

Telemedicine needs to be integrated into cardiology training, experts recommend

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The COVID-19 pandemic has resulted in an abrupt change in healthcare delivery, including a shift from in-person visits to telemedicine. However, a Canadian survey found that a significant proportion of cardiology trainees are uncomfortable with using telemedicine and feel that better preparation for new-tech medicine is needed. Experts draw attention to the need for a telemedicine curriculum that includes supervision to prepare trainees for the expanding role of telemedicine in cardiovascular care. Survey results are published in the *Canadian Journal of Cardiology*.

"Our outpatient care shifted almost overnight from in-person visits to providing care to patients via telephone or video platforms (known as [telemedicine](#)) as a result of COVID-19," explained principal investigator Parvathy Nair, MD, FRCPC, Division of Cardiology, Department of Medicine, Vancouver General Hospital, University of British Columbia, Vancouver, BC, Canada. "It was clear that training had to adapt to this change."

Virtual visits are fundamentally different from face-to-face encounters. They require providers to employ key communication skills such as effective web-side manners, agenda setting, reflective listening, virtual physical examination skills, and understanding the medicolegal boundaries of virtual healthcare. Of equal importance is recognizing situations in which virtual visits should not replace face-to-face encounters, for example in acutely ill patients requiring full physical examination.

In December 2020, the investigators distributed a self-administered survey of 22 questions in four categories (background, exposure to telemedicine before COVID-19, current telemedicine experience, and perceived barriers to telemedicine). A total of 86 cardiology trainees from 12 programs in Canada completed the survey, a response rate of 65 percent.

Before COVID-19, 39 trainees (45 percent) reported having been exposed to telemedicine. This increased to 67 trainees (78 percent) after COVID-19. Junior trainees had less exposure to telemedicine compared with senior trainees: 16 out of 25 (64 percent) versus 51 out of 61 (84 percent), respectively. When engaged in telemedicine, only four of the 67 trainees reported full supervision with an attending physician overseeing the entire virtual visit, while 13 reported partial supervision and 50 had minimal or no supervision.

"We found that only 51 percent of the trainees were comfortable or very comfortable with providing outpatient care via telemedicine," noted Dr. Nair. "We attributed this to the lack of dedicated telemedicine training. Additionally, our finding that three-quarters of trainees had **minimal or no supervision** when carrying out virtual visits suggested that lack of staff oversight may contribute to this lack of [trainee](#) comfort. Trainees with higher telemedicine exposure were more likely to feel comfortable with its practice and intend to adopt it in their future careers."

The reasons given by trainees as barriers to telemedicine practice included fear of weakening the patient-physician relationship; concerns about ease of use by patients; and unfamiliarity with telemedicine technology. Not surprisingly, the majority of trainees (78 percent) believed training in telemedicine was needed. In particular, trainees expressed the need to learn more about the medicolegal aspects of telemedicine, how to conduct virtual clinical assessment, and how to document their patients' visits.

A recent survey published by the Canadian Medical Association reported that four of every 10 Canadians would prefer to have their medical care provided via telemedicine even after the COVID-19 pandemic is resolved. As telemedicine technology continues to evolve and provincial authorities increase their support, more and more Canadians

are expected to prefer virtual options for their healthcare needs.

According to Dr. Nair, "The findings that only one in two trainees is comfortable with telemedicine and one in four do not plan to provide telemedicine services in the future are therefore concerning." To address this educational gap, Dr. Nair and Dr. Aws Almufleh, the lead investigators, are now developing a telemedicine curriculum to better prepare cardiology trainees to take part in providing evidence-based, high quality virtual outpatient care.

"The pandemic has magnified the need for accessible virtual outpatient care in medicine. As educators, it is incumbent upon us to train the future generation of cardiology specialists to provide the highest quality virtual care services for all patients who need them. We are optimistic that by collaborating with educators from around the country, we can accomplish this goal," commented Dr. Nair.

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