Telehealth Etiquette and Equity Education to Address the Needs of Patients, Providers and Communities

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PROBLEM / OPPORTUNITY

Current and future telehealth providers need effective engagement strategies related to conducting successful telehealth encounters.

- Lack of education may affect the quality of the telehealth encounter as well as the provider and patient experience
- Provider satisfaction with telehealth may be correlated with the type and method of telehealth education received
- Provider dissatisfaction with telehealth may affect utilization
- Few institutions integrate telehealth into the curriculum, and little is known about how practicing providers are educated on telehealth

BACKGROUND

The rapid expansion of telehealth during the COVID-19 pandemic thrust providers into virtual care, often with little or no education or training. Telehealth etiquette and webside manner skills are essential for a successful encounter. New frameworks and models are necessary to ensure the provision of high-quality telehealth services. Incorrectly, these skills are often seen as intuitive.

METHODS

Based on the results from a national survey of healthcare providers, which was distributed through telehealth, pediatric, school-based, and e-Health law listservs, training initiatives have been developed to address the need for high-quality telehealth education to support the adoption and sustainability of telehealth services. The survey instrument, the Telehealth Provider Adoption Survey (T-PAS), forms the basis for the collection of baseline provider knowledge and attitude data while also supporting the development of case-based provider education delivered through didactic and experiential training.

PEP Model of Tele-Etiquette
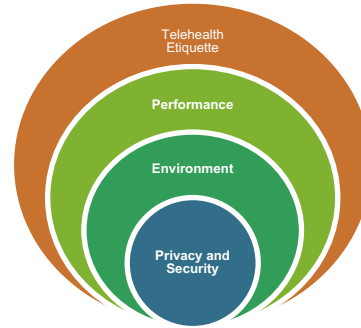
Telehealth Provider Adoption Survey (T-PAS) Results

- Providers that received telehealth education had significantly higher scores on perceived usefulness, self-efficacy, perceived knowledge, frequency of actual use and satisfaction with telehealth
- The most effective methods of education for increasing a provider's score on perceived usefulness and perceived knowledge was vendor education and online education

Outcomes	None x (sd)	Vendor x (sd)	On the Spot x (sd)	Written x (sd)	On-line x (sd)
Usefulness	24.9 (10.5)	31.3 (8.8) *	29.3 (8.3) *	29.7 (8.9) *	30.5 (9) *
Self-Efficacy	26.7 (10.7)	31.6 (8.2) *	30.7 (8.2) *	31.1 (8.3) *	31.6 (8.4) *
Knowledge	57.3 (21.8)	72.9 (15.4) *	68.2 (17.3) *	70.6 (17.5) *	72.3 (17.1)*
Use	9.9 (4.1)	11.9 (4.8) *	11.3 (3.9) *	11.1 (4.5)	11.9 (4.4) *
Satisfaction	15.0 (5.4)	18.2 (4.1) *	17.6 (4.2) *	17.7 (4.6) *	18.5 (3.8) *

Differences (t-test) between type education versus no education indicates ($p \leq .05$)

"Utilizing the PEP model for telehealth encounters will guide educational content and providers as they conduct virtual visits ensuring that all the important components of telehealth etiquette are addressed."

STUDY ANALYSIS

An analysis of the 224 respondents found that telehealth education is essential for increasing provider levels of perceived usefulness, knowledge, self-efficacy, frequency of telehealth use, and satisfaction with telehealth clinical service. Most respondents had received telehealth education (n = 160, 71.4%), with the majority reporting on-the-spot education (n = 98, 43.8%), followed by vendor education (n=82, 36.6%). Only 16 respondents (7.1%) reported having received formal university education. Lessons learned from subsequent curriculum integration with providers and trainees show a continued need to address etiquette, equity, and efficacy issues through formal education to secure telehealth adoption.

The T-PAS and PEP models have been extended to additional learners as part of formal certification and competency initiatives.

LESSONS LEARNED

- Telehealth etiquette encompasses the critical interpersonal skills necessary to conduct a successful telehealth visit, while webside manner refers to a clinician's way of interacting with patients virtually to enhance comfort.
- Providers that received telehealth education had significantly higher scores than those who had no education on perceived usefulness, self-efficacy, perceived knowledge, frequency of actual use and satisfaction with telehealth.
- The most effective methods of education for increasing a provider's score on perceived usefulness and perceived knowledge was vendor education and online education.
- Coupled with the resulting framework, the Performance, Environment, Privacy/Security (PEP) Model of Telehealth Etiquette, these models address essential components of successful virtual encounters that can be replicated.