Title: Lessons Learned from an Academic Half Day on Telehealth and Teleneurology with Pediatric Resident Physicians

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CURRICULAR INNOVATIONS

Problem/Needs Assessment: During the COVID-19 pandemic, in-person interactions needed to rapidly become virtual. Unfortunately, many providers lacked sufficient virtual clinical experiences to develop familiarity, conduct effective evaluation, and deliver compassionate care virtually.

Program Objectives: By the end of the academic half day workshop, the pediatric residents would be able to 1) discuss the advantages and limitations of telehealth in the pediatric population; 2) adapt to common challenges during the telehealth visit; and 3) deliver an age-appropriate neurological examination virtually.

Description of Program: This 4 hr workshop occurred over Webex on October 2, 2020 and was organized into two events moderated by Drs. Strauss and Martindale. The resident physicians were organized into four small groups, each given one general examination case and two neurological exam cases. The first event began with a 40-minute general telehealth experience overview covering advantages, disadvantages, and adaptations to unexpected challenges, a 10-minute small group breakout session reviewing general telehealth exam cases, and a 20-minute large group discussion. After a 10-minute break, the second event was a 20-minute breakout session covering two teleneurology case before reconvening for a larger group discussion. This was followed with a 10-minute wrap-up.

Evaluation/Assessment: 14 of 25 attendees (56% response rate) completed an online, voluntary post-session survey. 86% were very or extremely satisfied with the content and felt similarly on the effectiveness of content delivery. 79% found the content helpful or very helpful in boards preparation and 93% anticipate using the material covered occasionally or frequently in clinical practice. The respondents enjoyed the telehealth opportunity, small group
interactions, video demonstrations, and having neurologist moderators. While overall feedback was positive, suggestions for improvement included a shorter introduction to telehealth, more boards relevant cases, and longer large group discussions to hear about other cases.

Conclusions and Lessons Learned: Virtual small group discussions are successful in increasing familiarity with telehealth and reviewing boards-relevant cases on pediatric patients. There is interest in future telehealth didactics to include teaching through specific patient case scenarios.