

Telehealth Module- Module 3- Effective Call Management

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Health Workforce Initiative

Module 3- Effective Calls and Protocols

Module 3 brings us to the heart of working with clients. This is where what we have been learning gets put to use. Using the best practice it's now time to talk to actual clients and work with them to reach their goals.

Module 3 Student Learning Outcomes

On completion of this Module the student will be able to:

- Conduct telehealth appointments as scripted, using protocols and keeping client information confidential.
 - Connect diverse clients to individualized and culturally sensitive resources.
 - Navigate challenges during telehealth visit and seek support appropriately.
 - Accurately document all client interactions.
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The Plan

Your community college allied health program will have policies and protocol for client interactions. Working with your instructor you will learn these policies and protocols. There may be a complete script for client telehealth visits but any telehealth visit takes planning and attention to detail. Who is the client and what information do you know about them? What is your role during the telehealth visit? This is the pre-orientation phase.

Identify Purpose

Think about the purpose of the telehealth visit and what the client may need. There are many types of telehealth visits and the assignment will vary by the type of healthcare worker student and level of training. Some of the types are:

- Assessment and set up for healthcare provider
- Education
- Medication reconciliation
- Offering referrals

- Active listening and support

What do you know about the patient and what do you still need to know? If you are to do medication education and have been given the client's medication list, now you need to assess how the client learns best. The purpose of your visit should be clarified with your instructor if you have any questions.

Preferred Way of Communicating

Identify how the telehealth visit will happen. The client will have a preferred method of communication or technology and of date and time. Your assignment may come with information about the client's preferences but you may have to make that first call to identify details of technology or make an appointment with the client.

Know Your Resources

There will be times when the client has issues or needs that have to be addressed right away. It is critical to telehealth visits that the student has resource information nearby. The contact information for the student's instructor, the client's care team, and emergency medical services is necessary. Have these resources ready and add any other resources provided by your instructor or the client's care team.

Make a Plan

Carefully read your client referral and any information available.

- Your instructor tells you the client, Mr. Harold Jones, was referred to the student because care team feels he is very frustrated and grumpy. They would like a student to make a telehealth visit and be an active listener to support 74 year old Mr. Harold Jones. Mr. Jones prefers to be called on his cell phone and the cell number is given. You are not given any medical information but have the contact information for the care team and your instructor.

Let's think about a plan for contacting Mr. Jones and what the conversation might be look like.

- Mr. Jones is frustrated and grumpy per his care team so will he want a call or be friendly?

Safety From the Start

Telehealth visits or interactions have some significant safety considerations for the healthcare worker as well as for the client. While these modules are for allied health students who will be

working with their instructors in some type of clinical 'call center' or from home, students as well as instructor should be aware of safe practices.

Basics for Students

If students will be using their personal cell phones for telehealth visits it is especially important to block the number during any telehealth interactions. Keying in *67 then the area code and phone number will block the student's number from caller ID. The person receiving the call will see, 'BLOCKED' or 'PRIVATE NUMBER' so clients should be told this will happen. Using *67 works from cell phones and landlines.

Students can work in pairs for support and added safety, especially if the instructor is not physically present with the students. If one student is making a telehealth visit, the second student can act as a resource to look up information or call the instructor for guidance. Again, client should be made aware if there will be two students included in the visit. Students should always clearly identify themselves and their role or scope of practice at the beginning of the telehealth visit.

Remember

- Block personal phone number by using *67
 - Inform the client that when you call it will show a blocked number
 - Identify yourself (and other student or instructor) at the beginning of the call
 - Do not give the client your personal phone number or other personal information.
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Beginning the Telehealth Visit

Health care agencies using telehealth visits have scripts and protocols for how the visit should happen.

Here are some examples for faculty who are writing their own clinical assignments.

These examples follow the recognized 'nurse-patient relationship' phases of pre-orientation, orientation, working and termination.

Orientation

Please Introduce Yourself

Student(s) and/or faculty identify themselves to the client. Briefly give an explanation for the call. Even if you have called the client several times, re-introduce yourself and anyone who is with you.

- *Right Patient*
- Verify the client's name and date of birth by asking the client to state them. Ask about preferred name or way to be addressed. Does the client prefer to be called Mr. Jones or Harold.
- *Right Purpose*
- The student should go on to clarify purpose of the call and the referring agency. Add any information about who else is participating in the call such as a second student or instructor. Introduce a second student or instructor as necessary.
- *Consent Rights*
- **California Professional Regulation/Health & Safety Consent**
<http://ca%20business%20%26%20professions%20code%20sec.%202290.5/>
 requires:
 - Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.
- While students are not technically 'professionals' they are training to be professional healthcare workers.
- *Explain What Consent Means*
- Explain that confidentiality is important and the client's HIPAA right will be respected. The process for the telehealth visit should be explained with the risks and benefits of using telehealth visits, the client's rights and responsibilities, and the visit will be in compliance with state and federal laws. Use easy to understand language and confirm the client's understanding by using [the teach-back-method](https://www.ahrq.gov/health-literacy/obtain-consent-telehealth.html) <https://www.ahrq.gov/health-literacy/obtain-consent-telehealth.html>. After a section of explanation, ask the client to say what they understand about the topic. Ask for teach backs for each short section of information provided so it's easier for the client to remember the details. If the teach back shows the client has misunderstood, go over the information again.
- Waiting until the end of the consent discussion and asking the client to talk about what they understand may be overwhelming.
- Some programs and agencies use a paper consent document and email or mail it to the client before the first telehealth visit. This gives the client a chance to look over the program referral and consent information. The client may be asked when possible to mail or scan a signed copy of the consent form back to the program or agency.
- The [Agency for Healthcare Research and Quality](https://www.ahrq.gov/health-literacy/obtain-consent-telehealth.html) <https://www.ahrq.gov/health-literacy/obtain-consent-telehealth.html> has developed a step by step client consent form and teach-back-method for telehealth visits.
- *Who is There?*
- Ask if anyone else is listening to the call or within earshot. It's not always easy to see who is in the area of the call or video conference. If the client says they

need to move locations to be more private, encourage the client to do what feels comfortable and safe for them.

- The student should document clearly who the client said was listening with them and that the client was clearly and directly asked to give permission for another person to listen to the conversation and that the client gave permission.

Examples of Dialog for Client Visit

Section	Examples of Dialog
Introduction	
Student	Hi, I'm Mary Smith and I'm student healthcare worker from The Best School Community College. I'm calling for Mr. Harold Jones.
Right Client	
Student	Please tell me your full name and date of birth so I know I've got the right person.
Client	I'm Harold Jones and my birthday is May 5, 1946.
Student	What would you like to be called?
Client	I like to be called Harry!
Student	What is your preferred pronoun?
Client	Huh? If you mean, do I like to called a man? Yes!
Consent Rights	
Student	It's my job to check that I'm able to explain things clearly. To see if I'm doing a good job, please tell me what you understand about your right to confidentiality.
Client	I have the right to have all my personal information kept quiet. No one should know what my medical information is or what we talk about on our visits.
Student	Who is with us virtually on the call (video) today, Mr. Jones?
Client	My wife, Molly, is near me and my son, Brian, wants to listen to our chat. Molly is a little hard of hearing so we don't need to worry about her listening.
Student	I want to ask you if you give consent to have Molly and Brian listen to our visit today? It's important to me to follow your wishes for who participates in the visit.

Client	Yes, I'm fine with Molly and Brian being here for the visit.
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The Client & the Student

After the student has opened the visit by introducing themselves, discussing consent and confidentiality, then explained their role or purpose, it's time to listen to the client.

Working with the Client

There are several areas where students could be trained in clinical including medication reconciliation, health education, and active listening and support. The student should also explain how they will report to the client's care team and document the telehealth visit and that they, the student, are a mandated reporter if there is any abuse disclosed. "I'm calling to listen to you. I'll listen to your concerns and let your primary nurse know of any issues that need to be addressed."

The client has the right to know exactly what they can expect from the telehealth visit and what the student can do for them. It's best to make things clear from the beginning.

Talk Story

In Hawaii they say, "Let's talk story." It means they want to get to know someone's story and are willing to sit and spend the time to listen. When planning a telehealth visit be sure to leave time to 'talk story' or get to know the client and listen to their story. The telehealth visit is about them and their needs. They may need to remember who they are when they are not ill or in crisis. They may need to express frustration. As you hear what the client has to say, it often helps develop coping skills. It's your job to guide the client to those coping skills so they can see and use them.

Examples of Dialog for Client Visit

Section	Examples of Dialog
Clarify Purpose	
Student	I'm here to listen to you. How are you today?
Client	I'm doing ok. It's hard to be going through all this cancer treatment when I want to be at work. My whole life I've been a working man. There are things I could be doing if my body wasn't failing.
Working with the Client	

Section	Examples of Dialog
Student	What kind of work do you do?
Client	I am a builder. My son was working with me. There is lots of work for us to do because people don't know how to work with their hands anymore. We can do most things ourselves. I just can't work when I have to be on this cancer medication, this chemo. It's making me too tired.
Student	Let's talk a little about how your feeling physically.
Client	Everyone who calls asks that! It's another thing that make me tired. It's frustrating that I can't fix this cancer.
Student	Got it! What makes you feel better?
Client	When I have the energy I go out to my workshop or work on small projects around the house. I finally got the kitchen cabinets repainted last week. (Client talks for a several minutes about his projects. Is smiling.)
Student	It sounds like doing those projects takes your mind off your frustration and brings you joy.
Client	I didn't think about it that way but yeah... So I have a list of projects I need to finish and better get busy.
Student	What else would you like to talk about today?
Client	I'm good, thanks. It's almost time for lunch.
Student	Your care team wanted me to ask if you have enough medical supplies.
Client	I'm doing ok, waiting on some drugs in the mail. If they don't get here by next week I'll call my nurse.

End of the Visit

The end of the visit or the termination phase can be short or fairly long, depending on your client. Some clients want just the facts and don't need to chat. Other clients are lonely and really want someone to keep them company. Let's work through ending a telehealth visit.

Gracefully Ending a Visit

There are several things to say to begin the end of the visit. You may want to say in the beginning of the visit how much time the visit is scheduled to be then remind the client there's

five minutes left. Asking "What else would you like to talk about?" could signal the visit is ending. Summarizing the visit helps the client remember and retain the information and goals discussed. Summarizing can include what the client has agreed to do, especially coping and changes toward health. "Mrs. Brown, you said you'd like to eat more fruits and vegetables so you are going to order a box from the farm stand and try to avoid fast food delivery. I'm going to send you the web site address and phone number of two or three produce subscription farms this afternoon. Let me repeat back your email so I'm sure I have it." The visit summary can include what you have agreed to do for the client. Then it's time to plan for the next visit or end the call, depending on the type of telehealth visits you are making.

Examples of Dialog for Client Visit

Section	Examples of Dialog
Ending a Visit	
Student	Harry, I enjoyed talking to you about how doing projects around the house takes your mind off things and I heard you say you have enough medical supplies.
Client	Yes, I'm ok on supplies. I'll keep doing my projects. It will keep me busy and make Molly happy, too.
Student	Is there anything I can pass along to your care team?
Client	No. I'm doing ok for now.
Student	Then I will send your care team a summary of our visit so I can keep them up to date on what we talked about today.
Client	No problem.
Student	Let's plan for our next phone visit in a week.
Client	Ok, what day is good? I'm home ALL. THE. TIME.
Student	How does next Thursday at 10:00 a.m. work?
Client	That's great. Talk to you then.
Student	Thanks and I'll send a summary of our call to your care team. Good bye!
Client	Bye now!

Video Examples:

University of Hawaii Telehealth video examples:

- https://www.youtube.com/watch?v=kdTc2Wbi_Ag
- <https://www.youtube.com/watch?v=Olgs6mMXt6U>

Example of physical assessment and some vital signs

- <https://youtu.be/e8OhK7V9Cp4>
 - <https://youtu.be/8bMFL56Zflc>
 - <https://youtu.be/4hRObfNyDvc>
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Screening Tools

There are many types of screening tools, most very specific to a specialty area, set of symptoms or a certain diagnosis. A widely used screening addresses early identification and intervention for substance abuse and is often called SBI or SBIRT. Very specific assessments target symptoms of certain disease process such as cancer screenings. The target population for your telehealth program will determine the use of screening tools.

General Screenings for Telehealth Clinical

A very general screening for allied health students during the COVID 19 crisis is the [Neighbor Check In](https://www.californiavolunteers.ca.gov/get-involved/covid-19/neighbor-check-ins/) <https://www.californiavolunteers.ca.gov/get-involved/covid-19/neighbor-check-ins/>, authored by the California Department of Health Care Services. This guide offers safe ways to contact neighbors, especially the elderly or disabled, to see if they have any needs like food delivery or concerns such as loneliness.

General screening questions also open up the telehealth visit to allow for psychosocial assessment of the client. These questions can be used in various combinations tailored for the target client population. Cabrillo College School of Nursing offers a basic medical client screening with some simple questions.

- How are you today?
 - What is causing you concern?
 - What is bringing you joy?
 - Who offers you support?
 - What is your plan for seeking medical care?
 - What is your plan for responding to an emergency situation?
 - Please tell me about the status of your medical conditions.
 - How are you monitoring your medical conditions at home?
 - Do you have the following information readily available?
1. Physician name and contact information
 2. Family member(s) name and contact information
 3. Other support person (s) name and contact information

After any screening question or set of questions it is important to give feedback to the client. If there is an answer to a screening question that needs the student to give more education or

resources/referrals, let the client know. For example the client says they have no one to offer them emotional support. Say something like, "Let's take a minute to talk more about who could offer you support." If the client can't identify no one to support them emotionally after a longer discussion, ask if they would like you to offer ideas or resources to them. If they agree, you can say, "Some people find support in a faith community or a hobby group." You can also offer to find ideas/resources for them at the next telehealth visit if you can't think of any at the time.

[Instructors: These questions can be developed into a script that fits your students' scope of practice once your a target client population is identified. Add in questions specific to your specialty such as safety, food security/insecurity, prenatal care, etc. as appropriate.]

Specific Screenings for Telehealth Clinical

[Each clinical area of allied health will have specific screenings to use. Some of this will depend on scope of practice and some will depend on instructor preference.]

Specific screenings have been written and researched to gather assessment information or guide education and treatment interventions. The ASQ, Ask Suicide-Screening Questions, while a specific screening, can and should be applied in most general and specialty areas. The SIBRT or Screen, Brief Intervention, Referral to Treatment, is another tool used across specialty areas to help identify and treat clients with substance abuse issues.

Example

As part of the [Strive for Zero](#)

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf campaign of the Mental Health Services Oversight and Accountability Commission, the California Office of the Surgeon General and the California Department of Health Care Services are asking health care providers for 20 seconds and 4 questions to save a life. These four questions are the ASQ screening from the [National Institute on Mental Health](#) (NIMH)

<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml> :

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

Healthcare workers who use this screening and get a 'yes' answer should then express compassion and offer support. It's critical to give the client with 'yes' answers resources like the National Suicide Prevention Lifeline at 800-273-TALK (8255) or by texting TALK to 741741. For a complete list of Suicide Prevention Lifeline choices see the [Strive for Zero](#) https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf guide, page 5.

Make an appointment for a follow up telehealth visit with the client to make sure the client has gotten the help they need.

Documentation

Documentation on the screening questions used, the client answers, and the resources given should be done in a clear, narrative manner. If a flow sheet or check list is used for the screening questions, add that to the documentation. Keep client information and documentation confidential even if working from home. Do a password protected word document or other secure file so no one can accidentally see client information.

[Instructors put in what your clinical group will be using for documentation. Add instructions on how the]

Assessment of your Client

Doing any kind of assessment takes practice. Taking the clinical environment into a telehealth landscape changes some of what the student can do. Hands on assessments are not possible but call scripting and observation are. Assessment questions can be built into the call script and if the telehealth visit is over a video conference, the student can observe the client's physical appearance, breathing, speech, and so on.

Your Client as Your Assistant

For a safe home assessment, the client can show views of their home to the student using a cell phone camera. If a client is depressed, the suicide assessment can be done asking the 4 questions (ASQ) described on the previous page.

Vital Signs

When assessing vital signs are necessary, the student can ask the client to count their own pulse out loud while the student watches a clock or timer for 15 seconds. Respiratory rate can be counted by having the client cross their arms over their chest and breathing normally while the student counts breaths using a clock or timer. The arms over chest method allows the student to see more easily the chest moving up and down. There are some helpful YouTube videos of how to assess many kinds of clients using a video telehealth visit.

Clients who own a blood pressure cuff can do a reading and show it to the student. The client can also take their own temperature and let the student know the result.

Physical Movement

Let the client know ahead of time if they will need to show how they move physically. Ask them to wear loose fitting top and pants/sweatpants so they can move freely. Have pictures to show

the client or demonstrate movements needed to assess the client's walking, sitting and getting up, standing, bending, and so on.

[Instructors: Add in specific assessment descriptions and delete what you don't need. It's helpful if you can write out what you expect from the students when doing assessments. Give an example of how a complete assessment looks for your class. Upload any forms the students will need for assessment documentation.]

Interventions: Education and Resources

Now that you have assessed your client, it's time to think about what the client has said and what the client thinks they need. Does what the client said match what you identify as their needs. Clients may say they have a need that does not line up with what you have assessed.

Example: they may say they know how to check their blood sugar when using a home glucometer but when you observe the client do this during a video telehealth visit, you don't see them clean their finger before using the lancet and then put too much blood on the test strip.

Education

Lead the client into education calmly and gently. You could begin by saying, "I see you didn't wipe your finger with alcohol before poking with the lancet. Please tell me about that." The client could say they had recently washed their hands, just forgot to use alcohol, or that they read about how using alcohol toughens the skin so the poke is more painful. Take a minute to ask then educate on the need to clean the test or poke area and get rid of bacteria for safety from infection and sugars from food for a more valid test.

Resources

Offer the client resources on how to test their blood sugar at home such as videos from the glucometer manufacturer or go over the glucometer manufacturer's instructions if the client has them available. You may be able to email resources to a client but check with your clinical instructor first.

If a client is in need of support or feels lonely but says they have an interest in doing volunteer work, you could do an internet search with them, talking them through how they could find a place to volunteer. If you know personally of a volunteer opportunity it is best to express this information in a neutral way, "Some people volunteer at the food banks, packing up food or doing registration."

[Instructors: Add your approved education and resource list here. Add your school policy and protocol for telehealth visits here. Add any partner agency policy and protocol here.]

Prepare

Before any client telehealth visit gather and review any educational and referral materials so you can make notes or have a written or online guide bookmarked and available. It's easy to forget what to teach if you are new to the topic or feel pressure to get it right. It's okay to say you don't know something or need to look up the answer.

Make an appointment or other plan with the client to give them the educational or resource information you found if that fits with your school protocol. If you are not sure what you can do, ask your instructor.

Document

What did you do for the client- document according to your instructor's directions on the interventions you did.

Working in the health care field has many benefits as well as challenges. You and the client benefit from expanding your knowledge. Be grateful that this client is willing to talk to you, a student, and teach you how to do your future job.

Benefits

What, the client is teaching you? Yes! Clients have much to teach, including their unique life experiences. By letting us into their world, clients teach us how they live and what they have lived. They share their culture and beliefs with us and contribute to our cultural knowledge if we let them. When we talk to a client, we enter their world as a guest and should respect their time and space. We are enriched by learning so much about other ways to live. We are taught by clients to tailor interventions to meet these clients where they are.

Challenges

Many parts of health care can be challenging, especially working with clients. Some clients are friendly and pleasant but some are confused and some are rude. When faced with challenges it can be frustrating. Policy and protocol are a foundation to guide you but all the policy and protocol in the world won't have every answer to every situation. Much of it is learned by experience applying what you have been learning in your allied health classes. That's why you have this clinical experience.

What to Do

- Pause before you respond.
- Take a deep breath.
- Think. Rely on your quick, logical thinking (or critical thinking as nurses like to say).
- Have you been in or seen this situation before? What worked or didn't work?
- Who can you ask for advice or support?

When to Call for Support

There will be situations when a client wants something you can't provide or says something you can't address. In discussing a client's feelings of anxiety over their recent breast cancer diagnosis, the client says they may not want to go through treatment and might just 'end it all.' You ask them if they are thinking of suicide and the client says yes.

This situation is an example of when you may need support from your instructor and your referring agency care team. Who is available for you to call right away? What resources can you offer the client immediately? Remember you should have your resources and instructor contact number available when speaking with any client.

Any time a client says something that makes you believe they are not safe is when you need support. These are a few examples but there are as many situations as there are clients.

- saying they are thinking of suicide or physically causing themselves harm,
- talking about using or relapsing on alcohol or drugs
- they are out of their prescriptions and don't know how to get refills for life saving medications like insulin or blood pressure medication
- the client says they have been abused or victimized
- describing symptoms getting worse or not being relieved by usual routine

Let the client know you want to help them and ask what they want to do about the situation. Make it clear you are part of a care team, including your instructor and the referring agency and you are a mandated reporter in the case of abuse. Give the client what resources you have immediately available such as Alcoholics Anonymous meeting times or web site. Tell the client you are going to call your instructor right away for more instructions and make a plan to follow up with the client.

[Instructors: Provide your immediate contact information for clinical times to the students and give clear instructions on how to handle unsafe situations. Add the information here or in a work flow or decision tree format. Students also need clear, written instructions for contacting the client's referring agency or care team.]

How to Call for Support

Be prepared during any client contact to take notes and be ready to give report to your instructor and the client's referring agency or care team. Take a minute to gather all the client information before calling for support. It's a good idea to learn the SBAR format for giving report because it's an accepted format for passing along client information in the healthcare setting.

Situation: Client is thinking of suicide but is waiting to talk about cancer treatment options before making a final decision.

Background: Upset with breast cancer diagnosis, is 78 years old and lives alone, and had a good life per client. Client given Suicide Hotline number.

Assessment: Client is at risk for suicide and needs support.

Recommendation: Referral to care team social worker or crisis counselor.

= SBAR

SBAR is meant to be brief and to the point. Using this format helps healthcare workers refine their thoughts and give information clearly and quickly.

Examples to Discuss in Clinical Conference or Reflection Journal

1. If a client does not speak your language you will need to use an interpreter. Where will you get that interpreter? Do not use a family member for healthcare interpreting because of confidentiality and the need for medical words. How will your school handle the need for an interpreter and who do you contact to set up an appointment? What about a client who speaks your language but doesn't share your culture so you feel lost in speaking with them.
2. A referred client has poor reading skills and you have to teach them about care of a newborn over a telehealth visit. Use your critical thinking. What will you do?
3. There are problems with doing a telehealth visit because the referred client does not have way to video conference. How could you get the client's vital signs? What other assessments could you do?
4. You have been assigned a client who has a history of being grumpy but will do telehealth visits. The client makes rude or offensive comments to you during your attempt to get the client's vital signs done. How do you handle this? What are some things to say to set boundaries?

[Instructors: Add you own examples for discussion and edit/take out any of these.]

Workflow and Protocols

This flow chart seems very complex but it's a visual example of what can be done to analyze how you and your school or agency does telehealth visits. Every process, including telehealth visits, have to start and end. Using a flow chart can illustrate the work flow and decisions that can be made when you have certain pieces of information. How things are done along the way is what is written in policy and protocols.

Work Flow

First there has to be a plan. How will things start and what happens next and next, and on and on.

- How do the referrals come to your telehealth unit or program?
- Who will triage and assign the referrals to students?

- Student gets a referral. How long does the student have to contact the client?
- When the student can not reach the client or the client refused the telehealth visit, who do they tell?
- Where does the documentation go, on paper or in a computer program?
- Who review's the student's work and by when?
- ETC...

Do the steps as planned and then study how it has worked out in real life. If the plan didn't work, make changes to the plan. Add alternatives to the steps or decisions. Act on the new work flow.

Work Flow can be a fancy chart but it can also be written out for people to use. Having something for reference when things are happening in real time is very helpful.

[In the space of these small modules it's not possible to give a one-size-fits all work flow. Draft your own work flow in words or fancy charts but make something for your students as a reference.]

Decision Trees

Decision Trees can be part of the work flow chart and provide a concrete resource for helping students choose what to do and when to do it. A student gets a referral for a new client and knows they have to contact the client by the end of that clinical week. The client is contacted and wants to have telehealth visits but won't be available for a student telehealth visit for three weeks. The student is wondering what to do and looks at the decision tree from their instructor. It says the client must be available for the first telehealth visit within two weeks and if the client is not available, the instructor should be notified right away. The student will get a new referral and has something to do during clinical time. The instructor will re-contact the first client to see if they really want a student for telehealth visits and when.

Information for making client care decisions should be contained in referring agency and school policy and protocol. It's helpful to pull out frequently used information into a decision tree format that is added to the work flow chart.

When to Call for Support

There will be situations when a client wants something you can't provide or says something you can't address. It may be a simple request to call the client's doctor for them or tell the client's family member to get off the video conference. While you can't do these things for your client, it is challenging to say no and keep good boundaries.

Life Threatening Situations

In discussing your 78 year old client's feelings of anxiety over their recent breast cancer diagnosis, the client says they may not want to go through treat and might just 'end it all.' You

ask them if they are thinking of suicide. The client says yes but not until after they discuss treatment options with their doctor.

This situation is an example of when you may need support from your instructor and your referring agency care team. Who is available for you to call right away? What resources can you offer the client immediately? Remember you should have your resources and instructor contact number available when speaking with any client.

If a client is saying their medical or mental health symptoms are getting worse and they have tried several solutions, encourage them to call their doctor or 911.

Any time a client says something that makes you believe they are not safe is when you need support. These are a few examples but there are as many situations as there are clients.

- saying they are thinking of suicide or physically causing themselves harm,
- talking about using or relapsing on alcohol or drugs
- they are out of their prescriptions and don't know how to get refills for life saving medications like insulin or blood pressure medication
- the client says they have been abused or victimized
- describing symptoms getting worse or not being relieved by usual routine

Inform the Client

Make it clear you are part of a care team, including your instructor and the referring agency and you are a mandated reporter in the case of abuse. Let the client know you want to help them and ask what they want to do about the situation. Give the client what resources you have immediately available such as Alcoholics Anonymous meeting times or web site. Tell the client you are going to call your instructor right away for more instructions and make a plan to follow up with the client.

[Instructors: Provide your immediate contact information for clinical times to the students and give clear instructions on how to handle unsafe situations. Add the information here or in a work flow or decision tree format. Students also need clear, written instructions for contacting the client's referring agency or care team.]

Examples to Discuss in Clinical Conference

1. If a client does not speak your language you will need to use an interpreter. Where will you get that interpreter? Do not use a family member for healthcare interpreting because of confidentiality and the need for medical words. How will your school handle the need for an interpreter and who do you contact to set up an appointment? What about a client who speaks your language but doesn't share your culture so you feel lost in speaking with them.
2. A referred client has poor reading skills and you have to teach them about care of a newborn over a telehealth visit. Use your critical thinking. What will you do?
3. There are problems with doing a telehealth visit because the referred client does not have way to video conference. How could you get the client's vital signs? What other assessments could you do?

4. You have been assigned a client who has a history of being grumpy but will do telehealth visits. The client makes rude or offensive comments to you during your attempt to get the client's vital signs done. How do you handle this? What are some things to say to set boundaries?

[Instructors: Add you own examples for discussion and edit/take out any of these.]

How to Call for Support

Being a student in the healthcare field means you will need support and will have to give report to a 'higher power.' You may need to call your instructor for advice or to update them on a urgent client situation. You will need to let the client's referring agency know of urgent issues and ask them to help the client.

Situation, Background, Assessment, Recommendations

Be prepared during any client contact to take notes and be ready to give report to your instructor and the client's referring agency or care team. Take a minute to gather all the client information before calling for support. It's a good idea to learn the SBAR format for giving report because it's an accepted format for passing along client information in the healthcare setting.

Example

Let's go back to your 78 year old client's feelings of anxiety over their recent breast cancer diagnosis, the client says they may not want to go through treat and might just 'end it all.' You ask them if they are thinking of suicide. The client says yes but not until after they discuss treatment options with their doctor.

Situation: Client is thinking of suicide but is waiting to talk about cancer treatment options before making a final decision.

Background: Upset with breast cancer diagnosis, is 78 years old and lives alone, and had a good life per client. Client given Suicide Hotline number.

Assessment: Client is at risk for suicide and needs support.

Recommendation: Referral to care team social worker or crisis counselor.

= **SBAR**

SBAR is meant to be brief and to the point. Using this format helps healthcare workers refine their thoughts and give information clearly and quickly.

Follow Up

After getting support for the client and yourself, follow up with the client if possible. If the client admitted to hospital it may be too difficult to contact them directly. Follow up with the client's care team. Ask your instructor or check your clinical and agency protocols for what is allowed when trying to follow up a client that was in crisis.

Instructor Observations

Instructors are guides and role models. They support student healthcare workers in learning and to do this will need to offer feedback. Students often find having the instructor watch and listen to them work is stressful. Receiving instructor feedback can make students very nervous. Think of it as quality assurance.

Observation Telehealth Visits

Prepare for the observation by having all your resources and client information ready. Check your clinical instructions and learning outcomes to see if you are planning your client visit as you should. Make changes to your plan if needed. Give the instructor an SBAR report on your client before the telehealth visit to show you are prepared and informed.

When the instructor joins a student for an observation the client needs to know the instructor is present on the phone or video conference. Introduce the instructor to your client and take a deep breathe. Begin your telehealth visit with your client and try to forget the instructor is there.

Quality Assurance

The instructor may have a check list or the student learning outcomes with them during the observation to see if the student is doing what they should. The instructor's documentation helps the telehealth program by looking for ways to improve student instruction and service to the client. If things are going well, the quality of the program is validated.

[Instructors: You may want to make a check list from your student learning outcomes and the following skills.

- Demonstrates areas of proficiency such as health education and medication teaching.
- Identifies client's preferred mode of technology for telehealth visits and is able to do the visits to the client's satisfaction.
- Establishes trust with the client using active listening and empathy.
- Uses critical thinking to provide health education and connect diverse clients to individualized and culturally sensitive resources.
- Identifies client needs based on safety and protocol, include when to get support from instructor, client's provider.
- Uses SBAR correctly to give report on clients.
- Accurately documents all client interactions and outcomes.
- Keeps all client information confidential.]

Legal and Accurate Documentation

Documentation is a critical part of healthcare. There's an old saying: It's if not documented, it didn't happen! Take credit for all your hard work and document accurately, with facts in a legal format.

Confidentiality

Healthcare Insurance Portability and Accountability Act (HIPAA) means your documentation should be secure. This information will be specific to your school and agency policy and protocol so be familiar with this. Also, don't discuss your clients with anyone outside your instructor. Keep your written notes and documentation safe and secure if you are working online from home. Use secure, password protected files if you share a computer with anyone.

The Visit Note

Your documentation will be done in some form of narrative note such as a SOARP note, subjective, objective, action, response, plan.

It should include these areas:

Subjective

- what the client says is happening from their perspective
- what their symptoms are in their own words
- quotes from the client about their feelings, problems, concerns
- pain level, anxiety level, etc.

Objective

- facts and observable data about the client like their vital signs, grooming, speech patterns, behavior
- what you can see and hear during the visit such as who is there for the visit and if the client gave permission for others to sit in on the visit
- observable data about pain level, ie., guarding when moving, grimacing, hesitating

Action

- what interventions were done?
- discussed coping skills
- reviewed how to take pain medications
- reviewed when symptoms get worse to call the doctor or 911
- coached client on guarding with a pillow when coughing

Response

- what was the response of the client to the actions?
- client said they would cope by smoking pot
- said they would set an alarm on their phone so they take medication every 6 hours as recommended
- client agreed to call their doctor right away

Plan

- write in the next scheduled visit or brief follow up call
- document your plan for letting the care team know the client's situation, even if it's routine
- add in points you want to cover in the next telehealth visit, ie., will go over deep breathing for relaxation from anxiety and how doctor visit went

Learning Activity

Reflection on clinical practice is a helpful tool for healthcare workers. It allows them to think about how they have interacted with clients and if they have done their best for each client. It is very helpful to do a personal written record of how client interactions were successful or not so successful each day. This log helps the healthcare worker think about what they could do better. What kind of listening did they do? How did the client respond to resources or education offered? What could the healthcare worker do to make the interactions better?

Student Learning Outcomes for the Individual Student Telehealth Clinical Log

After completion of the log the student will have shown some ability to:

- Conduct telehealth appointments as scripted, using protocols and keeping client information confidential.
- Connect diverse clients to individualized and culturally sensitive resources.
- Navigate challenges during telehealth visit and seek support appropriately.
- Accurately document all client interactions.

Purpose

The Individual Student Telehealth Clinical Log is important to online clinical practice because the instructor is not always close by and listening to student-client interactions. The log helps the student and the instructor process the clinical work of the week and discuss what made interactions with clients successful and what was challenging. This log is most helpful if the instructor uses it as tool during a private or one to one clinical reflection session with each student.

Instructions for Completion of the Log

[Instructors: Please insert your specific description of how you will meet with students to discuss the clinical log. You can edit the points and how they count or not towards the student's grade.]

1. Download a copy of the Individual Student Telehealth Clinical Log [HERE](#) and save it as the kind of file where you can type information in the boxes. The file must be able to be uploaded in the Submission section.
2. Fill out the log for each clinical activity or day.
3. Fill out all the necessary details for the type of activity.
4. Do not include time spent doing homework or studying.

Give Details

- Describe the person who talked with you.
- What was the purpose of the conversation?
- What client goals were identified?
- What client goals were met and give description?
- If an activity other than speaking with a client, what was the purpose of the activity?

Use a line on the log for:

- time spent preparing for a client telehealth visit, including asking instructor questions or finding resources for the client.
- time spent documenting on a visit.
- actual time spent with a client

Grading Information

This assignment is graded as complete/incomplete. There is a rubric to give details of a complete clinical log. Your instructor will let you know what to do if the assignment is incomplete.

Submission Details

After you have filled out the clinical log, save the file as a pdf or word doc so it can be uploaded to the submission button at the top of the page.

Activity Scenario for Practice

A community health worker student is reaching out using a telehealth video conference to a client who is a bilingual, Latina mother who suffers from anxiety. The client, who has 3 children, was previously homeless and now is in transitional housing. Her oldest daughter is 8 years old and needs access to a school computer and the school lunch program to prepare for her online learning. The mother had a visit with a social worker this week about her anxiety and has an appointment with a psychologist in 1 week.

What questions do you need to ask this mother to assess the family's needs?

Identify 3 online resources to assist this parent (show link below with a brief description of the resource).

The client expresses concerns with filling out the apartment application that is in English. How could the community health worker help this client with her concerns? Write out some ways to help the client with these concerns:

Activity Scenario for Practice

A client has recently has lab work done after feeling ill for over two months. The licensed vocational nurse (LVN) is assigned to do a telehealth visit with the client, a 24 year old Tongan father of 2 small children. The client has been diagnosed with diabetes, Type 2, and will need to take learn about caring for his diagnosis. The client doesn't want to accept an appointment for a telehealth visit because he isn't sure how it works.

How can the LVN or medical assistant help the client set up a telehealth visit? Give some examples of what the LVN or medical assistant could say to explain what a telehealth visit is and how it works. Write your answers here.

The client has agreed to talk to the LVN over the phone but wants his wife and mother to listen to the information so he has help remembering. The LVN has to do some education on diabetic care including checking blood sugars daily with a glucometer, taking medication, and diet and exercise.

What is the best way for the LVN to introduce themselves and be inclusive to the whole family?

What will be the most challenging part of this telehealth visit?

Write you answer here.

Quiz Question:

You have written notes about a telehealth visit with your client on your laptop. This laptop is shared by your family. How will you keep client information confidential?

- a. Use a password to protect or encrypt files to write the notes
- b. Hide the laptop from your family until clinical is over
- c. Write all the notes on a paper and mail them to your instructor
- d. Don't keep any notes. Give SBAR report to instructor.

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Health Care Provider Suicide Prevention Guide.....

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