

# Empowering School-Based Care: Telehealth Training Tips for Presenters and Providers

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# Objectives

By the end of the session, attendees will:

- be able to effectively navigate telehealth platforms, utilize communication tools, and troubleshoot common technical issues to ensure seamless delivery of telehealth services.
- demonstrate enhanced abilities in active listening, empathetic communication, and cultural competence to effectively engage with diverse student populations, parents, and school staff during telehealth interactions.
- acquire knowledge of telehealth-specific clinical assessments, treatment protocols, documentation practices, and ethical considerations to deliver high-quality healthcare services virtually while adhering to best practices and standards of care.



# School-Based Health Center Outcomes

- Well documented
- Use that data to address stakeholders
- Know your stakeholders and what is important to them





# NORTH CAROLINA SCHOOL-BASED HEALTH ALLIANCE

Healthy Children, Healthy Teens, Healthy Schools



Why telehealth in schools? The future is here!

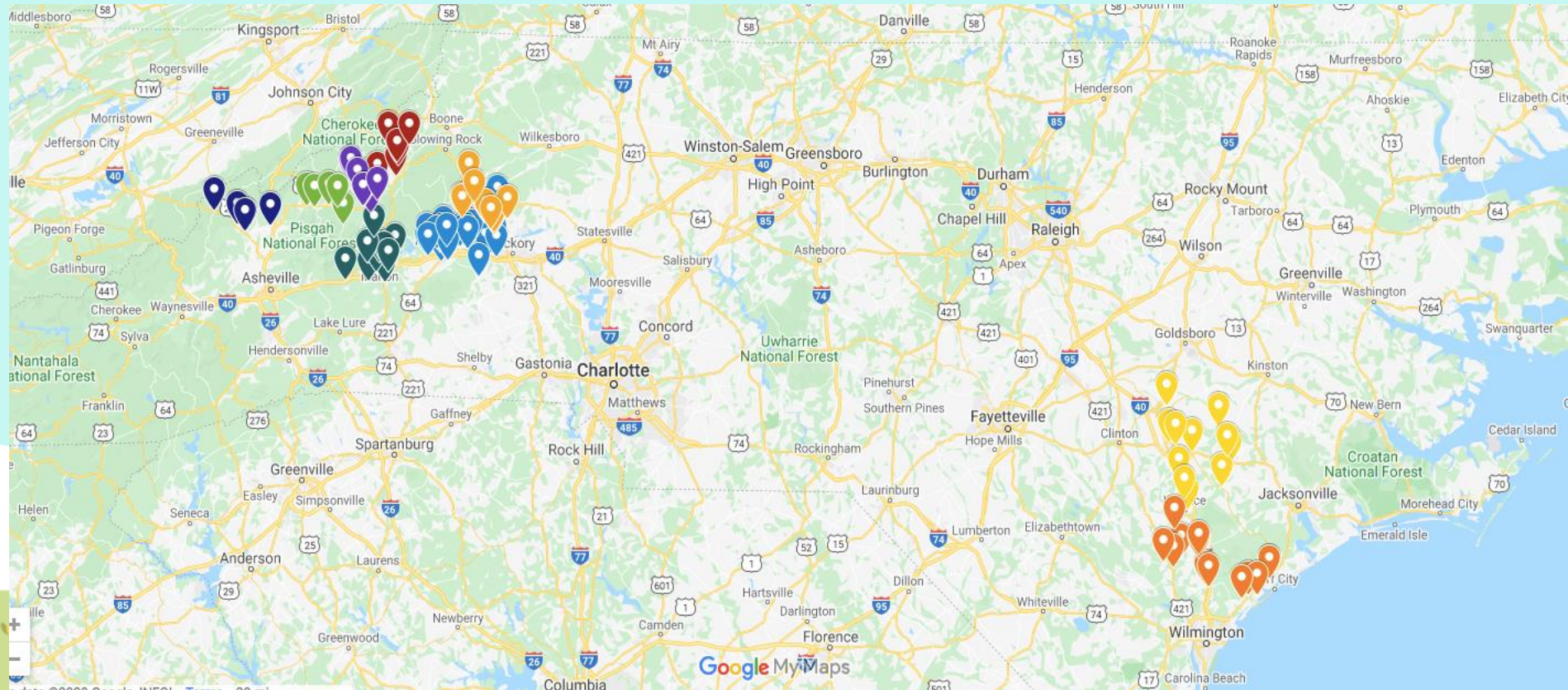




## Brick and Mortar SBHCs

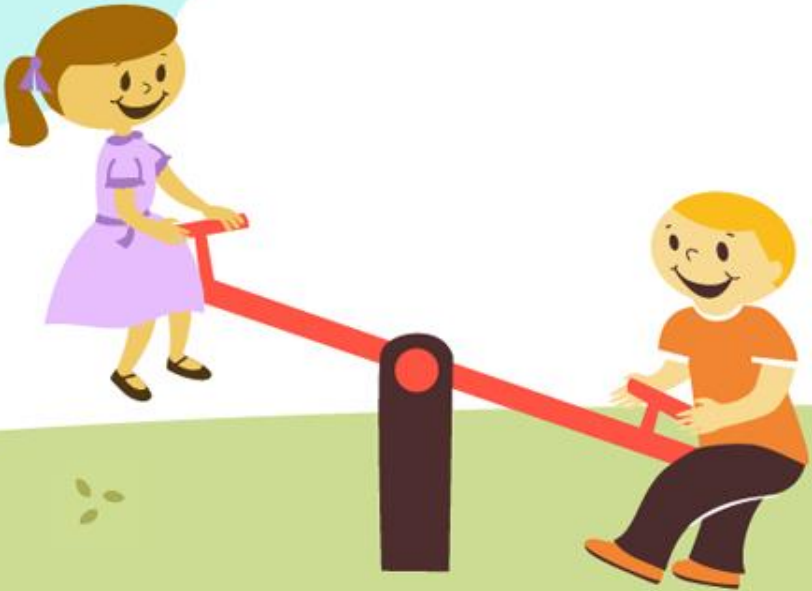


- 2011... 2014... today
- 9 counties
- ~ 120 Schools
- ~ 90 School Nurses
- 3.5 FTE admin
- 1.0 FTE FNP



# Who are you?

What is your current or proposed model?



# Who are your stakeholders?

- Funding
- IT
- Stakeholders
- Gatekeepers
- Presenters/ Providers
- Equipment
- Marketing
- Outcomes
  - Who is your audience?
  - What have you improved?
  - What need have you met?



# What should be considered first?

- Interest comes first – must have buy-in from school system
- IT comes second – must understand connections in LEA and/or school and have support of IT staff
- Funding comes third – the money is no good if you cannot spend it
- Technology needs to be chosen based on the model of your program
  - Will your presenter be a lay person or medically trained? Do you need peripherals? Does it need to be mobile? How will you connect to internet (Wi-Fi vs hardwired)? What is your payment model? Do you want to purchase or lease equipment?
  - Consider the cost of platform access



# Potential Barriers and Lessons Learned

- Cost of technology and/or telehealth platform is sometimes prohibitive
- Sustainability is difficult since many patients may be un- or under-insured
- Visit volumes are often low
- Internet speeds and access are often still slow or unreliable in many rural areas
- Local providers, if not providing the care, may feel threatened and may be unsupportive of the program



# Potential Barriers and Lessons Learned

- IT issues: internet and Wi-Fi connections must be approved and set up by school IT. IT firewalls can keep telehealth equipment from connecting
- Outside presenters may need time to get to the school (out of sight, out of mind)
- SBHC or outside staff must gain “insider status” and become part of the school



# Potential Barriers and Lessons Learned

- School administrators must be supportive and allow nurses or staff time to be telepresenters, allow faculty and staff time away from class for their own visits, and allow students time out of class for visits
- If school nurses are employed by an entity outside the school system, their employers must understand the benefit of telehealth services and support the use of nurse time
- The school nurses are often the gatekeepers- develop and keep supportive relationships between school nurses and telehealth staff/providers



## The Role of School Nursing in Telehealth



### *Position Statement*

#### **SUMMARY**

It is the position of the National Association of School Nurses (NASN) that utilization of telehealth technology may be a valuable tool to assist registered professional school nurses (herein referred to as a school nurse) to provide school health services. The health of many students is impacted by lack of access to primary care and specialty services due to health disparities caused by poverty and other social determinants of health. Technology and telehealth can assist the school nurse in addressing these issues. The school nurse is on the frontlines of school health services and has the expertise to provide the critical link and oversight to successfully implement and utilize telehealth/telemedicine technology in the school setting.

#### **BACKGROUND**

The terms *telehealth* and *telemedicine* are often used interchangeably although telehealth is considered a broader term that includes not just clinical services but education and training (Institute of Medicine [IOM], 2012). The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) (2015) defines telehealth as:

The use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

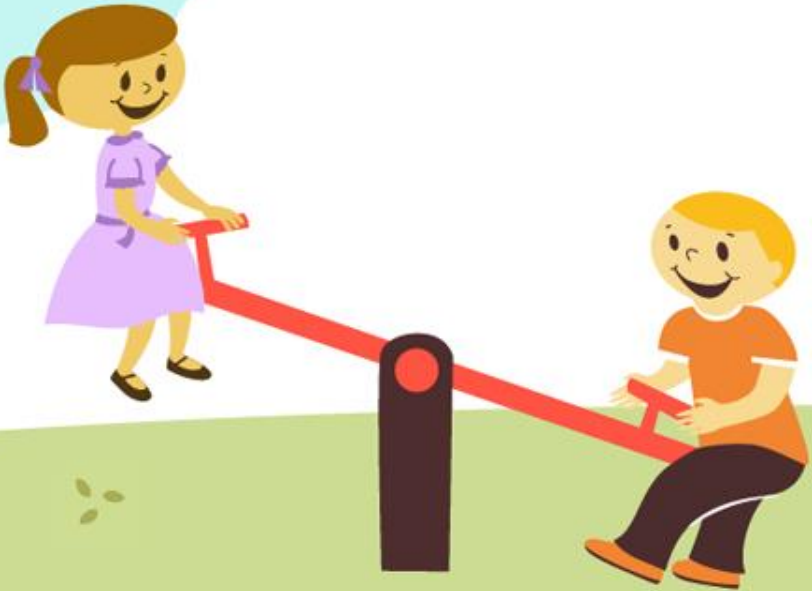
The use of telehealth often focuses on populations who have barriers to access health care such as those in rural

# NASN Position Statement: The Role of School Nursing in Telehealth

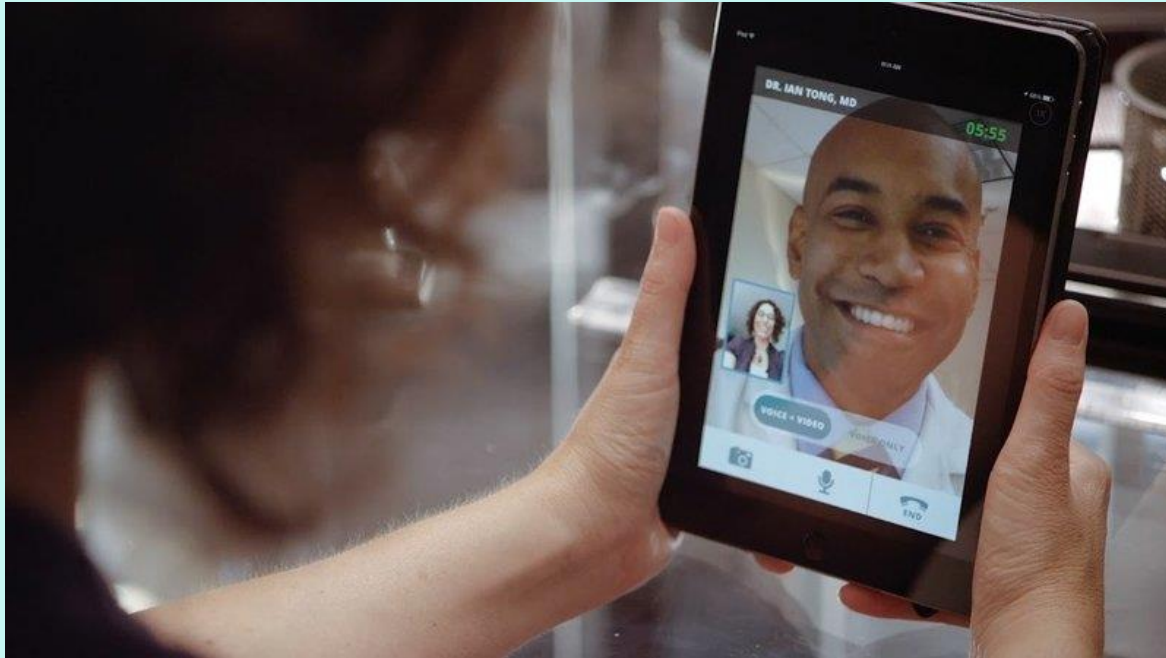
Adopted June 2017



# Equipment considerations



# Virtual Visits



# Stationary Carts



## Clinical Station

- Camera
- Monitor
- Stethoscope
- Otoscope
- Exam camera
- Specialized equipment



# Peripherals

## General Exam Camera

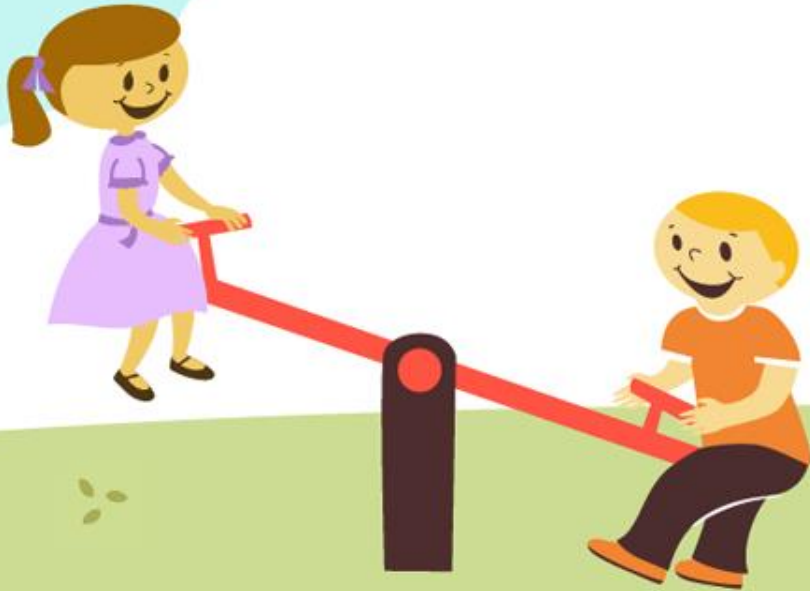


## Electronic stethoscope

## Digital Otoscope

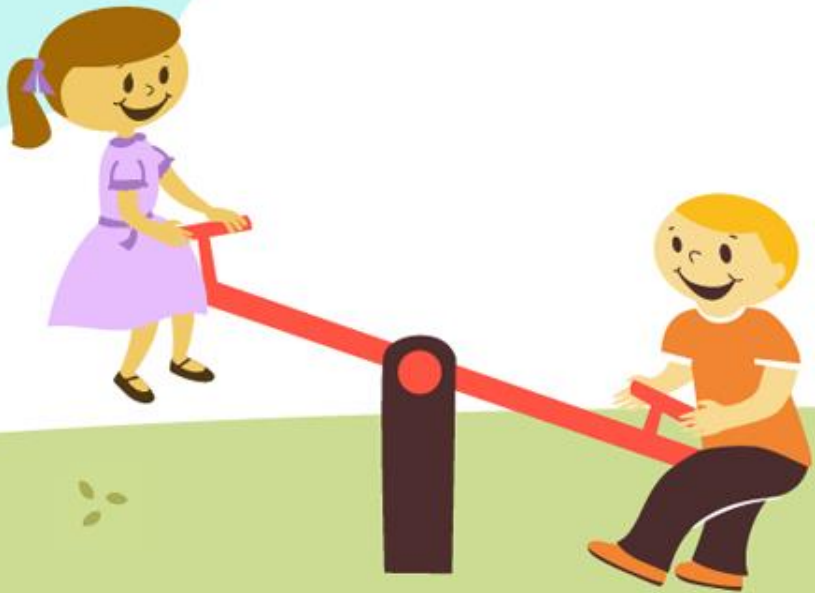


# Portable Devices



# Training Topics

Heavily depends on your model and equipment, but it is essential that we all speak the same language.



# Telehealth vs Telemedicine

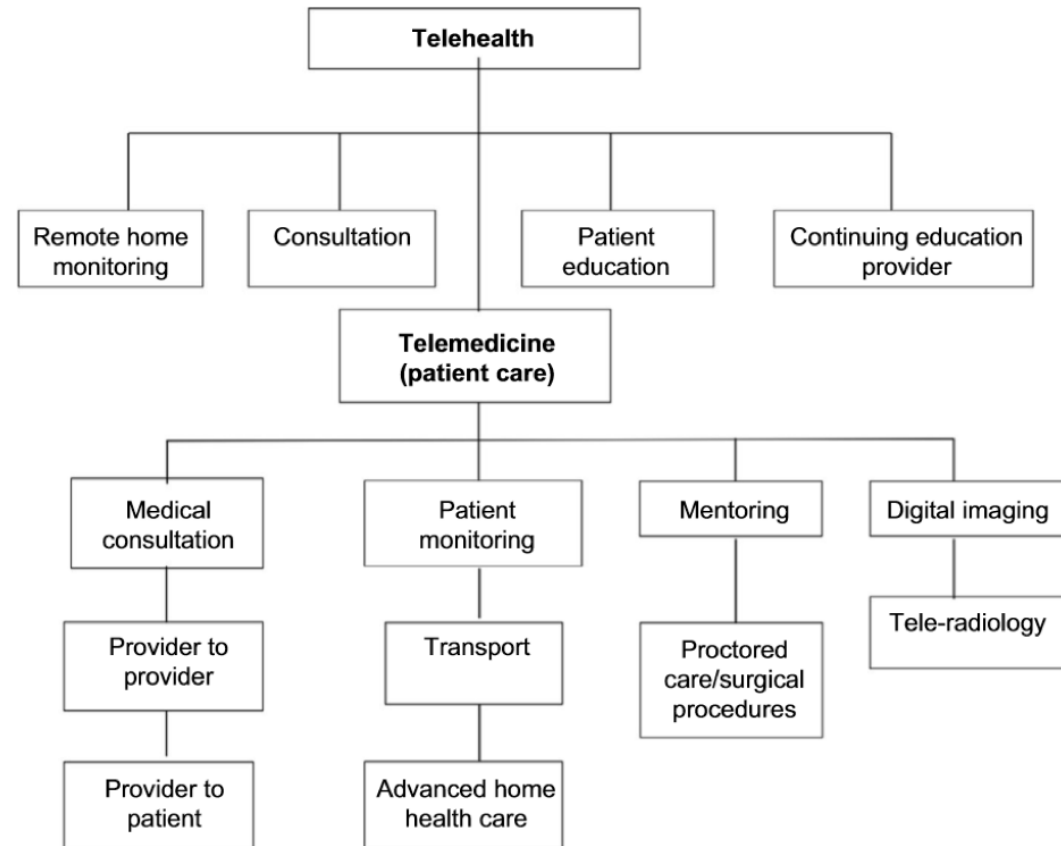


Figure 1 Diagram of telehealth and telemedicine.

Rutledge, C. M., Kott, K., Schweickert, P., Poston, R., Fowler, C., Haney, T. (2017). "Telehealth and eHealth in Nurse Practitioner Training: Current Perspectives". Advances in Medical Educations and Practice. 8, 399-409.

# Telehealth Terminology

## Distant Site (“Hub”) *Provider is Here*

- Clinic
- Office
- SBHC
- Hospital
- Urgent Care

## Originating Site (“Spoke”) *Patient is Here*

- Clinic
- Office
- SBHC
- Home
- Hospital/ ED

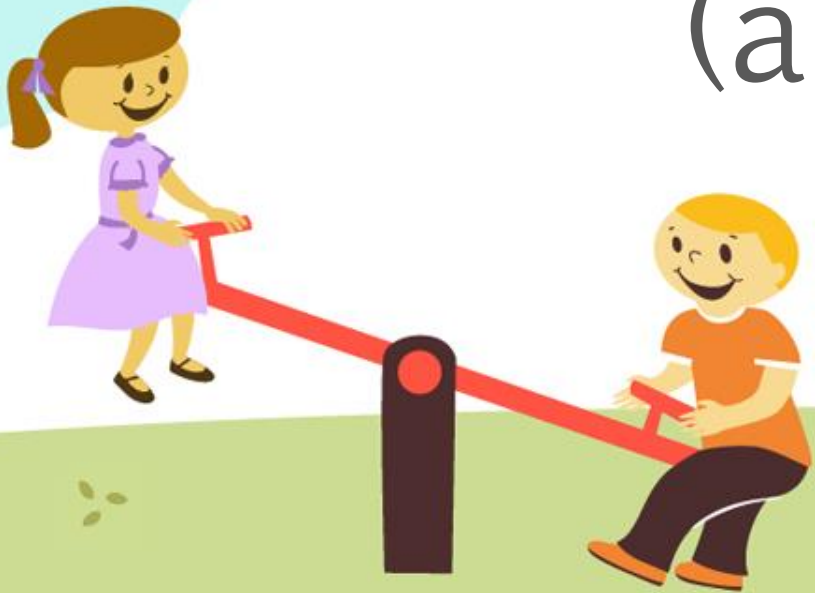


# Terminology and other considerations

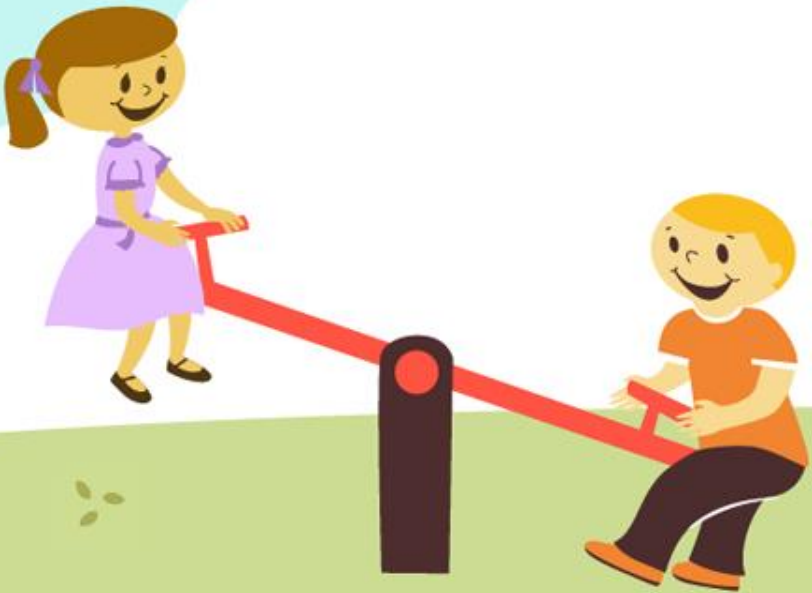
- HIPAA
- FERPA
- Consents and Communication
- EOGs
- CLIA
- IEP
- 504
- Behavior plans
- LEA
- Nurse med forms and care plans



Training on both sides  
(and behind) the screen



# Provider Training



# Telehealth Etiquette – “Webside Manner”

- Appearance
  - Well groomed, lab coat, badge visible, clothing choices, jewelry
- Distractors
  - Equipment check, outside noise, background, shut door (sign), lighting, limit fidgeting, mute microphone, turn off cell
- Privacy
  - Tell the patient room is secure, introduce everyone in both rooms, ask permission, never record the visit (unless consented)



# Telehealth Etiquette (cont.)

- Nonverbal communication
  - Look at camera (not patient), check your view, minimize gestures, use facial expressions, minimize charting
- Verbal communication
  - Use your words, MI, limit dead space
- Empathy
  - Use words, nod, lean in, maintain eye contact

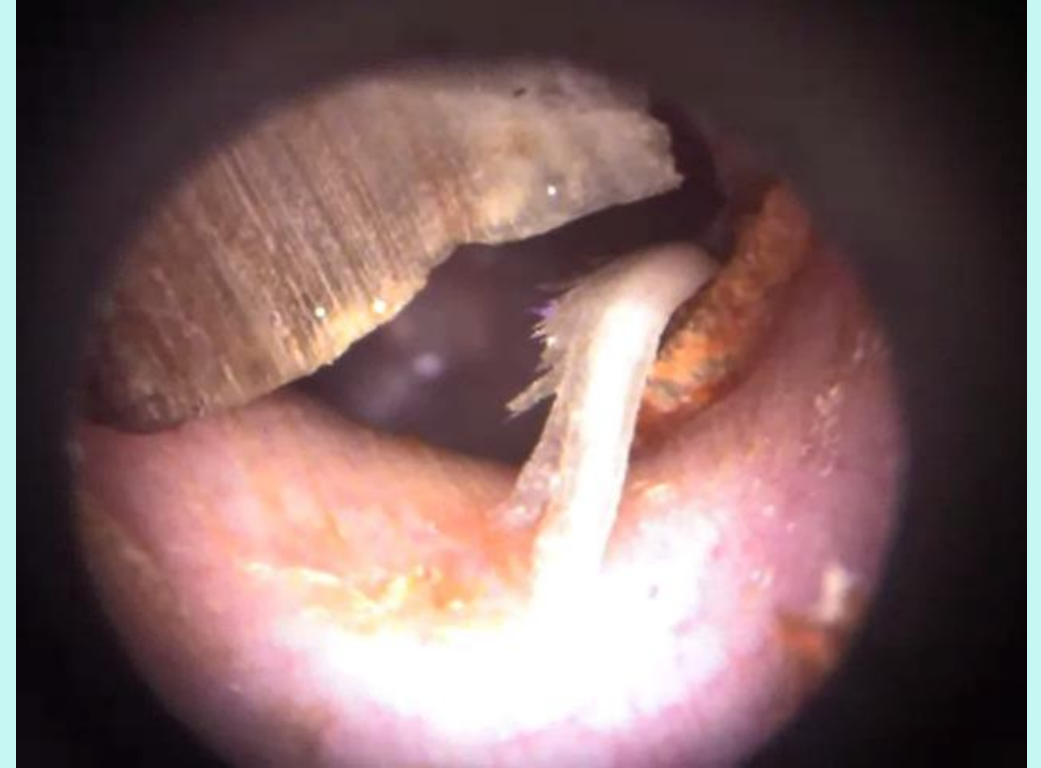


# Exam and Documentation

- Realistic expectations
  - Is the complaint appropriate for a telehealth visit?
  - Provider guides the exam (keep it similar)
  - They are your “hands”
  - APPRECIATE THE HELP!
- But did you really?
    - Careful what you ask a presenter to do!
    - If you didn't do it, DO NOT document it (explain why)



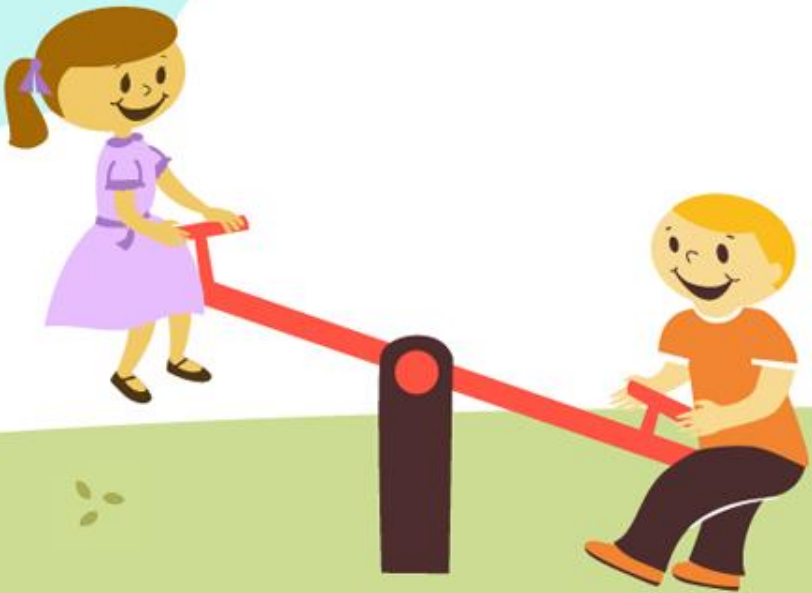
# Treatment and Parent Education



# Follow-up without missing school



# Presenter Training





Printed Nurse/ Presenter Name and Title \_\_\_\_\_

County/ Agency \_\_\_\_\_

Email \_\_\_\_\_

Is this your initial or annual training? \_\_\_\_\_

By signing below, I acknowledge that I have received training to perform the duties as designated by Health-e-Schools (HeS) / Center for Rural Health Innovation (CRHI). I have been provided with written instructions regarding the proper steps to follow, as well as had the opportunity to ask questions and practice skills. I will not perform any CLIA waived tests without a CRHI provider order. I agree that I have been formally trained and feel competent to perform the following:

\_\_\_\_\_ Telehealth etiquette and “presenting” a patient  
Initials

\_\_\_\_\_ Vital Signs (TPR, BP, Ht. Wt.), visit workflow  
Initials

\_\_\_\_\_ Vision screen  
Initials

\_\_\_\_\_ Throat Swab and CLIA waived Strep Tests  
Initials

\_\_\_\_\_ CLIA waived Urinalysis Dip Sticks  
Initials

\_\_\_\_\_ Nasopharyngeal Swab and CLIA waived Flu/ COVID Tests  
Initials

\_\_\_\_\_ Rhino Ear Wash/ Lavage  
Initials

\_\_\_\_\_  
Nurse/ Presenter Signature Date

\_\_\_\_\_  
CRHI Licenced Staff Signature Date

Date of Mock Visit (new presenter): \_\_\_\_\_ Date of Connection Test: \_\_\_\_\_

08/23 (tlh)

Be ready for anything



# Tips and Tricks

- Have a training process
- Have both sides use the same visit flow, if possible
- PRACTICE (Mock visits)
- Reaching parents
- If you don't know- ASK
- BE FLEXIBLE (It's not for everyone)
- Billing and legal - good luck : )



# Resources

- [ODU Exam Videos](#)
- Ideas for:
  - ENT
  - Skin
  - Abdomen
  - Heart
  - Neuro
  - M/S
- American Telemedicine Association
- Telehealth Resource Centers
  - Mid-Atlantic Telehealth Resource Center (MATRC)
- Center for Telehealth Innovation, Education, and Research (C-Tier)
- The Center for Rural Health Innovation (School-based Telehealth Consulting, Provider training, Presenter training)



# Contact Information

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Questions???

