



Upcoming Events

Click here for an at-a-glance view of our upcoming events for the next 3 months

Approximating the Patient Experience

Fueled by the restrictions and safety concerns surrounding COVID-19, faculty have been forced to alter practices of care and teaching. Even without in-person office visits, technological advances allow us to continue to care for our community remotely. Yet, how do we approximate the patient experience for our learners and efficiently teach while providing the experience either via tele-medicine or otherwise?

Organizations have been clamoring to identify and share resources to support remote clinical teaching and precepting as learners have been removed from the in-person patient care environment. Webpages and hubs have exploded with information to guide us as we navigate these unfamiliar waters. On our TEACH website, we have developed our own Remote Patient Experience and Precepting Resources page, curated with helpful, quick-access resources.

In addition to resources for remote precepting and patient experiences, there are foundational concepts we can all benefit from remembering as we set forth into the unfamiliar:

- Even though the patient encounter looks different, it is still important to set and share clear, attainable objectives for your learners specific to each encounter.
• While it might not be possible to do so face-to-face, you should still find a mechanism to provide regular and constructive feedback on your learners' communication skills, clinical skills, and "web-side" manner.
• Challenge yourself to look for varying and creative alternative encounters and virtual patient experiences for your learners. Examples include simulated video encounters with standardized patients, virtual exams, tele-medicine visits, and more!
• Take time to review preceptee expectations and responsibilities before each encounter.

Things will certainly look different as we approach our new normal in the coming months. The future is rife with opportunity for us to begin combining clinical teaching, patient care, and technological innovation. Advances in technology have opened the door to exciting possibilities for improving patient outcomes and we should leverage this opportunity with our learners. This will allow us to help them prepare for the growing use of tele-medicine and for you to role model how to do so effectively. Maybe in the future we will see tele-medicine precepting become a regular part of classroom and clinical instruction.

Please make sure you review and share the resources we have included on the TEACH website. Also, make sure to let us know of other resources that would be valuable for faculty or if you have specific teaching situations for which you would like us to help find a resource.

And, don't forget: our TEACH team is providing an online teaching consultation service to help guide you on how these resources can be used; just request a consultation here!

Shari & Mariah

References:

https://www.aamc.org/news-insights/bedside-webside-future-doctors-learn-how-practice-remotely
Ward, A., & McComb, S. (2017). Precepting: A literature review. Journal of Professional Nursing, 33(5), 314-325.

Dean's Corner

At VTCSOM, preparing future leaders in medicine requires us to teach the fundamentals of how health care is delivered and how systems can work to optimize the health of patients and communities. Health Systems Science (HSS) comprises 12 different content domains that are relevant for physicians to understand. Each month this year the Dean's Corner will highlight one of the 12 domains of HSS.

I ended March's Dean's Corner cautioning that we should all prepare for a challenging month ahead. Deaths from COVID-19 in the U.S. grew from 5,000 to 50,000 between April 1 and April 24. Mortality continues to rise, and there has been a disproportionate impact on communities of color. According to an analysis in the Washington Post, predominantly black counties experienced a threefold higher infection rate and a sixfold higher death rate from COVID-19 than predominantly white counties

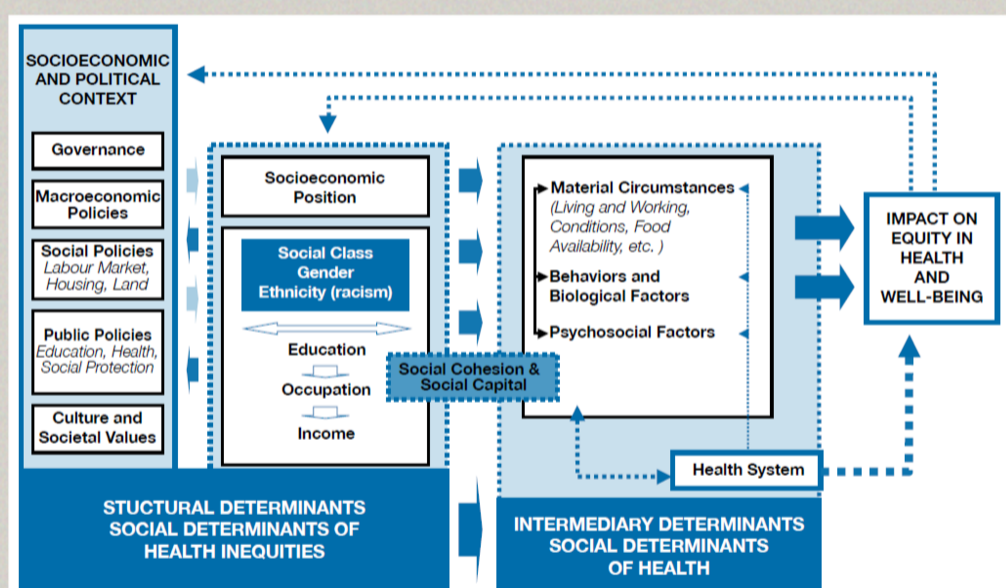
(https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infesting-killing-black-americans-an-alarmpingly-high-rate-post-analysis-shows/).

Health Disparities and Social Determinants of Health are important components of health systems science, the study of how health care is delivered and how to improve the quality of health for patients and populations. Health disparities refers to health outcomes that differ according to demographic characteristics such as race or ethnicity, and where those differences are not fully explained by a lack of access to care. Social determinants of health are "the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels" (https://www.who.int/gender-equity-rights/understanding/sdh-definition/en/).

Seeing the disproportionate burden of COVID-19 morbidity and mortality through the lens of health systems science yields an informative set of potential explanatory factors. Although access to care may be a part of problem, a full assessment would scrutinize how conditions of birth, development, and adult life played a role and how societal structures shaped those conditions. For example, African Americans have higher rates of diabetes, heart disease, and lung disease, conditions that make patients more vulnerable to severe respiratory complications of COVID-19. The World Health Organization published a paper in 2010 that introduced a framework for social determinants of health.

WHO Framework for Social Determinants of Health

(http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf, Accessed April 27, 2020)



The 79-page paper presented data to support the associations and causal relationships depicted in the framework. Additional supportive evidence has accumulated over the past decade.

Simple solutions are not robust enough to resolve the health inequities evident in the COVID-19 statistics. However, lives can be saved over the long term by addressing the complex structural factors that sustain differences in material circumstances, behaviors, and psychosocial factors that impact health and well-being. When physicians and other health professionals advocate for socioeconomic and political changes that promote equity, they are investing in long-term solutions that can improve the health of individual patients and communities.

Here is an example of how one physician is raising public awareness of social determinants of health and health disparities, as well as the importance of increasing the diversity of doctors in medicine: https://whatisblack.simplecast.com/episodes/what-a-doctor-looks-like-increasing-the-diversity-of-doctors-in-medicine-9NK6wCgM

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