

Resident and Attending Perceptions of Virtual Medicine During Covid-19

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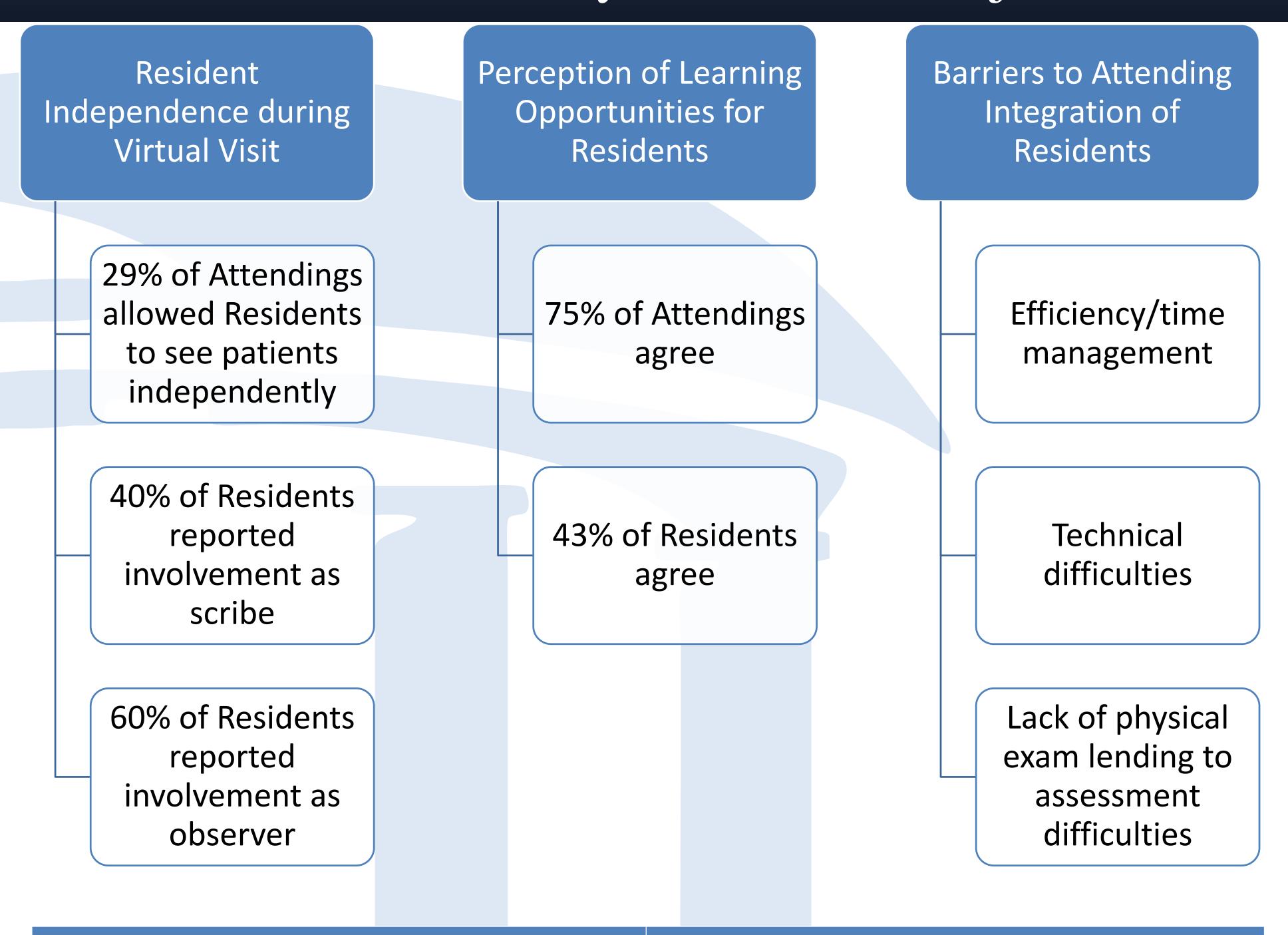


Objectives

The Covid-19 global pandemic forced the country into quarantine, leaving providers to adapt to virtual medicine as a means of patient care. In the realm of academic medicine, this shift left attending and resident physicians with the need to figure out best practices. While telemedicine has been adopted by some prior to COVID-19, the vast majority of medicine relies on the physician/patient physical interaction. Our project focuses on the perceptions of virtual medicine from the perspective of both the attending and resident physician.

Design

We designed a quality improvement project to investigate current practices in regards to the virtual patient encounter and integration of the resident physician learner. Clinical faculty and residents in the Physical Medicine and Rehabilitation (PM&R) department were surveyed anonymously via Qualtrics using a series of multiple choice and open-ended questions.



Advantages

- Access for patients who live far
- Screen sharing for patient education
- Convenience for provider
- Comfort for patients and possibly less vulnerability
- Flexibility with scheduling
- Cost savings on patients
- Ability for caregiver participation
- Further insight into patients home environment
- Easy for follow-ups or discussion-based appointments
- Less Covid-19 exposure risk
- Useful for triaging patients and having the option for in-person as needed
- Learning opportunities
- Ability to provide patient care during pandemic

Disadvantages

- Connectivity
- Lack of physical exam
- Inability to reconcile pertinent history findings with exam findings
- Background noise or poor video quality
- Mundane as an observer
- Poor ability to care for complex patients

Results

Data revealed most residents had been underutilized in the patient encounter, serving mostly as observers or scribes. Many reporters, including both attending and resident physicians, indicated a lack of training in both how to conduct a virtual physical exam as well as how to incorporate a learner into the encounter. In addition, there seemed to be a disconnect between the attending and resident physician in terms of learning opportunities available during the virtual visit.

Conclusions

Our findings indicate that a standardized protocol for navigating the virtual patient encounter would be necessary to continue meeting the needs of trainees. We plan to provide education to our clinical faculty on ways to better incorporate the learner into their virtual encounters with the hope that this will improve the experience for the attending physician, resident and most importantly, the patient.