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White Paper

Telehealth Network Training

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Training is an important part of Telehealth Network operations. And while that statement is patently true, it also leads to many questions: Who should be trained? How often should training take place? What should training consist of? Who should conduct the training?

This white paper will address those questions and more.

The Need for Training

Telemedicine is a rapidly-maturing delivery method for health care that relies heavily on technology. As with any other application of technology, users are much more effective and efficient if they are familiar with the equipment and comfortable with the procedures for using it. Additionally, we owe it to our patients to be able to provide them the right care at the right time and in the right place. That means that providers are obligated to be competent and confident with the equipment. Just as we wouldn't make an X-ray of a patient without training or do surgery without years of training and practice, we must be trained and practiced in the use of Telemedicine equipment we may encounter.

There are two fairly common ways of teaching our staff to use Telemedicine equipment.

- Just tell them that the equipment is in room C, and that they have a patient encounter in five minutes, expecting them to 'figure out' how to use the system
- A formalized training regimen

Clearly, NRTRC advocates for the second option. Network usage has dropped off dramatically in locations where training has not been robust and thorough. Providers simply will not use equipment that doesn't work as they expect it to, and a key aspect of 'getting it to work' is training users. Networks have failed due to lack of use because staff didn't know *how* to use the equipment.

It is difficult to overemphasize the importance of training. The bullet points that follow list some of the principal advantages that come to a network with a well-trained staff:

- Both staff and equipment are ready to go when they're needed. With appropriate training and maintenance, it just takes a few minutes to make a connection and be ready to present a patient. This readiness helps patients trust the process and the technology and promotes a higher level of confidence in the staff.
- Program success is driven by accumulating individual successes with Telemedicine. Knowledge, professionalism and, most importantly, confidence are enhanced when Telemedicine equipment use by the health care staff is second-nature.

  Patients wouldn't feel very good about a provider who fumbles with a stethoscope and the practitioner would undoubtedly feel some embarrassment as well. Telemedicine is a tool for providing patient care, akin to a stethoscope, but more technically complex. Patients will expect their practitioners are as competent with modern videoconferencing equipment as they are with a century-old device that every practitioner is trained to use in school.
- Training sessions can also give us a good check of our connectivity, the functional readiness of the equipment and auxiliary devices we are expected to use when meeting with patients. A slight problem during a training session can be resolved in a timely manner and patients will never have to see the 'warts.'
- The idea of professionalism in front of a patient can't be overstressed. If a practitioner has to 'fiddle' with the equipment, isn't sure of how things work or seems to be confused, how much confidence can we expect the patient to have in our system? Not much. Training helps increase patient confidence.

- There's another advantage to frequent training sessions that is sometimes left out of the discussions: when staff from both sides of the connection train simultaneously, they become familiar with each other and can work much more comfortably with each other. The sense of familiarity can enhance the patient encounter. With a known and practiced encounter routine, network operators can ensure quality of care.

Who should receive training?

Training should be offered to every staff member who will be expected to participate in Telemedicine encounters.

- Specialty Providers. Specialty providers should be encouraged to participate in training for a number of reasons. First, they need to be as familiar with the equipment as possible. Additionally, during a training exercise, they can establish a routine with the originating site's presenters so that they can ensure that network and treatment protocols are followed.
- Presenters. Staff members who present the patient to the specialist need extensive training. Not only should they be able to make a connection 'in their sleep,' they should also be able to brief the patient on this new care delivery method, telling him or her on what to expect and how the encounter will be structured.
- Technicians. The people responsible for maintaining the equipment and troubleshooting problems should be involved with training from the start. Initially, they can train the users in equipment operation, answer questions and show the mechanics of the encounter operation. Additionally, technicians can see the challenges health care staff faces when they use the equipment so they will be able to

anticipate problems and find solutions before problems occur. It's also good for the technical staff to observe just how the equipment will be used so they understand the importance of the network they are supporting.

What Training methods should be used?

There are many answers to that. Every option should be explored to find the training ideas that are most effective for your network and that your staff best responds to. Here are a few ideas:

- Connection trials. Staff should be encouraged to make test connections to the distal site on a regular basis. This can solve two problems. First, it makes sure that through regular use the staff is comfortable with the connection process; when it becomes necessary to make a 'real' connection the process will be second nature. Second, and, perhaps more importantly, this tests the connections between sites across the network. This regular site-to-site testing can detect network problems early and the early detection can prompt a service call which will return the network to usability before it's needed in a critical situation. Imagine a provider in a small town trying to contact an emergency physician in a big city only to find the equipment doesn't connect.
- Staff introductions. Staff members from both sides should be encouraged to make test connections on a regular basis and introduce or re-introduce themselves to the distant staff. With the knowledge of who is on the other end, encounters can go more smoothly. This will give the specialty provider an opportunity to discuss what she or

he expects from the presenters during the encounter. Presenters can ask questions of the provider, thereby ensuring smooth encounters.

- Mock encounters. Originating site staff should have the opportunity to perform mock patient encounters with distal providers on a regular basis. These mock encounters should be supervised by a trainer who can observe the training and evaluate its effectiveness. This more formal training regimen allows the staff to practice Telemedicine procedures in a non-critical learning environment.

  Mock encounters also help the distal provider come to understand what capabilities the originating site has. We observed a mock code with a pediatric 'patient' a while back. The emergency provider suggested that the originating site staff administer a certain antibiotic. The staff said they couldn't and explained to the physician that the small hospital only had one kind of antibiotic in stock. Learning what both sides of an encounter need and can do will help network administrators construct appropriate and realistic protocols.

- "Play Days." While the term may not sit well with some of the staff, having an open lab where they can experiment and use the equipment without fear of failure can go a long way toward building familiarity and prowess with Telemedicine equipment. Letting staff members try several different connection methods, try different uses of equipment or simply talk about the weather while they try different approaches can be very helpful and provide a 'fun' learning environment. Such a practice can also be used to introduce new equipment, new protocols or new staff members.

- Auxiliary equipment testing. If you've just received a new electronic stethoscope, retinal camera or other piece of Telemedicine equipment, it's a good idea to have an

expert in its use show the staff at the originating site how to use the equipment in an encounter and the distal specialist what to expect to see and hear. Familiarity with the available equipment is important and will save time in the long run.

- Site visits. Telemedicine coordinators at the network site might consider visiting each originating site on a regular basis. These visits can be used to relay news, new procedures, plans for future expansion of services or just provide an opportunity for originating site staff to get to know the person who is likely to answer their calls when they have questions about operations on the network. It's good for the coordinators as well, because they can see the conditions under which originating site personnel work and have a sense of what challenges may arise in the future.
- Test bed. If a network has enough equipment or if the Telemedicine Coordinator doesn't mind an occasional unscheduled call, it might be a good idea to have a terminal available for test connections at any time. This allows both providers and originating site staff to test their equipment if they feel it's necessary and to train new employees outside the scheduled training environment. Most equipment manufacturers have test numbers that can be called, and, while they are important and helpful, it may be better for network members to be sure they can connect to the central location.

How often should training be held?

The less-than-satisfying answer is, "It depends." If your network is new or experiencing a relatively high growth rate or high turnover, monthly training may be just right. If your network is mature and the workforce stable, quarterly training might be good. Establishing a training

schedule is important, but depends on your network needs. Hub site Telehealth coordinators may help the network by making site visits annually or semi-annually.

We've witnessed the full gamut of scheduling, from daily connection testing to monthly formal training to little training at all. Only the network administration can determine the optimum schedule for training. But we will re-state our assertion that training is a critical part of network success and we encourage administrators to establish a clear training schedule.

Who should lead the training?

It would be ideal if the network headquarters had a certified trainer who could help establish a syllabus, conduct evaluated training and ensure that everyone involved with Telemedicine provision receives the appropriate level of training. In the real world, this may not be possible, so we would suggest that Telehealth Coordinators be tasked with the project or at least be a part of the planning process. The Coordinators are the people who know what sorts of training the network staff needs.

Conclusion

This paper has discussed a few ideas around training. Its primary purpose is to convince you that a regular training program of some sort is valuable and important to your staff and, ultimately, to your patients. More importantly, it is important that the staff be fully trained and ready when they present a patient.

If you have questions or comments, please don't hesitate to contact NRTRC.