Executive Summary: Telehealth Education

Linda M. Banks

College of Nursing, East Carolina University

Doctor of Nursing Practice Student

Telehealth Education

- Following a Doctor of Nursing Practice (DNP) telehealth education course, there was an increase in perceived telehealth competency and interest in future telehealth positions
- The majority of students reported that they did not feel strongly prepared by their education to practice telehealth
- While the attrition rate was high for survey completion, the live class had more robust attendance and participation
- The most prevalent topic discussed by students in a live discussion opportunity was telehealth and cultural competency
- Strong buy-in from participating faculty and students suggesting a need and interest in telehealth education in the DNP curriculum

Background and Purpose

Following the Coronavirus disease of 2019 (COVID-19) pandemic, there was a notable and necessary increase in the use of telehealth (Chike-Harris et al., 2021). However, despite sustained increases in telehealth, there have been limited updates to the curricula of graduate nursing programs to properly prepare students (Eckhoff & Anderson, 2022). This project was developed to meet this need by integrating telehealth education into the DNP curriculum of a large nursing program. Measures were included to evaluate student perceptions and confidence in telehealth implementation. The program was structured to allow students to actively engage and contribute their concerns or past experiences. Further insight into the student experience and impact of the project will guide new research in this field and continued advancement in nursing education. Integrating telehealth education programs would improve the quality of graduate nursing education by better preparing students for current best practices. Equipping students with

the foundational tools and knowledge needed to practice medicine in a modern world will impact the quality of care delivered and patient outcomes.

Methodology

Participants were chosen as a convenience sample of students enrolled in a DNP core course. Participation in the study was voluntary. All students were registered nurses with varying degrees, program tracks, ages, and experience levels. The project content was integrated into the pre-existing course online materials. The study involved a pre-survey, online educational module, live class meeting, post-survey, and follow-up video. Quantitative data was derived from the surveys, and qualitative data was derived from the live class. Statistical analysis was completed in Microsoft Excel® and included descriptive statistics.

Results

Of the students who completed the pre-survey, all had used telehealth as a patient, but none had used it as a provider. The majority reported preferring in-person visits over telehealth visits. Students reported that they were concerned about specific issues within telehealth: technical difficulties, vital signs, billing/coding, poor patient perceptions of telehealth, provider experience, barriers to telehealth, and documentation requirements. During the live class, the major discussion topics about telehealth were cultural competency, applications in rural medicine, telehealth policy, risk reduction programs, barriers to telehealth, and telehealth promotion programs. Following the completion of the telehealth education program, an increased number of students felt positive about telehealth and were considering a position in telehealth. However, most reported feeling their educational program had not adequately prepared them to practice telehealth competently.

Strengths and Limitations

A significant strength of the project was the active participation of nursing leadership and faculty in developing and integrating the course. Modifications were made that encouraged both student and project success. Additionally, a diverse group of students contributed insightful and personal accounts during the live class. These perspectives and material were highly impactful to the potential implications of the project. However, limitations did hinder the overall strength of the project. A high attrition rate reduced the possible statistical interpretations of data, possibly related to voluntary participation. Twenty-five students were enrolled in the course, but 18 participated in the live class, 12 completed the pre-survey, and 6 completed the post-survey. Additionally, the project was intended to be used in multiple DNP core courses, but due to logistical issues within the school of nursing, only one course was involved. This reduced the possible sample size. These elements limited possible data collection and analysis.

Implications and Conclusion

This project supported the need for standard telehealth education in graduate nursing programs. Both students and faculty were interested and engaged with the topic. With the course standardization, the material could be applied to a variety of programs and tracks, such as other graduate nursing, medical, and allied health programs. Further research on student concerns, student lapses in knowledge, the impact of telehealth competency on clinical practice, and the impact of telehealth competency on patient outcomes will continue to contribute to this area of research.

References

Chike-Harris, K. E., Durham, C., Logan, A., Smith, G., & Dubose-Morris, R. (2021). Integration of telehealth education into the health care provider curriculum: A review. *Telemedicine Journal and e-Health, 27*(2), 137-149. https://doi.org/10.1089/tmj.2019.0261

Eckhoff, D. O., Guido-Sanz, F., & Anderson, M. (2022). Telehealth across nursing education: Findings from a national study. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 42*, 308–314. https://doi.org/10.1016/j.profnurs.2022.07.013