

Beyond the Classroom: Experiential Learning in Telehealth

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Learning Objectives

By the end of this session, participants will be able to:

- Describe how South Carolina health professions programs are incorporating telehealth into clinical education
- Identify best practices from the literature for integrating telehealth beyond the classroom
- Discuss barriers and opportunities for embedding telehealth into rotations and residency training
- Explore strategies for interprofessional and statewide collaboration



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Why Telehealth in Clinical Education

- Telehealth is now a core care delivery model
- Students need competence in virtual care to be workforce-ready
- Accreditation bodies increasingly recognize telehealth competencies (APRN, AAMC, AACN)
- Preparing the workforce: MD, DO, PA, NP, RN, and residency

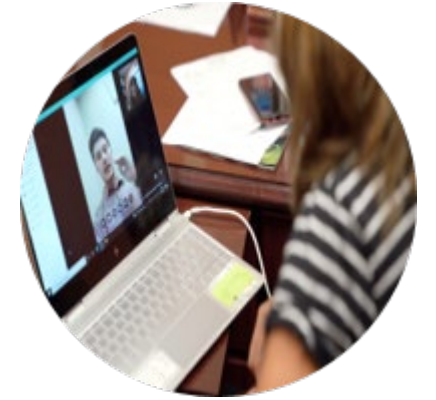


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From Classroom to Clinic

- Didactic modules → foundational knowledge
- Clinical rotations → practical, applied experience



Key question: *How do we integrate telehealth into hands-on training?*



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Survey of South Carolina Programs



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Survey Reach: MD, PA, NP, BSN Programs Statewide



Most programs start with **didactic modules**



Some have structured telehealth experiences (OSCEs, RPM, telehealth-enabled rotations)



Barriers: funding, equipment, placement sites



Opportunity: statewide collaboration



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MD/DO Programs

MUSC College of Medicine (MD)

- Residents doing telehealth rotations in rheumatology and psychiatry
- Med students shadowing tele-stroke consults



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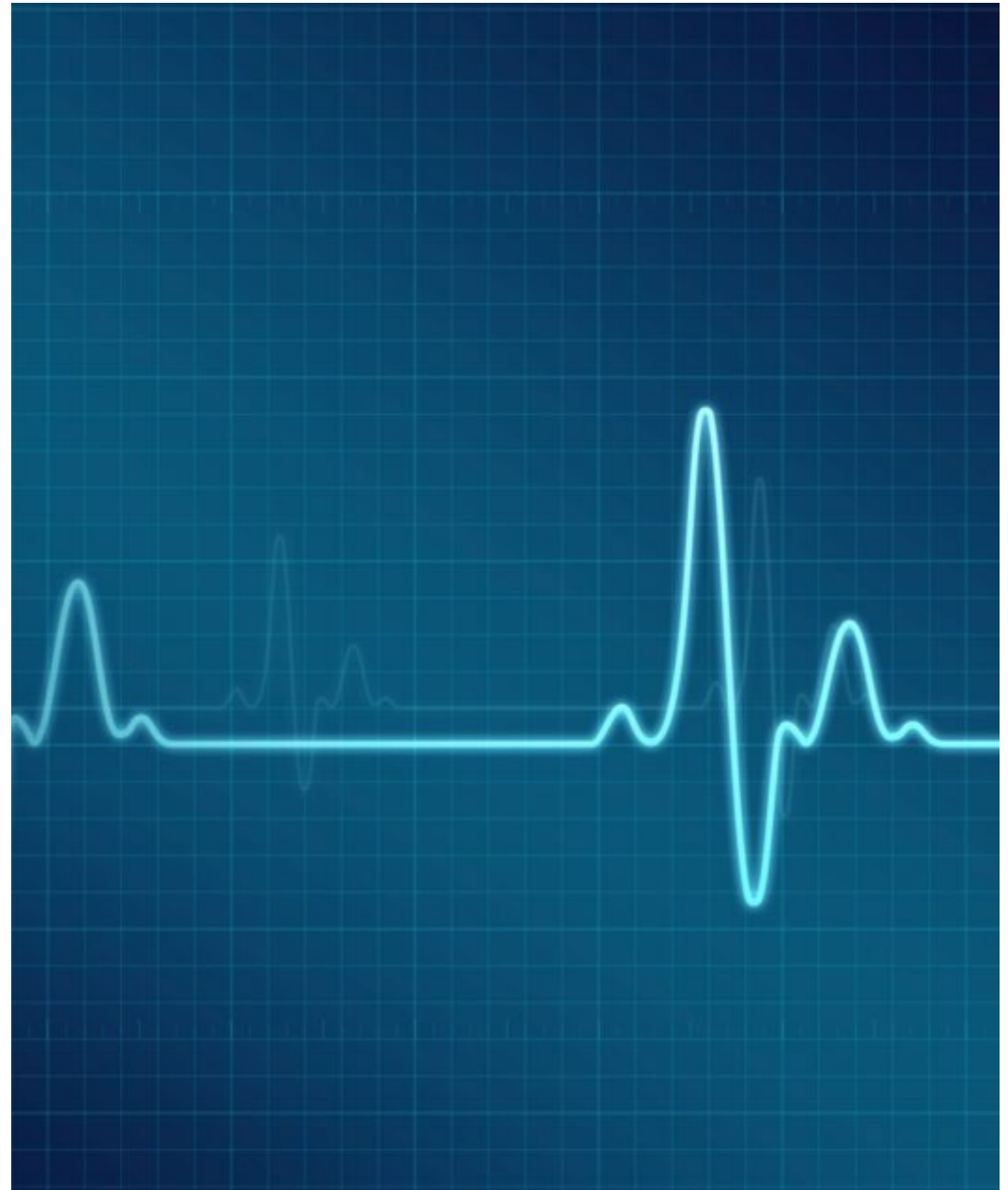


PA Programs

MUSC College of Medicine (PA) – Several mental health rotations using telemedicine

USC School of Medicine Columbia (PA) – No telehealth training yet but exploring for the future

Presbyterian College (PA) – Behavioral health clinical site uses telehealth



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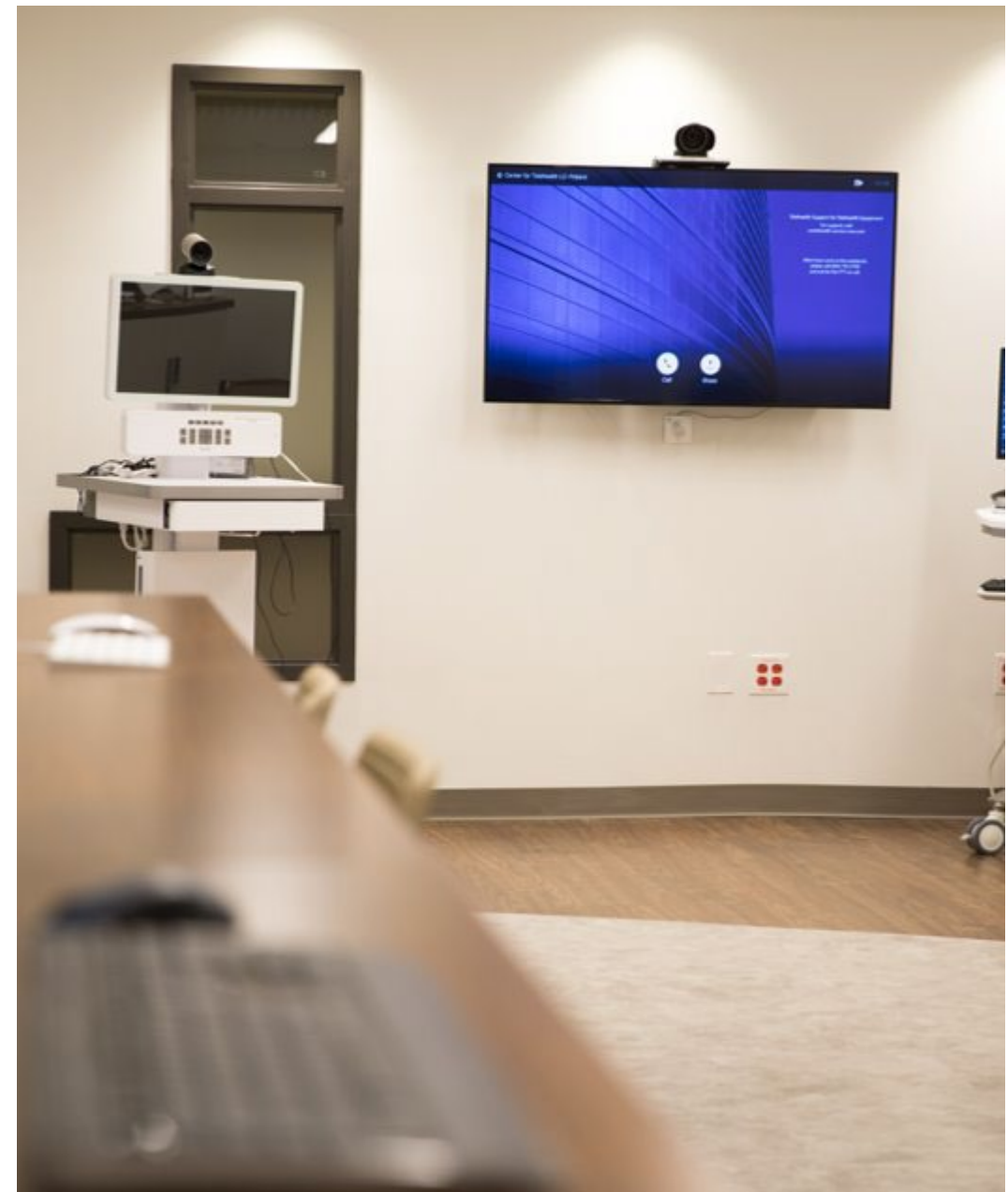
NP Programs

MUSC (NP)

- 9 telehealth modules scaffolded in MSN/DNP
- Objective Structured Clinical Examination (OSCE) with telehealth standardized patient visit
- Past use of peripherals/telepresenters (paused due to funding)

Clemson University (NP)

- Patient interviewing/contraception counseling (IPE with BSN)
- Outpatient acute visit using TytoCare peripherals



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BSN Programs

MUSC (BSN) – Mostly didactic; some exposure to virtual nurses; exploring RPM in population health

Clemson University (BSN) – Partnered IPE telehealth events with NP students

Florence Darlington Technical College – have integrated a telehealth lecture into their RN/LPN curriculums that involves a hands-on demo using a TytoCare unit



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South Carolina AHEC Offerings



- Foundational Self-paced
- Foundations of Telehealth
 - Telepresenter Certification
 - Telehealth Implementation
 - Telemental Health



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Interprofessional Case Conferences



- Provides students an interprofessional team learning experience before or while on a community-based rotation.
- Students practice virtual communication skills in a collaborative context.
- Students build telehealth skills and interprofessional collaboration abilities.

Interprofessional Telehealth Conferences: Building Dual Competencies

- Develops essential telehealth skills through authentic team collaboration
- Mirrors real-world practice where remote providers collaborate virtually
- Builds confidence with technology while focusing on patient-centered care
- Creates foundation for webside manner in collaborative contexts



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High-Fidelity Patient Simulations

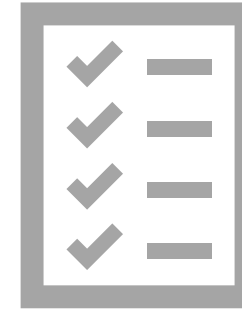
- Team-based rural primary care scenarios
- Students complete self-paced module
- Offered in-person at regional nursing simulation labs
- Pre- and post-assessment data revealed significant gains in students' capacity to analyze when telehealth is appropriate for maternal and fetal care



South Carolina AHEC Clinical Rotations Data



Data reflects responses from students after completing a clinical rotation that was supported by one of the four AHECs.



Survey Method: Electronic questionnaire distributed by SC AHEC, completed at the end of the rotation.



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Disciplines included in Clinical Rotation Data

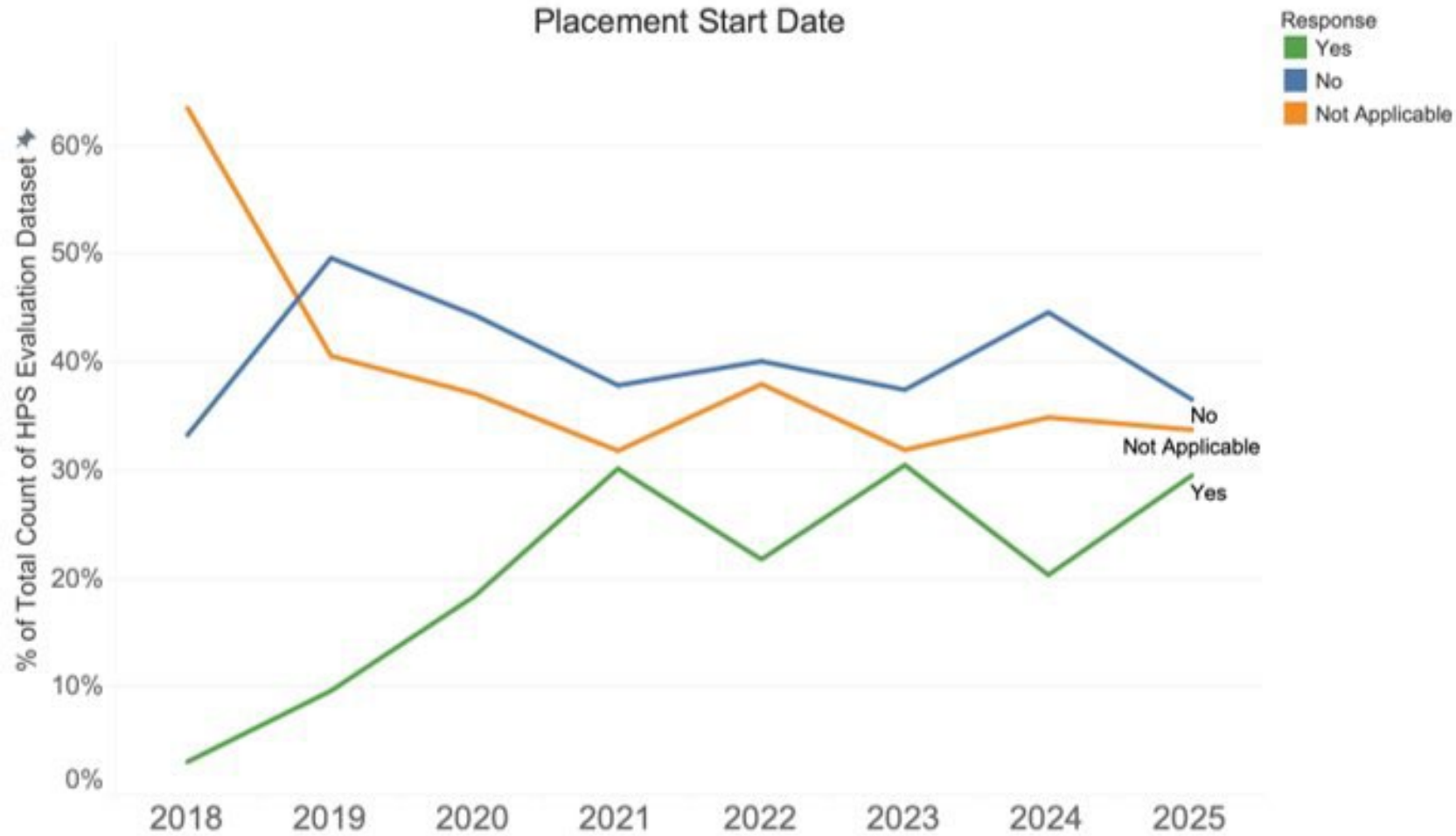
Disciplines	Percentage of Evaluations
Physician Assistant	34.3%
Medicine, Allopathic	22.9%
Medicine, Osteopathic	19.8%
NP—Family	10.7%
Nursing—Nurse Anesthetist	5.1%
Nursing—Other Advanced Practice	2.1%
Pharmacy	1.4%
Others with a total of <1% from each discipline	3.8%



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Telehealth Exposure on Clinical Rotations



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Takeaways from Clinical Rotation Data

- Dramatic growth in telehealth exposure
- COVID-19 had steepest increase in “yes”
- Fluctuating implementation
- Steady decrease in “Not Applicable”



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Limitations

- AHEC facilitates/supports a small number of clinical placements statewide.
- Only a small percentage of students complete the AHEC evaluation.
- Many students prioritize school-required evaluations, which may reduce participation in AHEC surveys.



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Best Practices



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Best Practices from the Literature



Scaffold competencies
(didactic + clinical)



Use standardized patients
in telehealth OSCEs



Embed interprofessional
telehealth simulations
(NP, PA, RN, PharmD)



Incorporate peripherals
for adapted exams



Place students in telehealth-
enabled clinical rotations
(behavioral health, primary
care, RPM)



Train students as
telepresenters



Provide faculty
development



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Clinical Considerations

- Technology Preparation
 - Ensure all participants test equipment
 - Establish/discuss backup protocols for technology failures
- Structured Pre-Visit Planning
 - Implement brief huddles
- Professional Environment
 - Guide students on appropriate virtual clinical spaces with proper lighting and privacy
- Documentation Process
 - Define how students will document encounters and how preceptors will review



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Preceptor Considerations

- Promote Student Autonomy
- Address Misconceptions
- Provide Structured Feedback on telehealth-specific competencies immediately following visits
- Emphasize professional presence, eye contact, and verbalization of off-screen activities



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Barriers & Opportunities

Barriers

- Limited funding & equipment
- Uneven adoption across programs
- Few structured clinical telehealth sites

Opportunities

- Expand OSCEs with telehealth scenarios
- Partner with statewide telehealth networks
- Integrate RPM into nursing/NP rotations
- Develop shared experiences across institutions

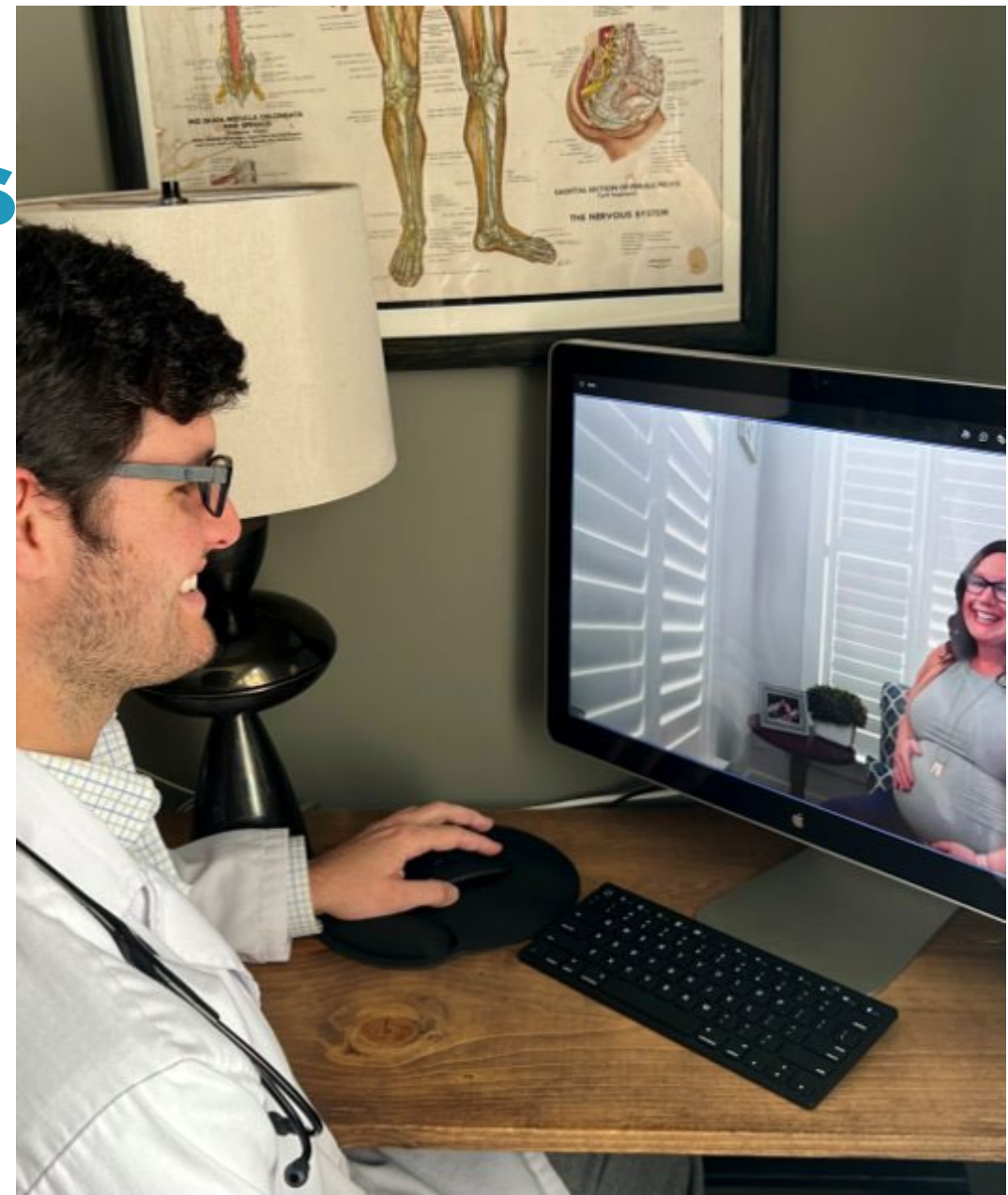


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Discussion Questions

- How can academic programs prepare students for telehealth experiences in clinical settings?
- How can we expand telehealth training at clinical sites?
- What role can statewide networks play in student training?



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THANK YOU

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Citations

Hovaguimian, A., Joshi, A., Onorato, S., Wershof Schwartz, A., & Frankl, S. (2022). Twelve tips for clinical teaching with telemedicine visits. *Medical Teacher*, 44(1), 19-25. <https://doi.org/10.1080/0142159X.2021.1880558>

Bajra, R., Srinivasan, M., Torres, E. C., Rydel, T., & Schillinger, E. (2023). Training future clinicians in telehealth competencies: outcomes of a telehealth curriculum and teleOSCEs at an academic medical center. *Frontiers in Medicine*, 10, 1222181. <https://doi.org/10.3389/fmed.2023.1222181>



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