RURAL HEALTH WORKSHOP

Healthcare Provider Education in Virtual Care

WELL-AHEAD

LOUISIANA RURAL HEALTH ASSOCIATION

Speaker

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  - Director
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Healthcare Provider Education in Virtual Care

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June 21, 2023

@tra[twitter]amd1

DISCLOSURE

- The F Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center is partnered with Well-Ahead Louisiana with the Louisiana Department of Health to form the TexLa Telehealth Resource Center (TRC).

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
F. Marie Hall Institute *for* Rural *and* Community Health

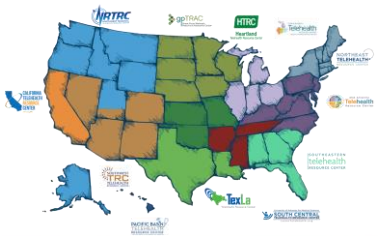
WELL-AHEAD
WELLAHEADLA.COM

- The TexLa Telehealth Resource Center is a federally-funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30359, the TexLa Telehealth Resource Center, in the amount of $325,000.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

TRC NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

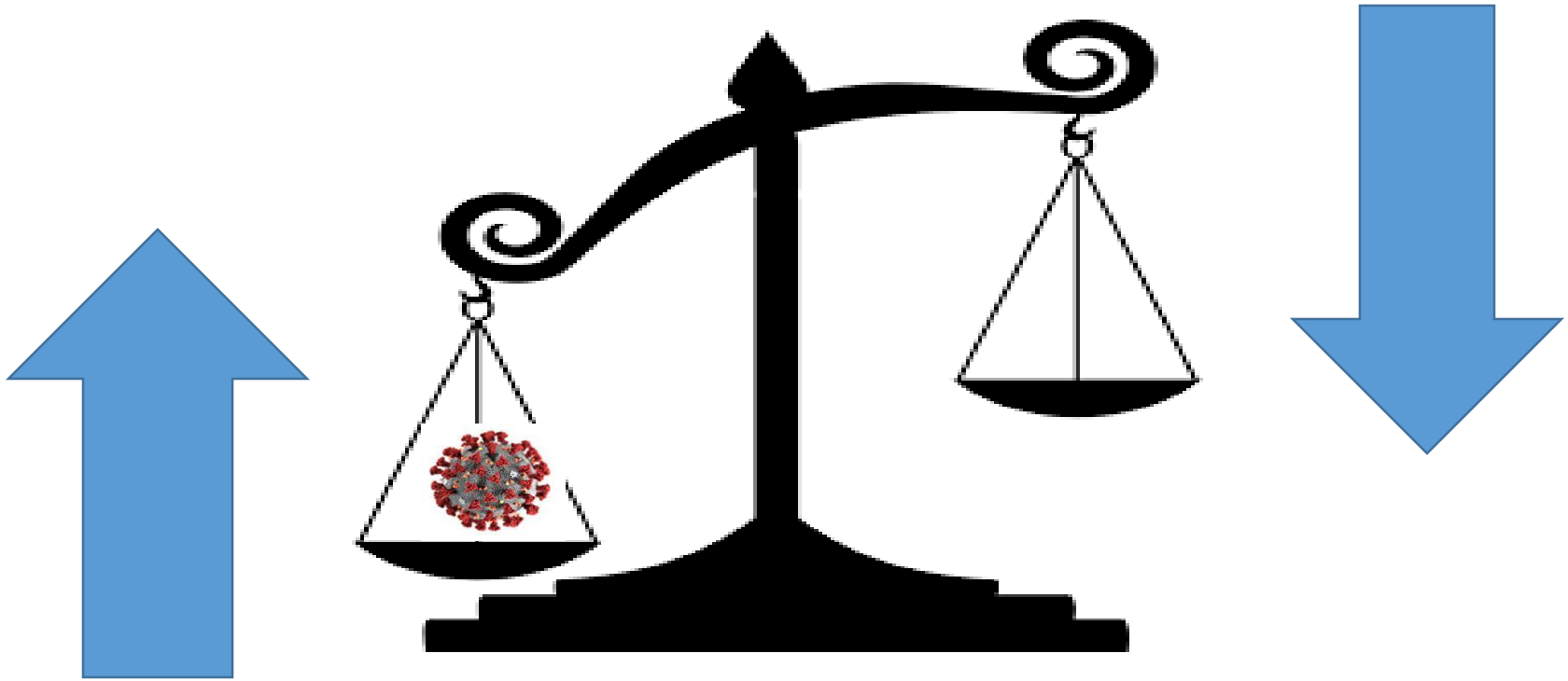
TexLa Telehealth Resource Center



OBJECTIVES

- 1. Recognize the need for telehealth education among current and future healthcare providers.
- 2. Identification of telehealth skills needed by clinicians to provide quality care via telemedicine.
- 3. To be familiar with AAMC Telehealth Competencies and other resources for telehealth education.
- 4. Enumerate the six domains in telehealth competencies.

Current Problem



Telemedicine Demand

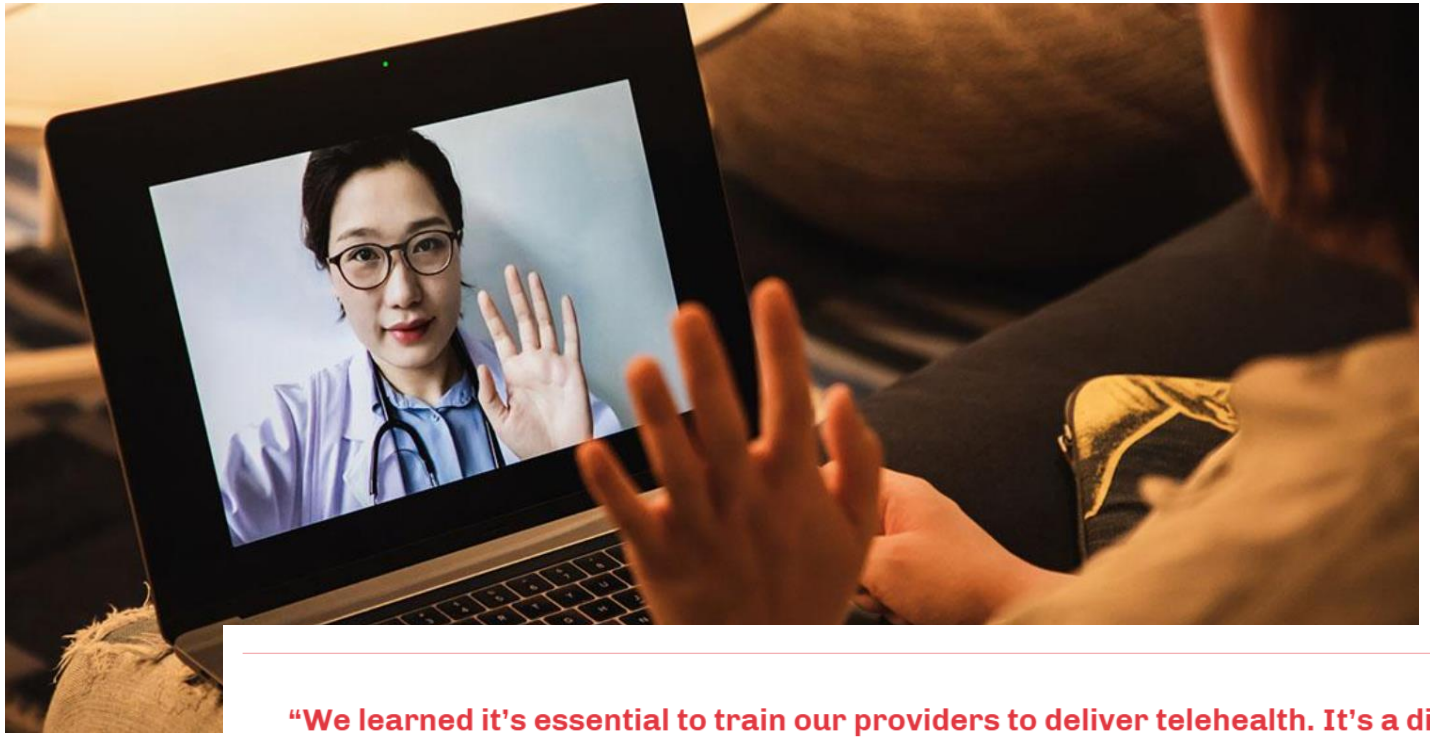
Telemedicine Training

AAMC Telehealth Advisory Committee

- Established in 2018
- Charge: Guide the AAMC as it seeks to critically assess the impact of telehealth for academic medicine
- Early priority areas:
  - Physician workforce—understand telehealth's impact on workforce capacity and patient access
  - Innovative models—identify and spotlight members in providing high-value care through telehealth
  - **Medical education**—education physicians in the practice of telehealth

[1]King, Sarah L.; Shipman, Scott A. MD, MPH Telehealth in Academic Medicine: Roles, Opportunities, and Risks, Academic Medicine: June 2019 - Volume 94 - Issue 6 - p 915 doi: 10.1097/ACM.0000000000002708

Telehealth Training for ~~the Future~~ Now



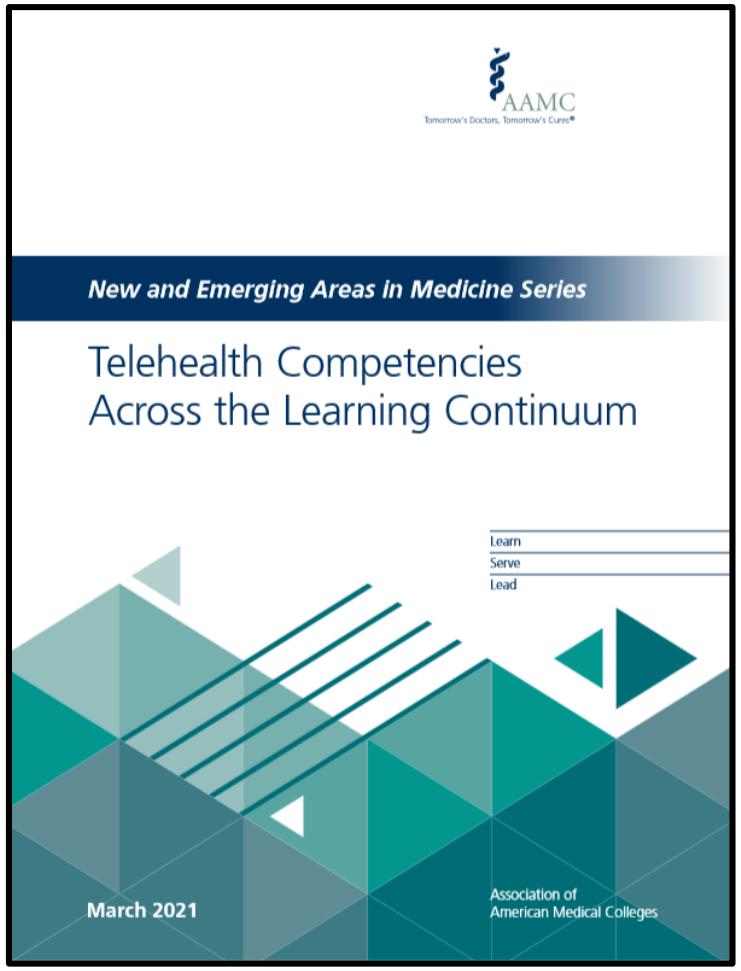
"We learned it's essential to train our providers to deliver telehealth. It's a different skill set."

Rahul Sharma, MD
NewYork Presbyterian-Weill Cornell Medicine

Web-side Manner is different from Bed-side Manner

Digital Empathy.

Telehealth Competencies



- **SIX domains**
- 1. Patient Safety and Appropriate Use of Telehealth
- 2. Access and Equity in Telehealth
- 3. Communication via Telehealth
- 4. Data Collection and Assessment via Telehealth
- 5. Technology for Telehealth
- 6. Ethical Practices and Legal Requirements for Telehealth

Telehealth Competencies

Association of American Medical Colleges

Telehealth Competencies Across the Continuum of Medical Education

Topics Covered

- Patient Safety & Appropriate Use of Telehealth
- Access & Equity
- Communication
- Data Collection & Assessment
- Technology
- Ethical Practices & Legal Requirements

Intended Uses

- Conducting gap analyses
- Planning individual professional development

http://www.aamc.org/telehealth

To learn more, see https://www.aamc.org/CBME

Telehealth Domains

Telehealth Domains

- Patient Safety & Appropriate Use of TH
- Access & Equity in TH
- Communication Via TH
- Ethical Practice & Legal Requirements
- Technology for TH
- Data Collection & Assessment Via TH

Domain 1: Patient Safety & Appropriate Use of Telehealth

Domain I: Patient Safety and Appropriate Use of Telehealth
Clinicians will understand when and why to use telehealth and how to assess patient readiness, patient safety, practice readiness, and end-user readiness (Table 1).

Table 1. Domain I: Patient Safety and Appropriate Use of Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Explains to patients and caregivers the uses, limitations, and benefits of telehealth — that is, the use of electronic communications technology to provide care at a distance	1b. Explains and adapts practice in the context of the limitations and benefits of telehealth	1c. Role models and teaches how to practice telehealth, mitigate risks of providing care at a distance, and assess methods for improvement
2a. Works with diverse patients and caregivers to determine patient and caregiver access to technology to incorporate telehealth into patient care during real or simulated encounters	2b. Works with diverse patients and caregivers to evaluate and remedy patient and practice barriers to incorporating telehealth into patient care (e.g., access to and comfort with technology)	2c. Role models and teaches how to partner with diverse patients and caregivers in the use of telehealth
3a. Explains to patients and caregivers the roles and responsibilities of team members in telehealth encounters regardless of modality	3b. Demonstrates understanding of all roles and works as a team member when practicing telehealth regardless of modality	3c. Coordinates, implements, and evaluates the effectiveness of the telehealth team regardless of modality
4a. Describes when patient safety is at risk, including when and how to escalate care during a telehealth encounter (e.g., converts to in-person visit or emergency response)	4b. Prepares for and escalates care when patient safety is at risk during a telehealth encounter (e.g., converts to in-person visit or emergency response)	4c. Role models and teaches how to assess patient safety during a telehealth encounter, including preparing for and escalating care when patient safety is at risk

Domain 2: Access and Equity in Telehealth

Domain II: Access and Equity in Telehealth

To promote equitable access to care, clinicians will understand telehealth delivery that addresses and mitigates cultural biases as well as physician bias for or against telehealth and that accounts for physical and mental disabilities and non-health-related individual and community needs and limitations (Table 2).

Table 2. Domain II: Access and Equity in Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Describes one's own implicit and explicit biases and their implications when considering telehealth	1b. Describes and mitigates one's own implicit and explicit biases during telehealth encounters	1c. Role models and teaches how to recognize and mitigate biases during telehealth encounters
2a. Defines how telehealth can affect health equity and mitigate or amplify gaps in access to care	2b. Leverages technology to promote health equity and mitigate gaps in access to care	2c. Promotes and advocates the use of telehealth to promote health equity and access to care and to advocate for policy change in telehealth to reduce inequities
3a. When considering telehealth, assesses the patient's needs, preferences, access to, and potential cultural, social, physical, cognitive, and linguistic and other communication barriers to technology use	3b. When considering telehealth, accommodates the patient's needs, preferences, and potential cultural, social, physical, cognitive, and linguistic and communication barriers to technology use	3c. When considering telehealth, role models how to advocate for improved access to it and accommodates the patient's needs, preferences, and potential cultural, social, physical, cognitive, and linguistic and communication barriers to technology use

Domain 3: Communication via Telehealth

Domain III: Communication via Telehealth

Clinicians will effectively communicate with patients, families, caregivers, and health care team members using telehealth modalities (Table 3). They will also integrate both the transmission and receipt of information with the goal of effective knowledge transfer, professionalism, and understanding within a therapeutic relationship.

Table 3. Domain III: Communication via Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Develops an effective rapport with patients via real or simulated video visits, attending to eye contact, tone, body language, and nonverbal cues	1b. Develops an effective rapport with patients via video visits, attending to eye contact, tone, body language, and nonverbal cues	1c. Role models and teaches effective rapport-building with patients via video visits, attending to eye contact, tone, body language, and nonverbal cues
2a. Assesses the environment during real or simulated video visits, such as attending to disruptions related to privacy, lighting, sound, and attire	2b. Establishes therapeutic relationships and environments during video visits, such as attending to disruptions related to privacy, lighting, sound, and attire	2c. Role models effective therapeutic relationships and environments during telehealth encounters
3a. Explains how remote patients' social supports and health care providers can be incorporated into telehealth interactions and the care plan (e.g., asynchronous communication and the storage and forwarding of data)	3b. Determines situations in which patients' social supports and health care providers should be incorporated into telehealth interactions, with the patients' consent, to provide optimal care	3c. Role models and teaches how to incorporate patients' social supports into telehealth interactions, with the patients' consent, to provide optimal care

Domain 4: Data Collection and Assessment via Telehealth

Domain IV: Data Collection and Assessment via Telehealth
Clinicians will obtain and manage clinical information via telehealth to ensure appropriate high-quality care (Table 4).

Table 4. Domain IV: Data Collection and Assessment via Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Obtains history (from patient, family, and/or caregiver) during a real or simulated telehealth encounter	1b. Obtains history (from patient, family, and/or caregiver) during a telehealth encounter and incorporates the information into differential diagnosis and the management plan	1c. Role models and teaches the skills required to obtain a history (from patient, family, and/or caregiver) during a telehealth encounter and incorporates the information into the management plan
2a. Conducts appropriate physical examination or collects relevant data on clinical status during a real or simulated telehealth encounter, including guiding the patient and/or tele-presenter	2b. Conducts appropriate physical examination and collects relevant data on clinical status during a telehealth encounter, including guiding the patient and/or tele-presenter	2c. Role models and teaches the skills required to perform a physical examination during a telehealth encounter, including guiding the patient and/or tele-presenter
3a. Explains the importance of patient-generated data in the clinical assessment and treatment plan during a telehealth encounter	3b. Incorporates patient-generated data into the clinical assessment and treatment plan while understanding data limitations and adapting accordingly	3c. Role models and teaches how to incorporate patient-generated data into the clinical assessment and treatment plan while understanding data limitations and adapting accordingly

Telehealth Physical Examination

CARAVANHEALTH

Telehealth Physical Exam

"Listen to your patient, he is telling you the diagnosis." — Sir William Osler

Performing a physical exam via telehealth can seem challenging, especially if the patient is in their home where assessment tools, such as a blood pressure cuff or digital stethoscope, may not be available. But with some thoughtfulness, cooperation of the patient, and adequate lighting and camera, providers are able to examine several organ systems. And, as Osler reminds us, let's not forget our most keen diagnostic tool: a thorough patient history.

EYES

- Appearance of conjunctiva and lids (lid droop, crusting/exudate, conjunctival injection)
- Appearance of pupils (equal, round, extraocular eye movements)
- Assessment of vision (seeing double)

EARS, NOSE, MOUTH, AND THROAT

- External appearance of the ears and nose (scars, lesions, masses)
- Assessment of hearing (able to hear, asks to repeat questions)
- Inspection of lips, mouth, teeth and gums (color, condition of mucosa)
- Gross inspection of throat (tonsillar enlargement, exudate)
- Appearance of face (symmetric, appropriate movement of mouth, no drooling or labial flattening, ability to raise eyebrow, frown/smile, close eyes, show upper lower teeth, puff out cheeks)
- Pain or tenderness when patient palpates sinuses or ears

NECK

- External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention)
- Gross movement (degrees of flexion anterior, posterior and laterally)

RESPIRATORY

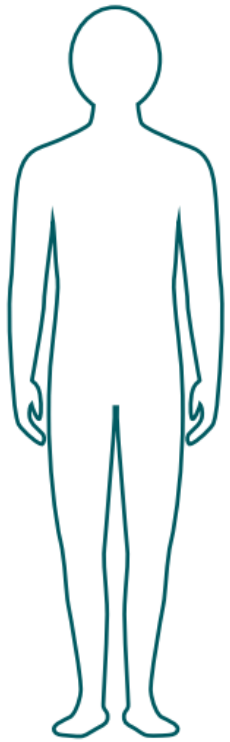
- Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentences or limited due to shortness of breath)
- Audible wheezing
- Presence and nature of cough (frequent, occasional, wet, dry, coarse)
- Determine Roth Score[1]

CARDIOVASCULAR

- Presence and nature of edema in extremities (pitting, weeping)
- Capillary refill
- Temperature of extremities per patient/other measure

CONSTITUTIONAL

- Vital signs (heart rate and respiratory rate; if available, temperature, blood pressure, weight)
- General appearance (ill/well appearing, (un) comfortable, fatigued, attentive, distracted, disheveled/unkept)



CHEST

- Inspection of the breasts (symmetry, nipple discharge)
- Chest wall or costochondral tenderness with self-palpation

ABDOMEN

- Examination of the abdomen
- Tenderness on self-palpation or palpation by attendant
- Observation of patient jumping up and down

MUSCULOSKELETAL

- Examination of gait and station (stands with/without use of arms to push off chair; steady gait, broad/narrowed based)
- Inspection of digits and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, petechiae, pallor)
- Extremity exam may include:
  - Alignment, symmetry, defects, tenderness on self-palpation
  - Range of motion, pain, contracture
  - Muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movements
  - Presence and nature of edema, temperature
- Self-Assessment using Ottawa ankle and knee rules

SKIN

- Rashes, lesions, ulcers, cracking, fissures, mottling, petechiae
- Cyanosis, diaphoresis

NEUROLOGIC

- Dermatomal distribution of numbness or pain
- Examination of sensation (by touch or pin)

PSYCHIATRIC

- Orientation to time, place, and person
- Recent and remote memory
- Mood and affect
- Pressured speech
- Mood lability (crying, laughing)

[1] Roth score should be used only during telehealth visits, and in conjunction with a comprehensive assessment. This is not a reliable indicator of hypoxia.

Suggested Citation:

Showalter, G. (2020, April 14). Telehealth Physical Exam. Loengard, A., Findley, J. (Eds.). https://caravanhealth.com/

Domain 5: Technology for Telehealth

Domain V: Technology for Telehealth

Clinicians will have basic knowledge of technology needed for the delivery of high-quality telehealth services (Table 5).

Table 5. Domain V: Technology for Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Explains equipment required for conducting care via telehealth at both originating and distant sites	1b. Identifies and is able to use the equipment needed for the intended service at both originating and distant sites	1c. Able to use, and teach others while using, equipment for the intended service at both originating and distant sites
2a. Explains limitations of and minimum requirements for local equipment, including common patient-owned devices	2b. Practices with a wide range of evidence-based technologies, including patient-owned devices, and understands limitations	2c. Role models and teaches how to incorporate emerging evidence-based technologies into practice, remaining responsive to the strengths and limitations of evolving applications of technology
3a. Explains the risk of technology failures and the need to respond to them	3b. Demonstrates how to troubleshoot basic technology failures and optimize settings with the technology being used	3c. Teaches others how to troubleshoot basic technology failures and optimize settings with the technology being used

Domain 6: Ethical practices & Legal Requirements

Domain VI: Ethical Practices and Legal Requirements for Telehealth

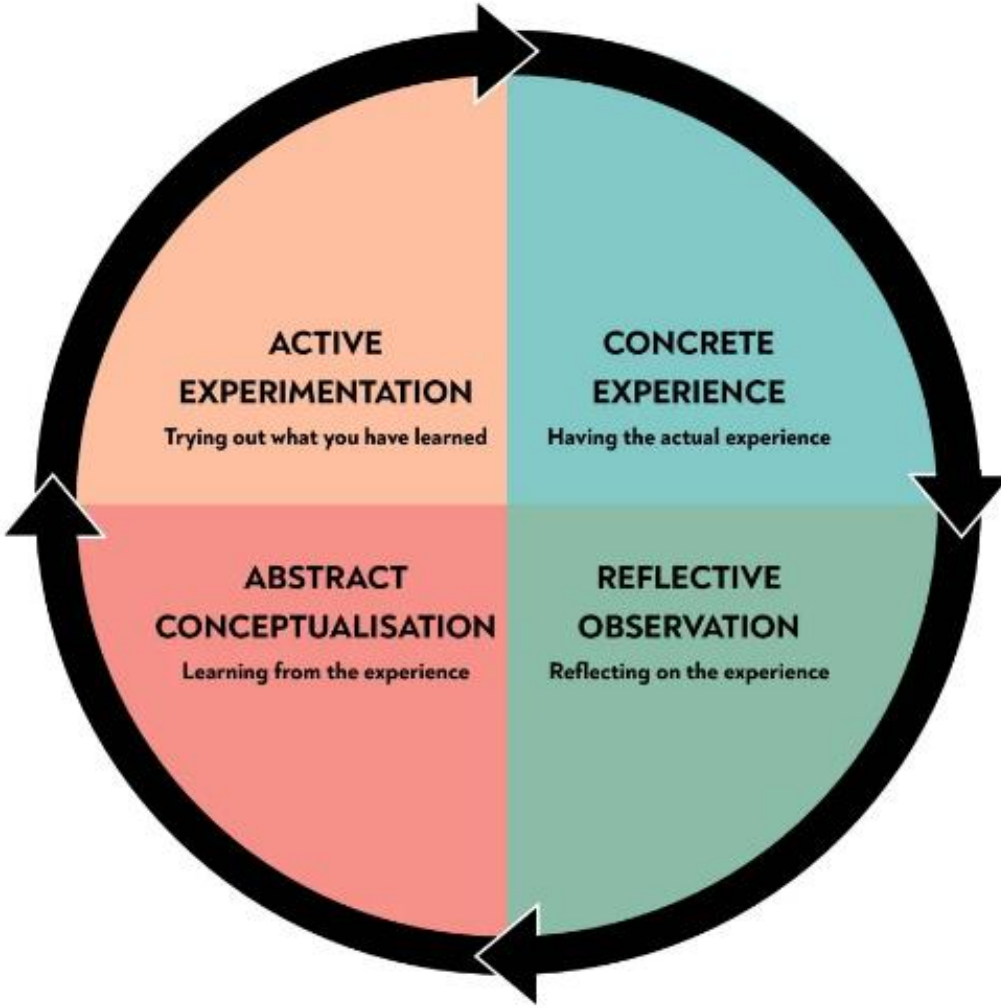
Clinicians will understand the federal, state, and local facility practice requirements to meet the minimal standards to deliver health care via telehealth (Table 6). Clinicians will maintain patient privacy while minimizing risk to the clinician and patient during telehealth encounters, putting the patient's interest first, and preserving or enhancing the doctor-patient relationship.

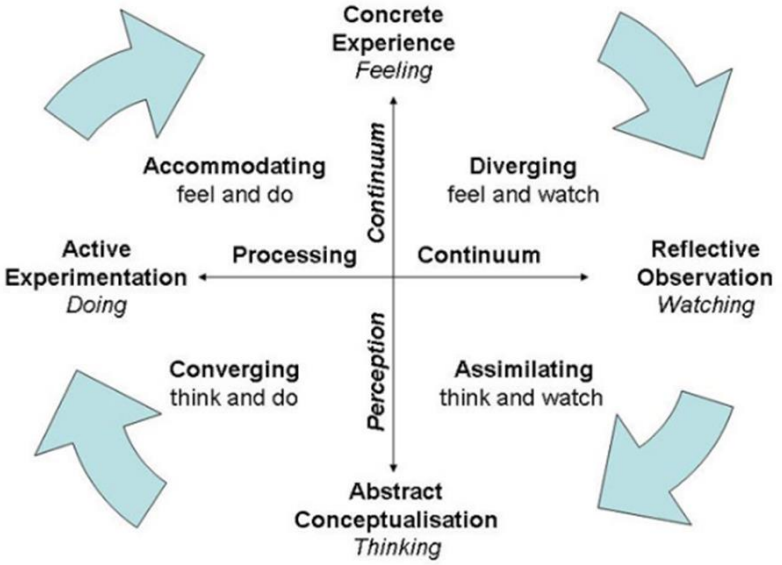
Table 6. Domain VI: Ethical Practices and Legal Requirements for Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Describes locally relevant legal and privacy regulations for telehealth	1b. Complies with legal and privacy regulations for telehealth at the local, state, and federal levels	1c. Role models and complies with legal and privacy regulations for telehealth at the local, state, and federal levels
2a. Defines components of informed consent for the telehealth encounter	2b. Obtains informed consent for the telehealth encounter, including defining how privacy will be maintained	2c. Role models and teaches how to obtain informed consent for the telehealth encounter, including defining how privacy will be maintained
3a. Demonstrates knowledge of ethical challenges and professional requirements in telehealth	3b. Identifies and supports solutions that mitigate ethical problems and adhere to professional requirements in telehealth	3c. Identifies and seeks to address system-level solutions to ethical challenges that adhere to professional requirements in telehealth
4a. Describes potential conflicts of interests that may arise in the use of telehealth such as interest in commercial products or services	4b. Explains and discloses potential conflicts of interest to patients in the use of telehealth	4c. Explains and ensures all members of the care team disclose possible conflicts of interests in the use of telehealth

NO to FRAUD

Kolb's Learning Cycle



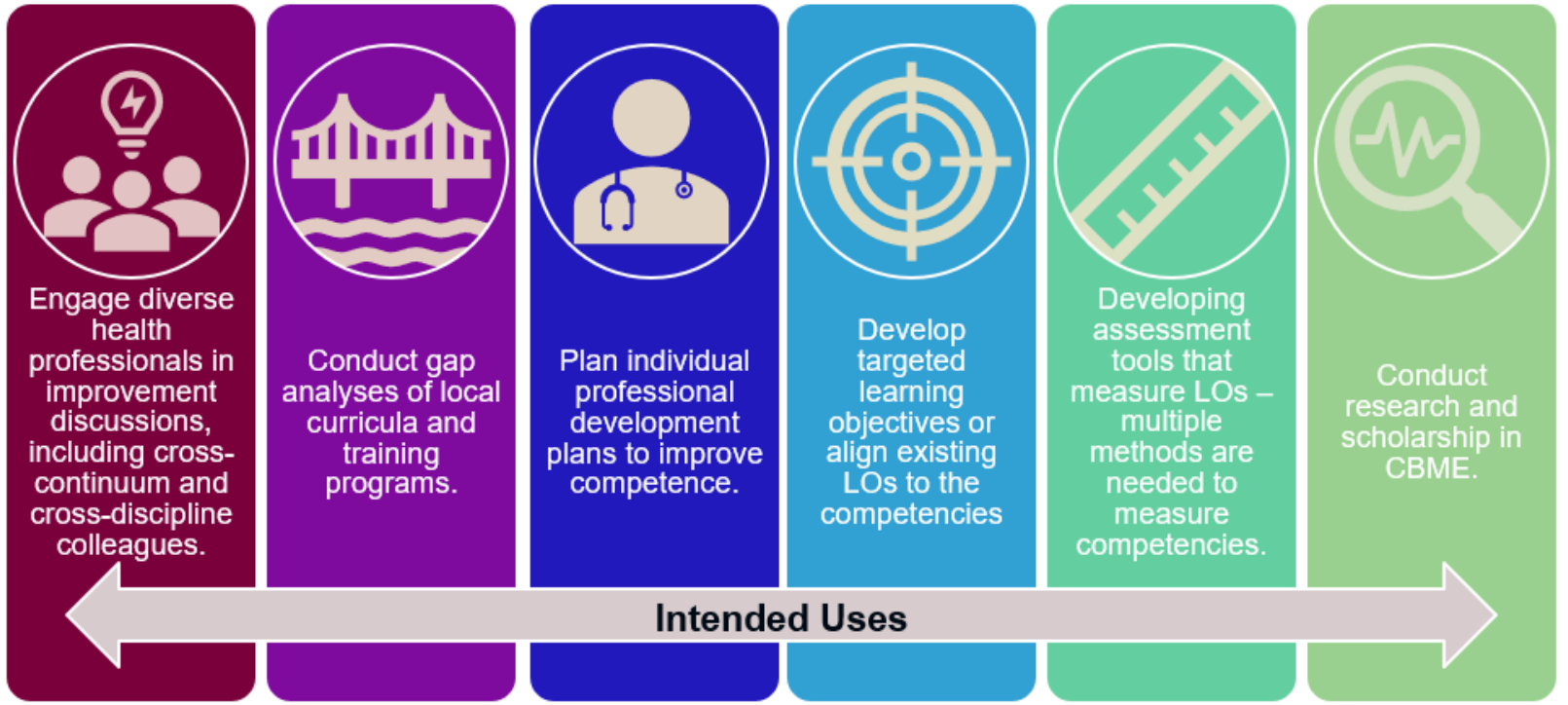


Standardized Patients

Standardized Patients

FRONTIERS IN TELEMEDICINE
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

CBME Telehealth: Scope and Approach



CBME Telehealth: Scope and Approach

- Tiered based on level of learner – student, resident, and attending physician
- Integrate and build from existing milestones, EPAs, competencies in specialized areas
- Aligned with six core competencies by ACGME/ABMS
- Applicable to all physicians regardless of specialty
- Engage diverse stakeholders throughout development process
- Continuous enhancement model

Competency-Based Medical Education

- Focus on the contemporary healthcare needs of society
- Translates those needs into competencies: descriptions of what abilities physicians must have to meet patient's needs.
- Accepts that time to competency varies as the speed of achievement will vary
- Views education as a continuum of life-long learning
- Curriculum is inclusive of formal, informal teaching and learning opportunities (didactic, interactive, experiential, and takes place in variable settings)
- Dynamic: Adaptive as science, technology, society changes

Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J; International Competency-based Medical Education Collaborators. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009. doi: 10.1097/ACM.0000000000002743. PMID: 30973365

CBME Telehealth: Scope and Approach

- Clinical education has (and should) always evolve with clinical care—locus, content, skills
- As delivery models change, so should our educational curricula
- Need shared expectations between students, supervisors and patients
- Co-create curricula with students, attendings, team members including patients and family members

CBME Telehealth: Scope and Approach

- Providing care virtually, conducting e-consults are learned skills

  A few examples of differences:

  - Web-side manner unlike bedside manner
  - Troubleshooting in virtual space unlike face-face
  - Access brings unique challenges in virtual encounters
  - Teaming in virtual clinical space unlike face-face
  - Precepting telehealth care unlike face-face and requires faculty development
  - Social Determinants of Health Evaluation
  - Medications and Refrigerator Check

AAMC Competency-Based Education in Telehealth Challenge Grant Program:

- Primary Goals:
  - Support the development, dissemination, and integration of competency-based interprofessional education in telehealth incorporating the AAMC telehealth competencies
  - Create a cross-continuum community of educators actively working to cultivate telehealth in medical student, resident, and continuing education programs
  - share innovative tools and resources with the broader medical education community
- Two-year grant program
- Each institution receiving up to $40,000
- Grantees with join a virtual collaborative learning community with the other awardees

AAMC Competency-Based Education in Telehealth Challenge Grant Program:

1. Henry Ford Health, Henry Ford Hospital – *Improving Feedback Delivery for Residents Participating in Virtual Care*
2. Kaiser Permanente Bernard J. Tyson School of Medicine – *A competency-based approach for telehealth instruction and assessment to promote equitable and systems-based care improvement across the medical education continuum*
3. Medical College of Georgia at Augusta University – *AAMC Competency-Based Education in Telehealth Challenge Grant Program: Responding to the Teaching and Assessment Needs of Academic Medicine*
4. New York University Grossman School of Medicine - *Using Simulation to Improve Telehealth Skills in Primary Care Across the Continuum*
5. Renaissance School of Medicine at Stony Brook University – *Interprofessional Telehealth Training for Healthcare Students: Working Together to Teach Effectively in a Virtual World*
6. Stanford University School of Medicine – *Telemedicine Competencies across a Continuum: Integrating a Telemedicine Curricular Thread at an Academic Medical Center*
7. Weill Cornell Medicine – *Tele-ACES (Appropriate Care and Escalation Strategies): A Simulation-Based Curriculum and Assessment to Teach Patient Safety in Telemedicine*

AAMC Current Work on Telehealth Education and Training

- Cross Continuum Competencies in Telehealth
- Competency-Based Education in Telehealth Grant Program
- Medical education subcommittee dedicated to advancing telehealth competency-based education
- Active calls for submission in AAMC journals
  - Telehealth Collection in MedEdPORTAL
- Spotlighting telehealth competencies in action
    - Videos available from Stony Brook, Jefferson Health, and UC Davis (aamc.org/telehealth)

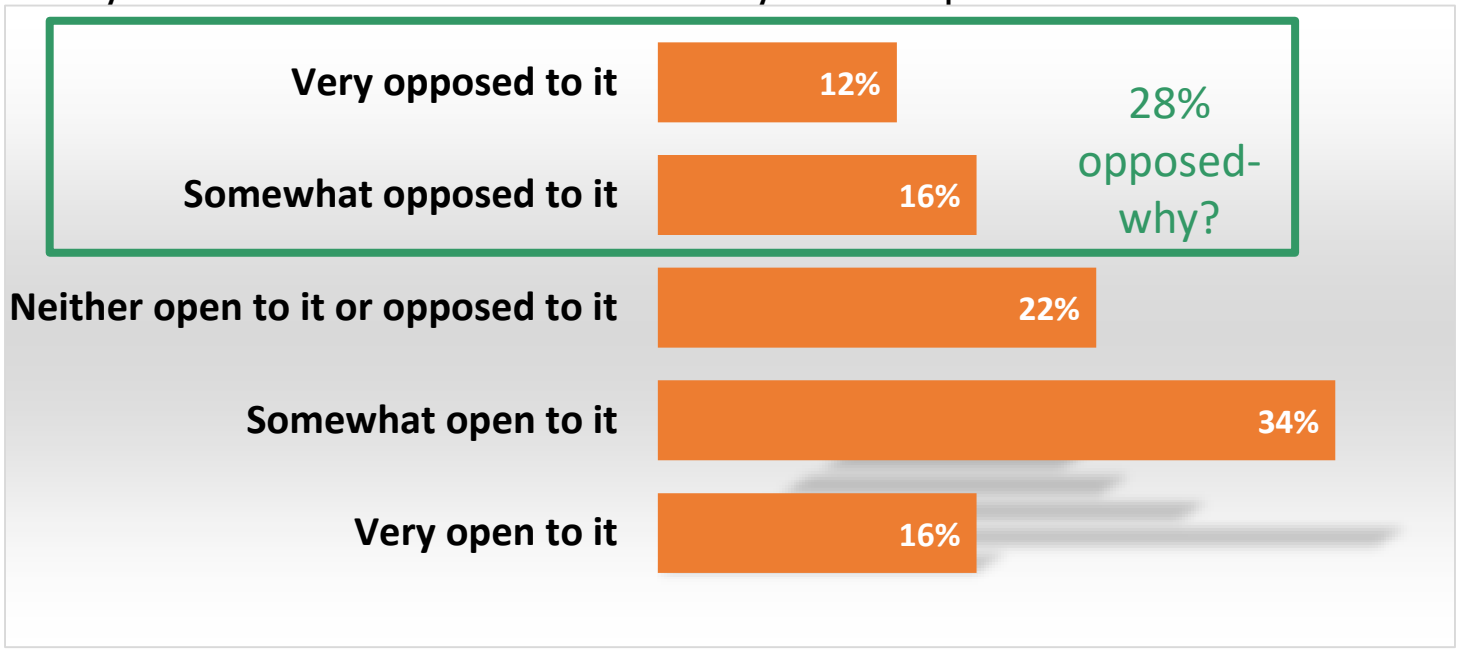
Current State of Telehealth Training

- In 2019, 56% of responding medical school curricular deans indicated that their Curricula Included learning opportunities in the emerging area of telehealth.
- In 2020, 63% of participating schools reported relevant content in their local curricula.
- Lack of experienced faculty in telehealth was rated as the top barrier to integrating this content within the curriculum by those 44% without any focus on this topic (2019)

Sources: 2020 data from AAMC Curriculum Inventory: Required and optional telemedicine curriculum content, 2019-2020. Generated 8/18/2021; 2019 data from Khullar D, Mullangi S, Yu J, Weems K, Shipman SA, Caulfield M, Barrios A, Howley L. The state of telehealth education at U.S. medical schools. Healthc (Amst). 2021 Jun;9(2):100522. doi: 10.1016/j.hjdsi.2021.100522. Epub 2021 Feb 4. PMID: 33548854.

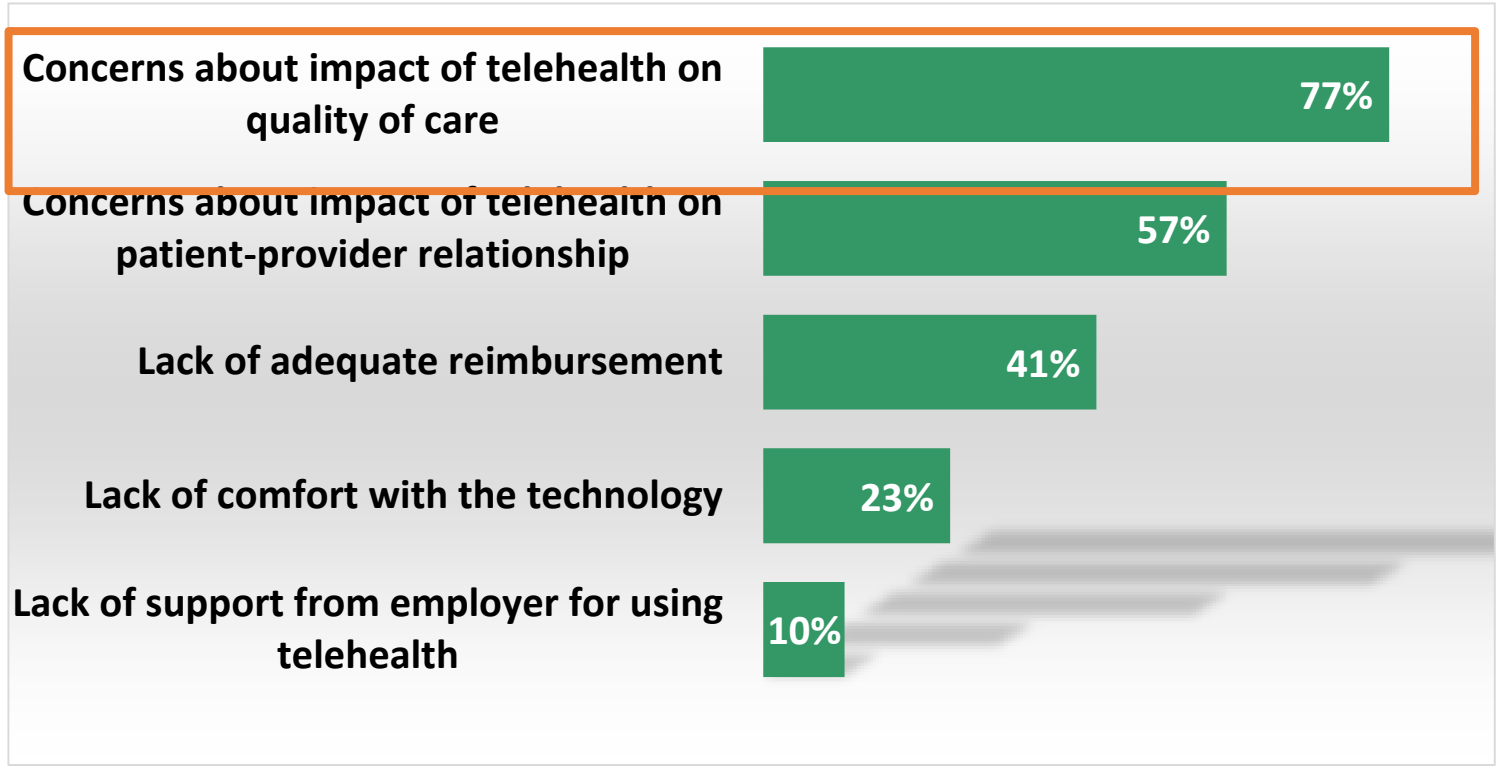
Pre-COVID: AAMC Physician Data on Telehealth

- As telehealth practice expands, how open would you be to shifting more of the care you deliver to telehealth and away from in-person visits?



Source: AAMC National Sample Survey of Physicians 2019

Pre-COVID: AAMC Physician Data on Telehealth



Source: AAMC National Sample Survey of Physicians 2019

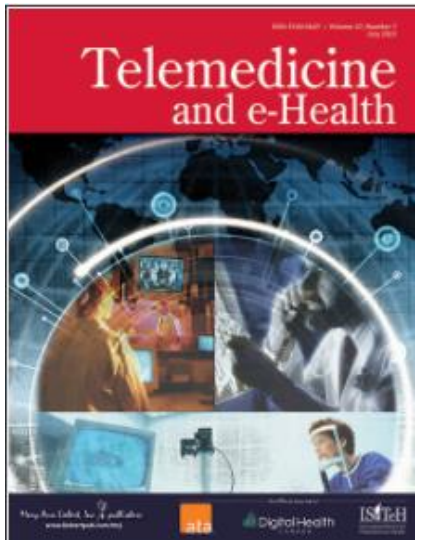
Pre-COVID: AAMC Physician Data on Telehealth

- **37%** of clinically active physicians* indicated that they use telehealth.
- Of those physicians that use telehealth:
  - **41%** use electronic patient communications/consultations
  - **10%** use electronic asynchronous consultations, physician-to-physicians
  - **7%** use video visits with patients
  - **4%** use video consultations, physician-to-physician
  - **4%** use remote patient monitoring

**Physicians with 20+ hours spent on patient care in a typical week.* Source: AAMC National Sample Survey of Physicians 2019

Telehealth & Medical Education: Early Work

- Identification of telehealth skills needed by clinicians to provide high-quality care via telehealth
  - Literature review
  - Modified Delphi process



Expert Consensus: Telehealth Skills for Health Care Professionals

Kevin Galpin, Neal Sikka, Sarah L. King, Keith A. Horvath, Scott A. Shipman, the AAMC Telehealth Advisory Committee* Neil Evans, MD, Kristi Henderson, DNP, Andrea Borondy Kitts, MS, MPH, Elizabeth Krupinski, PhD, Joseph C. Kvedar, MD, Chen-Tan "CT" Lin, MD, Curtis Lowery, MD, James P. Marcin, MD, MPH, Karen Rheuban, MD,

MedEdPortal Collection

MedEdPORTAL Collection
Telehealth Education

As health systems increasingly use telehealth to provide care delivery, it is important to disseminate best practices across the field, promoting their integration into training and curricula across the continuum.

MedEdPORTAL invites generalizable teaching and learning activities for publication consideration.

MedEdPORTAL *is actively seeking submissions in this area. Due to the nature of virtual learning activities, authors should pay close attention to the guidelines on supporting material: www.mededportal.org/author.*

MedEdPORTAL *will not consider submissions that rely heavily on external sources, particularly online sources, and/or are dependent on external platforms or software.*

www.mededportal.org/telehealth

MedEdPortal Collection

AAMC Scholarly Resources

- **MedEdPORTAL** sample publications:

www.mededportal.org/telehealth

Cantone RE, Palmer R, Dodson LG, Biagioli FE. **Insomnia telemedicine OSCE (TeleOSCE): a simulated standardized patient video-visit case for clerkship students.** MedEdPORTAL. 2019;15:10867

Shortridge A, Steinheider B, Ciro C, Randall K, Costner-Lark A, Loving G. **Simulating interprofessional geriatric patient care using telehealth: a team-based learning activity.** MedEdPORTAL. 2016;12:10415

- **Academic Medicine** sample publications:

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https://journals.lww.com/academicmedicine

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