

## Practical Tips for Clinical Supervision in Ambulatory Telehealth visits

For those encounters which require **direct** supervision of residents or fellows, *the teaching physician must participate in key aspects of the encounter.* It is important to plan and discuss your workflow and communication strategy prior to patient contact. Workflows vary, but important points to decide include:

- Who will initiate the visit?
- At what point in the visit will the supervisor join?
- How will the trainee contact the attending when they are ready to precept the visit?
- Will you discuss the patient's story and develop a plan in front of the patient, or will you have a private precepting conversation first?

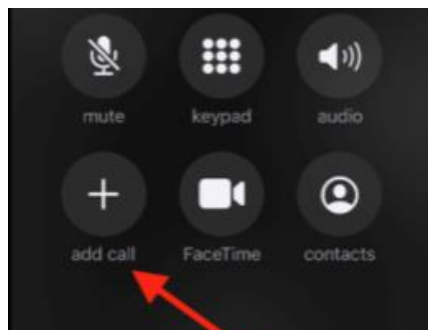
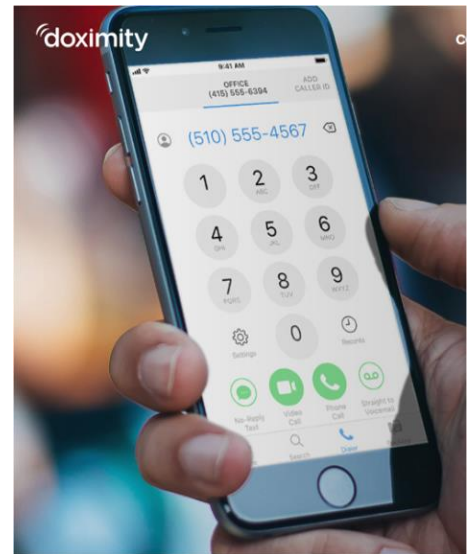
### For telephone visits:

Using the Doximity app is recommended if the call is initiated from a personal device, to mask your personal number and make the call appear to come from your office: <https://www.doximity.com/app>

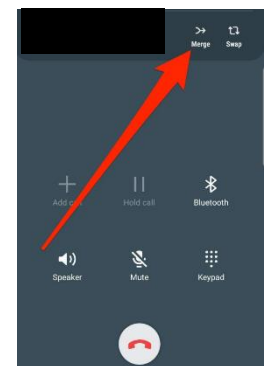
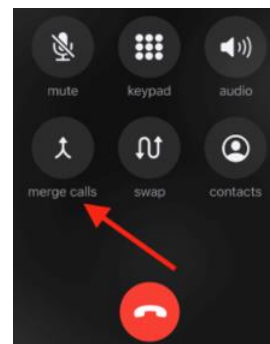
### 3- way telephone call workflow with trainee:

- 1- Trainee initiates the call (using Doximity.)
- 2- Trainee may complete an initial history.
- 3- Trainee uses the regular phone dialer to call the supervising physician using the "add call" function at any point.

This 2<sup>nd</sup> call will come directly from the trainee's phone and their number will be visible to the supervising attending; the patient will still not be able to see the number. The patient will automatically be put on hold when the 2<sup>nd</sup> number is dialed.



- 4- The trainee can discuss the case with the supervising physician while the patient is "on hold" if a private conversation is desired.
- 5- When the trainee and attending are ready to finish the visit with the patient, the trainee can then use the "merge calls" function to set up the 3-way call. The supervising physician should confirm key elements of the encounter as needed.



(Location of the merge command varies)

Additional information about 3-way calls with Doximity can be found at <https://support.doximity.com/hc/en-us/articles/360046450933-Using-Dialer-for-3-way-or-Conference-calls>.

## For Zoom video visits:

If the trainee is going to *initiate* the visit, they must be the **host** or **alternate host** of the Zoom meeting when it is scheduled *or* designated prior to starting the meeting. You must both be logged into Zoom via the URMC single sign-on.

- For resident or fellow continuity clinic, the resident or fellow will have their own schedule and should be designated as the **host** at the time the appointment is scheduled.
- For elective or faculty clinics, where a trainee is working on the faculty member's schedule, the supervising attending may need to **add the trainee as an alternate host** if they want the trainee to initiate the visit.

1. Choose the visit from the "meetings" list

2. Choose "Edit"

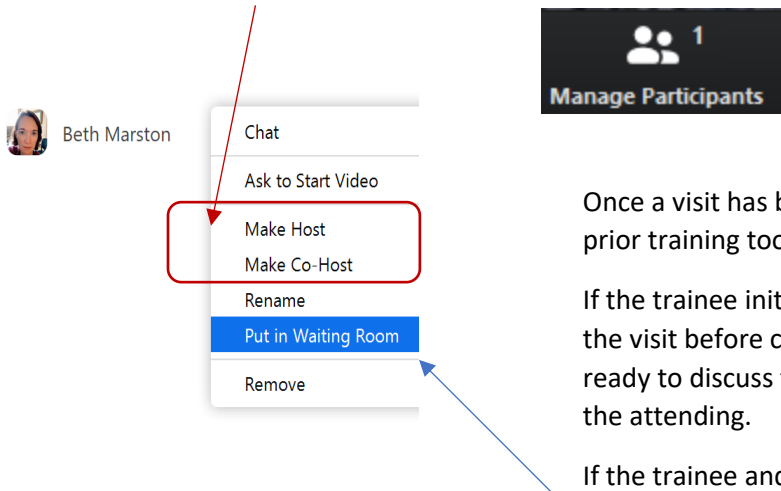
2. Open "Advanced Options"

4. Add the trainee's URMC email address to the alternative hosts section.

5. Save the meeting.

(You may get a pop-up window looking to schedule this on a calendar when you save. You can skip or exit out of this window if you don't need a calendar notification.)

- Alternatively, the original host (attending) can start the visit and admit the trainee as a participant. He/she can then be designated as a host or co-host from the “participants” menu if the attending isn’t staying on for the entire visit.



Once a visit has been initiated, the meeting should be “locked” (see prior training tools).

If the trainee initiates the visit, they can complete the initial part of the visit before contacting the supervising physician. Once they are ready to discuss the case, the trainee *must unlock the visit* to admit the attending.

If the trainee and supervising physician wish to discuss the case privately, the host can place the patient into the “waiting room” (or “on hold”) using the “participants” menu (as above). After discussion, the patient can be re-admitted to the meeting from the “participants” menu.

Additional information about host controls for managing participants can be found at <https://support.zoom.us/hc/en-us/articles/115005759423-Managing-participants-in-a-meeting>.

#### Other considerations for Zoom visits:

- See the URM Telemedicine Provider Guide for advice on preparing a workspace and using devices. Using two monitors or having a separate device for Zoom and eRecord is helpful. If you are using a telephone for audio, be sure to build in extra time to connect your audio.
- Work with staff to be sure the links and meeting ID numbers are available in the eRecord schedule view (“notes” column) for all providers who may be participating. Some providers are having Zoom visits scheduled on the Zoom calendar or on Outlook. Be sure trainees are able to access these visits in another way or arrange an alternate way to send them the meeting link/number information (eg email) prior to the scheduled visit.
- Communicate your practice’s policy regarding “no-show” tele-visits with all members of the care team including trainees. Most practices are using a backup of a telephone call or two if the patient is not present in the video at the time of the scheduled encounter. Some practices are having staff contact patients to start each visit.

#### For all telemedicine visits with trainees:

- Be sure all provider participants are in a quiet and private space, and are comfortable explaining to patients how privacy is protected. Discuss with your team how subsequent communications with the patient will be handled. (MyChart use is encouraged.)
- Be sure trainees who are doing visit documentation are using an appropriate telehome note template and that the supervising attending is using a telehome attestation phrase (.URMCTELEHOMESTATTEST). Discuss billing options and codes with trainees.
- Be sure to document the mode of communication used for the visit.