

INTRODUCTION

The expansion of telehealth, both in educational settings and in clinical practice, is limited in part by a lack of programs with documented success teaching telehealth to healthcare students and providers. Columbia University College of Dental Medicine (CDM) implemented a new telehealth rotation into the clinical curriculum for third-year dental students (DDS-III) beginning in 2020-2021.

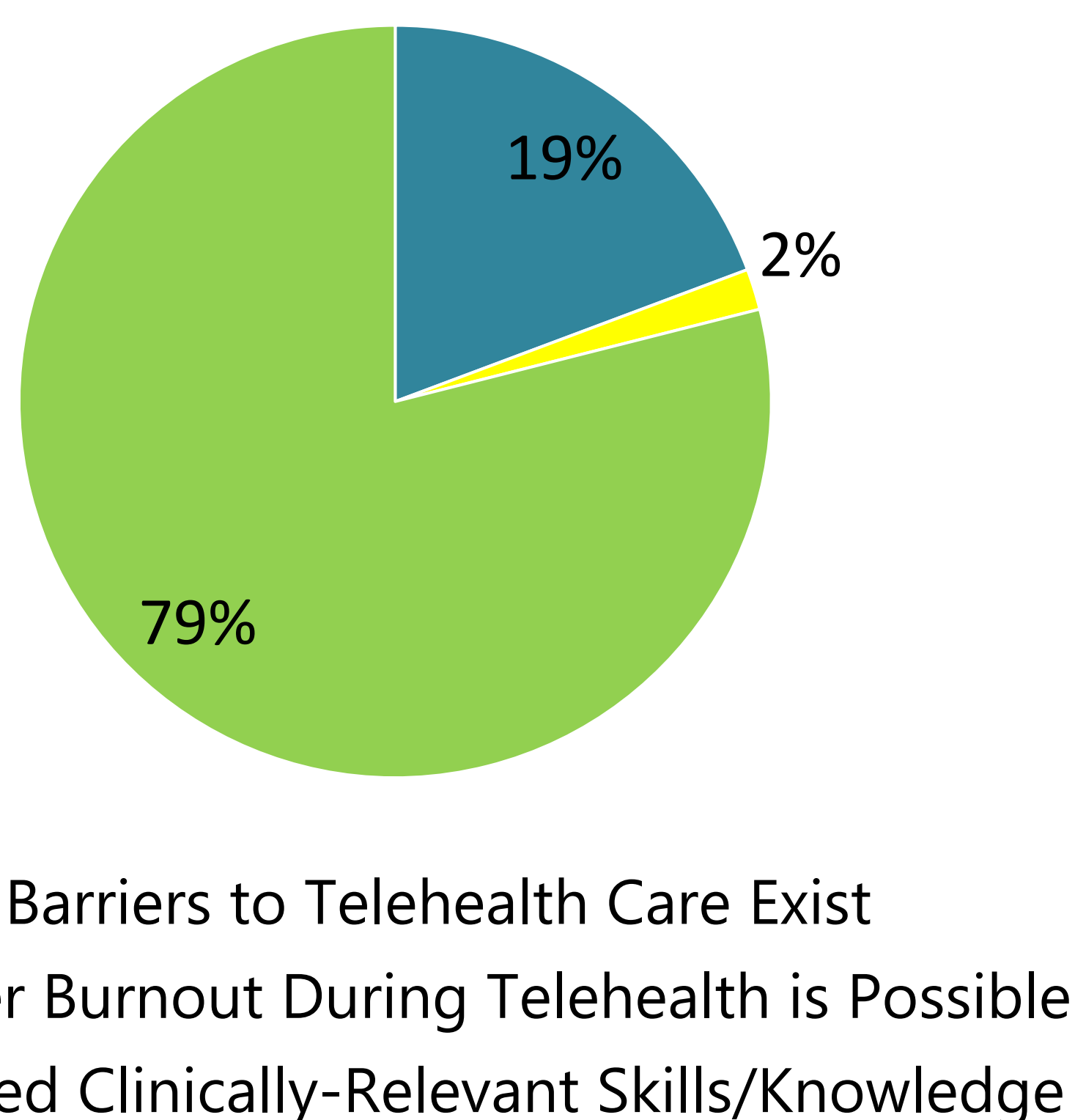
METHODS & MATERIALS

1. The CDM telehealth rotation engages all 95 DDS-III students through virtual interactions with patients for screening and triage.
2. DDS-III students submit written post-rotation feedback at the conclusion of each 1-week telehealth rotation.
3. Post-rotation feedback was analyzed qualitatively to identify emerging themes and was coded to quantitatively describe students' attitudes and beliefs about telehealth.

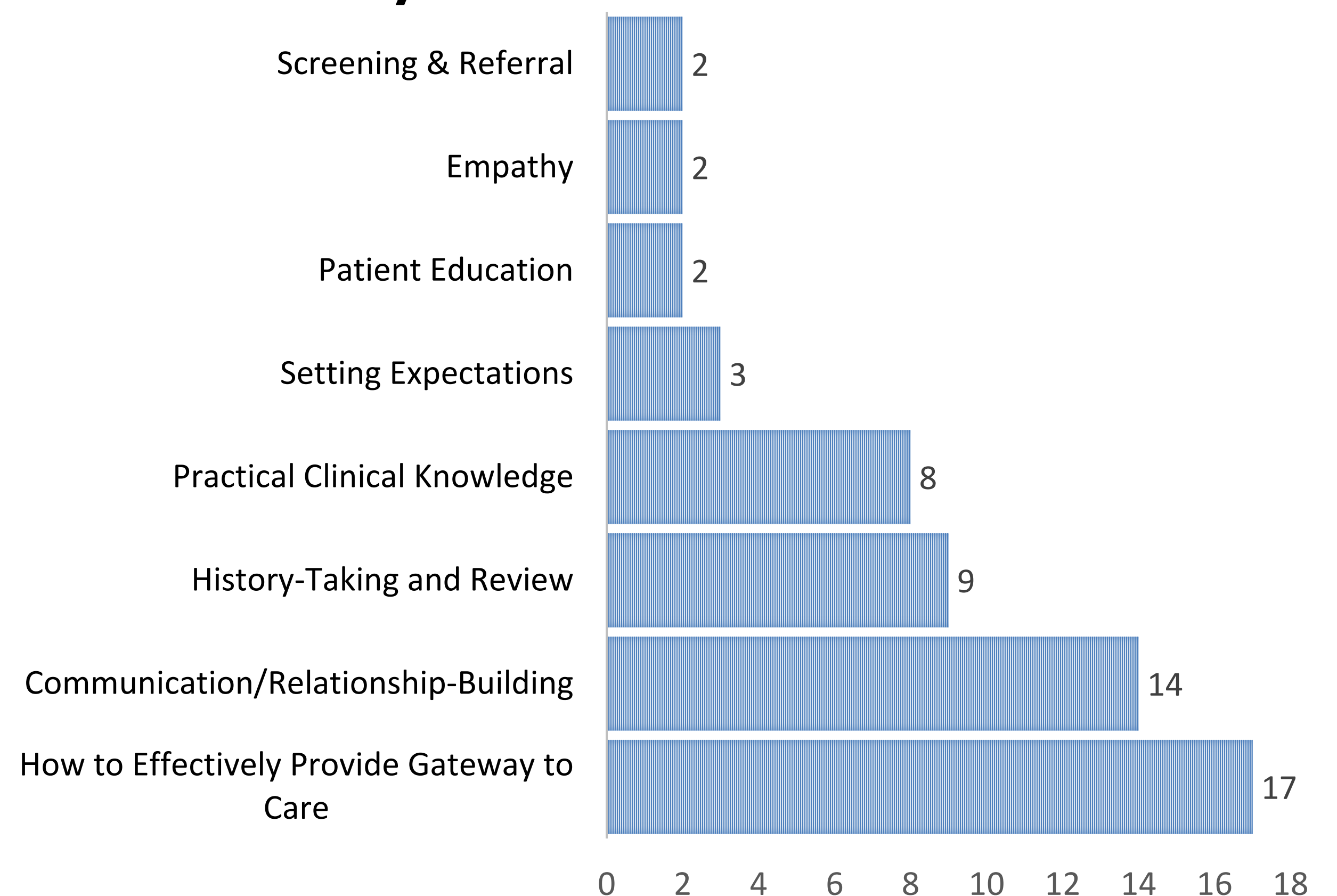
RESULTS

- The responses of the first 54 students to complete the rotation were analyzed at the time of poster submission.
- Three themes emerged as follows from responses to "what was the most important or interesting" takeaway from the rotation: 1) patient barriers to telehealth care exist, 2) provider burnout during telehealth is possible, and 3) the rotation improved clinically-relevant skills/knowledge.
- 79% (n=45) students reported that "the most important or interesting" learning experience from the telehealth rotation was that they improved clinically-relevant skills/knowledge during the rotation.
- The most frequently reported improved skill during the rotation was the skill of *how to effectively provide gateway to care* via telehealth services followed by the second-most reported improved skill of *communication/relationship-building* with patients.

MOST IMPORTANT REPORTED STUDENT LEARNING TAKEAWAY



IMPROVED CLINICALLY-RELEVANT SKILLS/KNOWLEDGE



EXCERPTS TO ILLUSTRATE THEMES

1. PATIENT BARRIERS TO TELEHEALTH CARE EXIST

- "the **no-show rate** for teledental appointments was roughly the same as that of in-person appointments."
- "patients did not show up and part of this was due to **technological challenges**."

2. PROVIDER BURNOUT DURING TELEHEALTH IS POSSIBLE

- "[telehealth allows] a large volume of patients to be scheduled and seen on a given day. While it is great to be able to see such a large number of patients, it is important to consider **provider burnout**."

3. IMPROVED CLINICALLY-RELEVANT SKILLS/KNOWLEDGE

- **How to effectively provide gateway to care:**
- "this virtual appointment is **valuable and trustworthy**. . . a lot of information can still be gathered to assess the patients' health and **formulate valid decisions**. . . and **properly direct** the patient into the correct dental treatment"
- **Communication/Relationship Building:**
- "[I learned] the **importance of patient communication** and how to better **create meaningful doctor-patient interactions** during our appointments. . . this experience enabled us to engage with patients in a more **intimate and direct way**"

CONCLUSIONS

- The fact that so many students reported patient barriers to care still exist in a telehealth setting suggests more work must be done to further improve access to care. Moving screening and triage appointments to a telehealth setting does not alleviate all barriers to initiating care.
- The skills reported by students as the most important learning takeaway from the telehealth rotation are applicable to many aspects of care delivery, beyond the scope of telehealth. Since the telehealth rotation does not involve hands-on clinical skills, students have a greater opportunity and responsibility to practice soft skills such as relationship-building and communication.
- Telehealth education allows students to improve essential clinically-relevant skills and knowledge beyond the procedural skills emphasized during in-person patient appointments.

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