

New teleneurology curriculum provides guidelines for care

October 17 2017, by Derek Thompson



Researchers recommend protocols to tame ‘Wild West’ landscape of teleneurology. Credit: University of Missouri-Columbia

Health professionals can deliver quality neurological care remotely to patients through the emerging field of teleneurology. However, medical training has not caught up with the field, and a lack of formalized education for teleneurology doesn't exist. Now, a researcher at the

University of Missouri School of Medicine, as part of an American Academy of Neurology (AAN) team, has developed a standardized curriculum for providing remote neurology care via telecommunication.

"We're facing a shortage of neurologists in both rural and urban areas, compounded by the fact that more patients now have insurance and are able to seek care," said Raghav Govindarajan, M.D., assistant professor of clinical neurology at the MU School of Medicine and lead author of the study. "Through teleneurology, we're able to virtually treat patients using technologies such as two-way video conferencing, wireless sensors, and text- and image-based communication. This has shown tremendous promise and has already played a major role in acute stroke care. Despite this, teleneurology training in residency programs is currently non-existent, or it is sporadic and inconsistent at best."

An AAN workgroup comprised of 12 specialists developed a curriculum to train students, resident physicians, fellows, faculty and other [health care providers](#) in both academic medicine and private practice. While it is designed for teleneurology, the tenets of the program can be applied to other fields of medicine as well, according to the researchers. The curriculum has been endorsed by the American Telemedicine Association.

The team identified five main areas that providers need to understand before practicing teleneurology:

1. Introduction to technology, basic implementation and limitations: A strong foundation of technical knowledge is essential for safe and effective care. The provider must be comfortable with using technology to review the patient's medical records, move cameras and perform other functions. Health professionals must be able to troubleshoot technological issues that arise.

2. Licensure, medical legal issues and ethics: Licensing requirements vary from state to state and are continuously evolving. Participants must have a foundational understanding of these requirements to avoid potential legal ramifications.

3. "Webisode" manners: Developing a provider-patient relationship is an important part of the healing process in face-to-face visits. A video screen and camera can make this difficult, and providers must overcome this barrier to connect with their patients.

4. Informed consent, patient privacy and disclosure: Neurologists must be trained to inform their patients of the security of their personal data in accordance with the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act.

5. Neurology-specific clinical skills: Patients must receive the same standard of care that they would with an in-person provider. The provider must discuss expectations with the patient to ensure their [health](#) concerns can be properly addressed.

"Unfortunately, teleneurology is akin to the Wild West," Govindarajan said. "Many practitioners may be operating without the necessary skills and expertise to best care for patients. They're putting their [patients](#) and themselves at unnecessary risk. Our outline for a teleneurology curriculum is meant to be an evolving document that will continue to be adapted to best practices in the field. It's our hope that it will be implemented at organizations across the country and internationally."

The study, "Developing an Outline for Teleneurology Curriculum," recently was published in *Neurology*, the official journal of the American Academy of Neurology. Research reported in this study was supported by the American Academy of Neurology.

Provided by University of Missouri-Columbia

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