

Telehealth Guidance for Medical Students and Supervisors

Office of Undergraduate Medical Education, School of Medicine, OHSU

Date: May 11, 2020

Given the impact of COVID-19 pandemic on medical education at large, we have provided the following guidance to medical students and supervisors regarding language for students to use for **INPATIENT encounters** that occur virtually or via telehealth, and for the student documentation in the electronic health record. (Please see the section at the end of this document regarding **AMBULATORY encounters**.) This document will be updated as needed and as circumstances related to COVID-19 change.

Script – to be used verbally when a student is introducing themselves on a virtual visit either on the phone or via WebEx with a patient on an INPATIENT service or team

“Hi (Patient Name). My name is ____ and I am a ____ year medical student on the inpatient/outpatient ____ (Internal Medicine/Pediatrics/Family Medicine, etc) medical team. In my role as a student, because of the coronavirus pandemic I am learning and working virtually with ____ (resident/attending/supervisor) and ____ will be following up with you later this morning/today to discuss your concerns, answer questions, and discuss your care plan. I would like to talk with you now to gather some information from you about ____ (how you are feeling/how you did overnight, etc) that I’ll share with ____ (supervisor). Would you be able to talk with me now?”

At the end of the patient encounter, student script should include:

“Thank you for letting me participate in your care. Please wait until your conversation with my supervisor, ____ (name), that is part of this encounter before making any changes in to your health care.”

Templated note language used when student is part of the INPATIENT care team and the student documentation may be referred to or used by a licensed provider for billing purposes

– to be added to the top of every documentation note (e.g., admission note, inpatient progress note, discharge note, etc) a student authors in EPIC in advance of, or following, any virtual patient interaction including phone call or WebEx virtual encounter

The documentation below is authored by me, _____ (student first and last name), _____ (2nd/3rd/4th) year medical student at OHSU. This documentation is based on my interaction with this patient virtually, using the remote method of _____ (phone conversation/WebEx video conferencing system/etc). I was not physically present with the patient during this interaction. My documentation will be reviewed, corrected as needed, and attested to by my supervisor who is responsible for documenting the medical decision making for this patient.

Templated note language used when student is part of the INPATIENT care team but the student documentation WILL NOT BE referred to or used by a licensed provider for billing purposes – to be added at the top of every documentation note a student authors in EPIC that is for educational purposes only.

The documentation below is authored by me, _____ (student first and last name), _____ (2nd/3rd/4th) year medical student at OHSU. This documentation is for educational purposes only, and is not for medical decision making for this patient.

Additional Guidance from Information Technology Group, Marie Steelman, Assoc VP

Any problem with using a home phone?

Yes, this is a problem. No OHSU student should be using a home phone number to call a patient or to conduct OHSU business. They should use Single Number Reach and Mobile Voice Access ([Technology for Telework](#)). Also, they could dial *67 before calling the number and it will temporarily deactivate caller ID, displaying “private number.” This is also not best practice for a student to use a home phone as it can turn into other issues. For example, the student calls a patient with their personal number and now the patient has it and calls back to leave a detailed voice message containing PHI on the student’s personal phone. Or, the patient now has a number to call a student for any issue at all hours and/or could start tracking them through their phone becoming a student safety issue.

- **Calling patients while masking your mobile number:** Single Number Reach (SNR) and Mobile Voice Access (MVA) — this option is available for local cell phone number only (area codes 503 and 971). See the telephone guide on the [Technology for Telework](#) page for information.
- **Doximity** is temporarily allowed during COVID-19, it should only be used if the OHSU-approved tools (e.g., VPN phone or cell phone with Single Number Reach and Mobile Voice Access) do not meet a specific business need. OHSU-approved tools also include:
 1. **Secure faxing:** [RightFax](#)
 2. **Secure messaging with OHSU colleagues:** [Spok Mobile](#)

Should we mandate the use of Doximity Dialer?

Doximity is temporarily allowed during COVID-19, it should only be used if the OHSU-approved tools (e.g., VPN phone or cell phone with Single Number Reach and Mobile Voice Access) do not meet a specific business need. I do not think we should mandate Doximity, but students must use any appropriate tool such as mentioned above which may include Doximity temporarily during this COVID-19 time.

Besides WebEx, are there digital platforms that would be ok to use.

The approved digital platforms for video conferencing are Webex and Nexus.

Are there any issues regarding the use of personal mobile device assuming that they have MDM in place?

There is no issue using a personal mobile device running MDM which allows access to OHSU email. Although, students should be reminded not to text or take photos on a personal mobile device unless it is using OHSU approved apps such as Epic Haiku, Epic Canto and/or Spok Mobile.

Are there any issues regarding the use of a personal non-mobile device (e.g., a home computer) that doesn't have MDM?

A home computer can access OHSU information via Citrix using Duo.

Additional Information:

Secure email should be used for any OHSU email going outside of the organization containing PHI and/or restricted information. <https://o2.ohsu.edu/information-technology-group/help-desk/it-help-pages/secure-email.cfm>

1. No additional actions are required when you communicate restricted information to another *@ohsu.edu* email address. All emails between *@ohsu.edu* email addresses are sent securely and are encrypted.
2. **Note:** Never place patient names or other PHI in the **Subject** line of any email — if your *@ohsu.edu* colleague forwards the email to an outside email address, that forwarded email is **not** sent securely!
3. When composing a secure email, begin the **Subject** line with *secure* and include a space and additional text after *secure*

Guidance for Students and Supervisors Regarding AMBULATORY Patient Encounters

As of May 11, 2020, **medical student access to telehealth opportunities in the ambulatory setting is restricted** while our institution rapidly expands its telehealth training and support to licensed clinicians and healthcare employees using MyChart. The current timeline for different groups' training and onboarding for telehealth encounters in the ambulatory setting is as follows:

1. Attending physicians and approximately half the residents and fellows are now authorized to use telehealth through MyChart in the ambulatory setting.
2. The next priority group for training and onboarding involves the licensed independent practitioners (LIPs) with a completion target date of May 22, 2020.
3. After May 22, 2020, the other half of the current residents and fellows will be trained and onboarded.
4. In mid- to late-June, the incoming residents and fellows to OHSU will be trained and onboarded.
5. In late-June or early-July, 2020, after training, **medical student involvement using the new process may start**, but this could be delayed into the summer 2020 or later depending on the above steps.

Once available, telehealth opportunities with a student will involve a three person workflow (i.e., patient, learner, and licensed clinician) and it will take place through MyChart. The system requires a device with iOS software (Apple iPhones and iPads) or a PC with a VPN connection. Devices using Android software **will not** be able to access the telehealth system.

*This document will be updated once the exact timing and details of student participation in **AMBULATORY** telehealth patient encounters are known.*