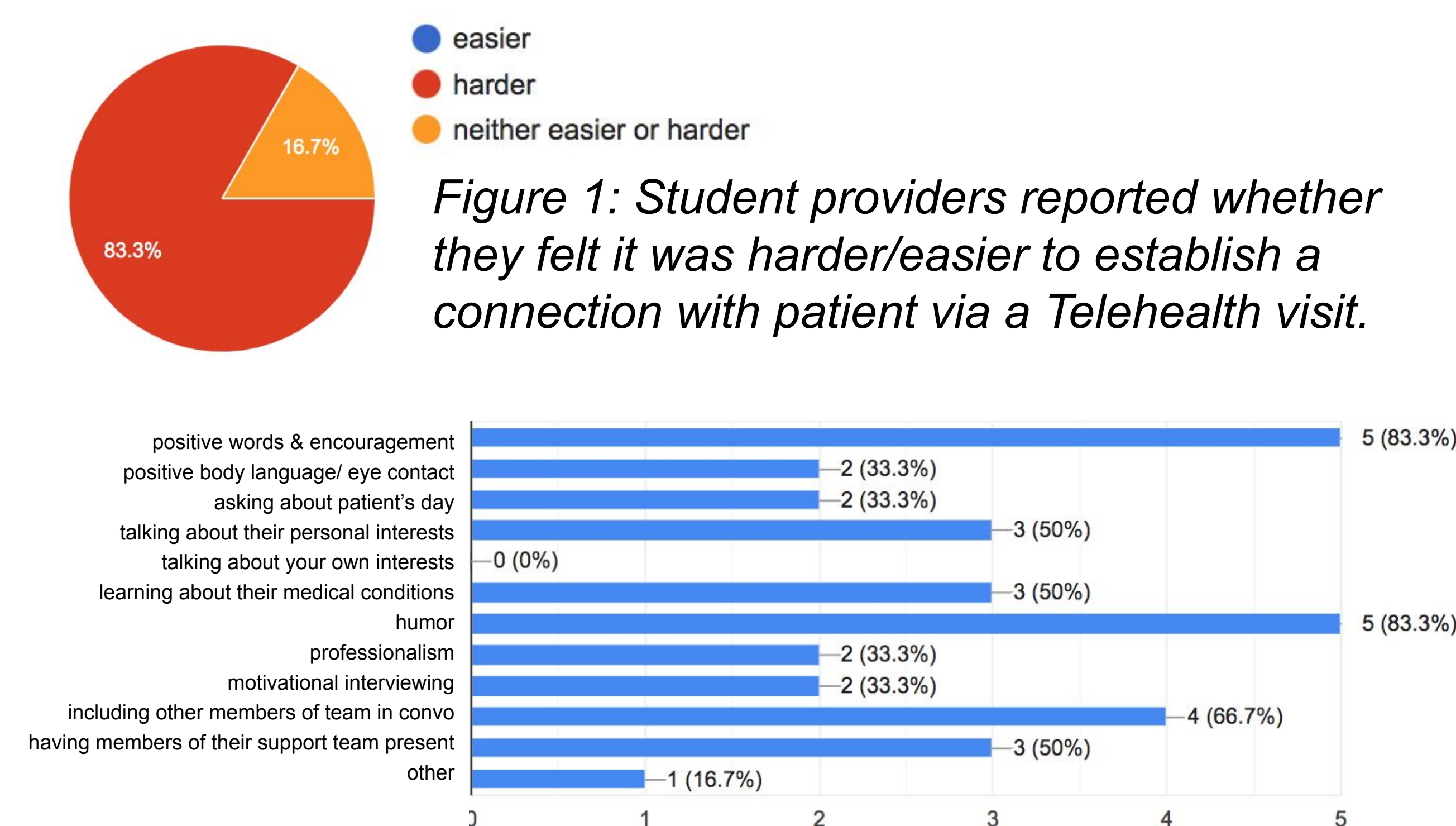


Figure 2: Student providers were asked to select all of the methods they used to establish a relationship with the patient.

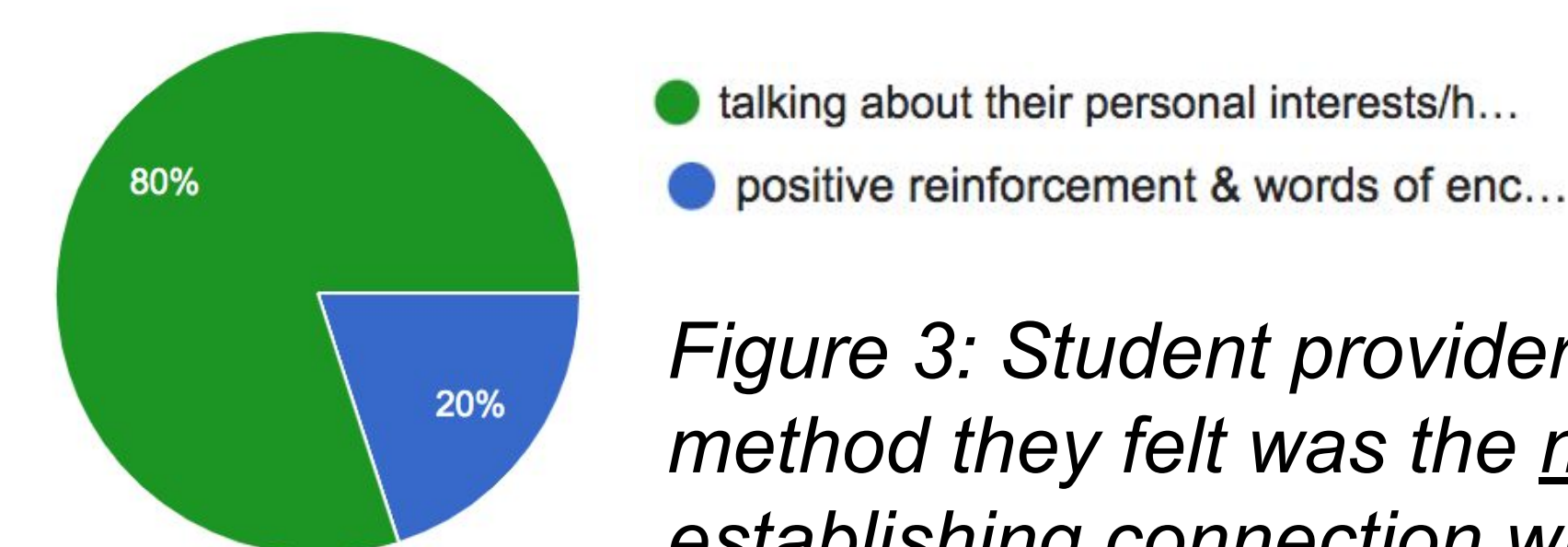


Figure 3: Student providers reported which method they felt was the most effective in establishing connection with patient.

Results

- The majority of team 2 found that it was harder to establish a connection with the patient in a Telehealth visit.
- The top three most used methods to establish a connection with the patient were positive reinforcement and words of encouragement, humor, and involving other team members in the conversation with the patient
- The majority of team 2 found that the most effective method used to establish a connection with the patient was to discussing their personal interests/hobbies.

Discussion

Overall, the group determined that telemedicine made it harder to connect with the patient. Making connections with patients requires both comfort and engagement from the provider and the patient. The SPPACE team faced the challenge of having a patient who did not want to actively engage. The patient was closed off and initially only responded with yes or no responses. The team continued to ask questions and provide a safe environment for the patient. Telemedicine hinders the ability to read body language. This can be an important element when connecting with the patient. All the patient can see is your face and hear your voice, which plays a role in prolonging the connecting process.

The team initially felt that there was minimal connection made during the first two sessions. However, at the very end of the second session the patient thanked us for spending time with them. This gave the team insight that the patient, although not appearing engaged, really appreciated the time we gave them and the questions we asked. The last two session were more focused on aiding the patient to feel comfortable and learn about their goals. The key to establishing a connection was talking about their interests and hobbies, showing them we cared about who they are, not just the medical history. Once this connection was established the patient was more willing to engage in our medical questioning and showed increased interest in their own health.

Conclusion

Potential for Future Studies & Takeaways: With the rise in Telehealth visits due to a multitude of factors, such as, increased access to healthcare in rural areas, decreased risk of exposure to illnesses, limited capacity in hospitals due to COVID-19, etc., future studies on factors that contribute to effective, comprehensive, and client-centered healthcare on interdisciplinary teams in a Telehealth are needed. Additionally, a larger sample size would support findings in future studies. Humor, shared interests, a strengths-based approach, and interdisciplinary collaboration had the highest impact on positive rapport building during Team SPPACE's simulated Telehealth experience.

References

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