Discussion: Doctor in training delivered telehealth consultations, a safe and supported environment for clinical education

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Dear Editor: We thank you and Dr Cheng for the response letter (1) and interest in our article and allowing us to comment on his opinions regarding effective Doctor in training (DIT) teleconsultations.

We would like to provide clarification on the definition of ‘DIT led’ teleconsultations utilised in our article as we acknowledge this may have caused confusion. A supervising Specialist was available in an adjacent consulting room for all DIT led consulting sessions. All history taking, differentials and primary plan formulation was performed by the DIT; and then discussed with the supervisor. This structure provided supervised autonomy for the DIT. We feel that ‘DIT delivered’ suggests an absence of the expected critical thinking from our trainees when teleconsulting.

The cited article by Rance C et al reports on a high acuity inpatient decision making and not outpatient clinics. Rance C et al does however discuss DIT feelings of missed learning opportunities when limitations on exposure are present and recommends a DIT should be provided protected time in an environment to foster clinical decision making skills(2) We believe that involving a DIT in a supervised outpatient clinic, including teleconsultation, provides an invaluable opportunity for exposure to a mixed caseload of patients and promotion of vital clinical skills.

In response to concerns of lost efficiency when a DIT sees more complex patients by telemedicine, we question when the appropriate time to educate them on streamlining consultations and use of the technology is? With experience comes improved time efficiency. We as trainers have a responsibility to support our DITs in the safe acquisition of these skills, although in many instances it may be quicker to “do it ourselves”. Initially DIT led clinics

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saw a mean of 7 patients per session per DIT, this improved to a mean of 11 patients at surveys end.

Telemedicine is a rapidly expanding feature of outpatient care and therefore has become a critical skill for our DITs. Failure to jointly teach telemedicine and complex decision-making skills will only serve to create larger gaps between trainee experience levels and skill sets. We acknowledge the benefit of triaging patients based on complexity appropriate for the skill level of the DIT; with the view of progressively challenging the trainee once appropriate clinical progression is noted.

We would also like to outline that our article on patient satisfaction was conducted prior to the COVID-19 pandemic and is a part of routine care delivered through our institution. Additional time pressure secondary to social distancing recommendations, including avoidance of in-person consultations has placed additional strain on our clinics. Despite this, we feel that satisfaction with the access to and outcomes of DIT led clinics would be similar or higher due to both patient and practitioner concerns regarding the risk of COVID-19.

We agree with Dr Cheng that patient care is always the priority. Although, a supervised DIT led teleconsulting model provides a safe and supported environment to develop clinical skills and promotes better patient care for the Specialists of the future.

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