Title Page

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

Corresponding Author:

Dr Brennan Timm, MBBS

Level 3.02/10 Martin St, Heidelberg VIC 3084, Australia

North Eastern Urology and Department of Urology, Austin Health

Email: bttimmz@gmail.com

Phone: +61427029985

Fax: (03) 9457 5773

Co Authors

Dr Jyotsna Jayarajan, MBBS FRACS

Urologist

North Eastern Urology and Department of Urology, Austin Health

Heidelberg, Victoria

Australia

Mr Peter Liodakis, FRACS

Urologist

North Eastern Urology and Department of Urology, Austin Health

Heidelberg, Victoria

Australia

Dr Ellen O'Connor MBBS

Researcher

Department of Urology, Austin Health

Heidelberg, Victoria

Australia

Mr Damien Bolton FRACS

Urologist

Department of Urology, Austin Health

Heidelberg, Victoria

Australia

Brennan Timm^{1,2}, Jyotsna Jayarajan^{1,2}, Peter Liodakis^{1,2}, Ellen O'Connor¹, Damien Bolton¹

1. Department of Urology, Austin Health, Heidelberg VIC

2. North Eastern Urology, Heidelberg VIC

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: [10.1111/ans.16229](https://doi.org/10.1111/ans.16229)

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

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.

(Word count 494)

References:

1. Cheng, C.-S. (2020), Consultant-delivered care in telehealth and phone consultations during the COVID -19 shutdown period. ANZ Journal of Surgery. doi:10.1111/ans.16172
2. Rance C, Richards SK, Jones AE. Front door surgeons: the rise of consultant-delivered acute surgical care. Br J Gen Pract. 2016;66(646):234-5.

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Timm, B;Jayarajan, J;Liodakis, P;O'Connor, E;Bolton, D

Title:

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

Date:

2020-08-11

Citation:

Timm, B., Jayarajan, J., Liodakis, P., O'Connor, E. & Bolton, D. (2020). Discussion: doctor-in-training delivered telehealth consultations, a safe and supported environment for clinical education. ANZ JOURNAL OF SURGERY, 90 (12), pp.2592-2593. <https://doi.org/10.1111/ans.16229>.

Persistent Link:

<http://hdl.handle.net/11343/276135>