

Medical Student Telemedicine Corps Logistics

Welcome to Telemedicine! This will require a large amount of effort and time up front, but this initial investment will soon pay off. The nice thing about this is that we won't have the frantic time constraints of a normal clinic. If you gather data from Cerner beforehand and organize it well and review it thoroughly, the visits will be more efficient and your role will be that much more helpful! This is a step-by-step guide to help you winnow out the salient data from the EMR ocean.

STEP 1A - STUDENT CHART REVIEW:

You need to conduct a **thorough** chart review via Cerner; take notes while reviewing and then organize the notes as per 1B.

"Ambulatory View"

- BP, HR, RR/O2, BMI trends in last 18 months
- Diagnoses coded (trust but verify!)
- Allergies
- Pending Appointments
- Pending labs, imaging

"Results"—usually you will set the time frame to 2 years

- Labs
- Imaging
- Microbiology
- Pathology
- Diagnostic
- Ambulatory (this is where some of the phone calls end up)

"Medications"

- Compare to "External Review" populated by outside pharmacies
- You will review the contents of both of these lists with the patient during your phone call

"Documentation"

- "All" category for several pages
- "Physician" category for last 1-2 years
- "Discharge Summary"
- "History and Physical"
- "Consult"
- "Clinic Notes"
- "Physician Note"

"Media" (this includes scanned outside records)

- External notes

STEP 1B – STUDENT INITIAL WRITE UP:

- Past Medical History (with annotations where appropriate)

- Past Surgical History

- Current Medications per chart (and I'll ask you to review the fill history via both "Medications" and via the "External Review" subset of Medications in Cerner as well as to review all the Rx and OTC medications when you speak directly with the patient)

- Allergies (to what/reaction/when)

- Social History (past employment and current living/job situation; alcohol/drug/smoking use are important)

- Specialists Consulted (and diagnoses/recommendations)

- Last and Next appointments (dates/specialty)

- Ordered and incomplete tests

- What are you worried about?

- Associated problems with planned questions (e.g. if patient has DM, renal disease or HTN, will want to ask above CVD hx and sx and recent home BP and last labs. Also ask whether taking appropriate meds for diagnoses—should they be taking ACEI/ARB, statin, anticoagulants if they have certain risks?)

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What medications should they be taking for their conditions? Are they taking those (by “External Review”)? Are there meds that they should not be taking that they are taking? Are there OTC/supplements that they should avoid?

STEP 2 - STUDENT ON PHONE WITH PT:

Discuss with patient via Telephone (“Hello, Mr. X, This is Medical Student Y. I am calling from Banner-Tucson North Hills clinic and I’m working with (Faculty name), who is one of the supervising physicians in the North Hills Internal Medicine Residents’ clinic. (Faculty name) has asked me to call and review some items with you before we call you back together/she calls you back herself later today. Is it okay if I talk with you now and get some information to help make sure we cover what needs to be discussed for your Telehealth clinic visit? (Faculty name) and I will call you back between Z+2 hour time, will that be okay with you?”)… more details may come from admin, but let’s use this for the time being.

- Reason for Visit
- New problems (can coax possible problems and symptoms via the PMH if no new problems proffered)
- Review of PMH
- Review of Symptoms (usually tailored for the diseases that are in PMH and in Med List)
- Review of Meds (with notation of any difficulties taking/getting/tolerating meds— cost and accessibility are issues that are often missed; compare Rx’ed vs fill hx vs patient history)
- Review of Med Allergy
- Review of Social History
- Recent BP or pulse or pulse ox or glucose or INR levels
- Recent labs or imaging or other tests? Did they get the results of any tests ordered at/since last visit? Any studies outside our system?

STEP 3 - STUDENT POST PT CALL → CALL FACULTY and DISCUSS YOUR CALL

Propose a Problem-based Assessment; if comfortable, propose a Plan for each area (can include questions to discuss further)

- Include a category for “unclassified” or “misc” or “student question” that we will discuss together after you
- Send (securely) your write up from #2 above; will enter into EMR

STEP 4 – FACULTY CALLS PT: Telehealth visit with patient (not able to use secure 3 way calling at this time)

STEP 5 – FACULTY WRITES TELE NOTE in EMR with her Assessment and Plan and signs your Student Note. Please review (Faculty name)’s note and make sure you agree and that you understand my A/P.

Without good prep work, the televisits can be chaotic and not helpful (at best); with good prep work, however, they can run smoothly and be wonderful ways to do patient care. I am really going to depend on you! Please let me know if you need coaching, advice, help. I don’t expect this to be easy at first… it may take well over an hour to just do a good chart review and at least 40-60 minutes on your telephone/video to the patient just to gather data on complicated patients. I’m here to help you get your sea legs. Please reach out to me at any time. My cell: (insert cell #)

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