

Wong R, Ng P, Spinnato T, Taub E, Kaushal A, Lerman M, et al. Expanding telehealth competencies in primary care: a longitudinal interdisciplinary simulation to train internal medicine residents in complex patient care. *J Grad Med Educ.* 2020;12(6):745–752.

## Supplementary Data

### Intersession Electronic Messaging Activity

**Registered Nurse Message:** I received a call from the patient that she is not doing well. Her mom was discharged from rehab and is now with living her. They have an aide during the weekdays, but not at night. She's been helping her mother with ADLs at night and her back pain is worse than usual, requesting increase in pain medications because she is taking 3-4 oxycodone a day just to get by. Denies any numbness, tingling, weakness or incontinence, just more painful than usual. I tried to get her in for an appointment, but her car broke down and it's hard for her to get around. She's been taking the local bus to get to work but she works during the week, takes care of mom on the weekends and it's hard to come in for an appointment. Please initiate a SW consult and discuss with Pain Management about what to do for her pain. Our clinic social work is XX.

(Resident Response)

**Pain Management Message:** I can try to get her in for repeat epidural since she responded fairly well in the past. She may only get a few months relief though, so we will need to discuss a long-term plan.

(Resident Response)

**Social Work Message:** I contacted the patient and she unfortunately doesn't have Medicaid for transportation through insurance. She does say that a neighbor can bring her to a pain management depending on when the appointment is. FYI she is reporting worsened anxiety and depression (denies any suicidal ideations). She was asking for Xanax which has helped with sleep in the past. She's also sometimes taking a shot of vodka at night because nothing else can get her to sleep. What do you think of the Xanax, especially in light of the prior drug abuse and opioids? I was concerned so made her an appointment with psychiatry, however there's a waiting list so I tentatively booked an appointment with Dr. Y next month. Could you discuss the case with him beforehand to get advice?

(Resident Response)

**Psychiatry/Substance Abuse Message:** I would recommend against benzodiazepines given her history of substance abuse because she is also on opioids. I can try to get her into the office for evaluation within the next few weeks. For now, why don't you go up on the duloxetine to 90mg a day?

**Registered Nurse Message:** This case is getting complicated. With so many providers involved in her care, I think that we should hold a tele-board for case discussion. Can we all meet virtually for 30 minutes on XX/XXXX to discuss the case?

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*\*In the resident continuity clinic, the Registered Nurse role include care manager for Chronic Care Management program*

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**Objective Structured Clinical Examination Case and Learner Clinical Tasks**

| Session       | Case Description: Deborah Telesim (DT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Clinical Tasks                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | <ul style="list-style-type: none"> <li>62-year-old woman, first tele-visit with this resident provider after her PCP graduated</li> <li>Chronic pain knee arthritis, lumbar radiculopathy on oxycodone 5mg 2x/day, seeing pain management for epidural steroid injections</li> <li>Anxiety, depression and substance abuse in remission</li> <li>Works 5-6 days/week at deli, cares for mother who had a recent stroke and is having car troubles</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Establish patient-provider relationship in a virtual visit</li> <li>Assess chronic pain, anxiety and depression</li> <li>Address the patient’s emotional, environmental and social needs</li> </ul>                                                                                                                                                     |
| Inter-session | <p>Nursing electronic message: (1-2 weeks after tele-visit)</p> <ul style="list-style-type: none"> <li>Patient reports to RN worsening back pain and increased oxycodone use to 4x/day</li> <li>Mother requires care on nights/weekends and the patient’s car broke down</li> <li>RN suggests social work consultation and to discuss options with pain management</li> </ul> <p>Pain Management electronic message</p> <ul style="list-style-type: none"> <li>Recommends office assessment and possible steroid injection, but transportation is an issue</li> </ul> <p>Social Work electronic message</p> <ul style="list-style-type: none"> <li>SW will set up short-term transport and further assess caregiver support and long-term transportation needs</li> <li>Concerned that patient reports drinking ETOH at night to sleep and is requesting alprazolam</li> <li>Set up psychiatry appointment for patient and requesting PCP to send consultation</li> </ul> <p>Psychiatry electronic message</p> <ul style="list-style-type: none"> <li>Triaged consultation, earliest appointment in 1 month, recommend Addiction Medicine input and interdisciplinary communication to discuss case</li> </ul> | <ul style="list-style-type: none"> <li>Respond to nurse message regarding increased pain and opioid use</li> <li>Message pain management to coordinate care</li> <li>Initiate electronic consult to social work to assess transportation needs and caregiver burden</li> <li>Respond to social work concern for substance misuse</li> <li>Initiate electronic consult to psychiatry</li> </ul> |
| 2             | <p>Patient portal message from Deborah Telesim</p> <ul style="list-style-type: none"> <li>Reports worsening back pain causing her to miss days of work, financial hardship</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Present a case summary and barriers to care</li> </ul>                                                                                                                                                                                                                                                                                                  |

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|  |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>and request for PCP to fill out disability forms</p> <p>Interdisciplinary teleconference</p> <ul style="list-style-type: none"> <li>• 45-minute interdisciplinary tele-board to discuss biopsychosocial issues and coordinate plan of care</li> <li>• Participants: pain management, social work, nursing, psychiatry and addiction medicine</li> </ul> | <ul style="list-style-type: none"> <li>• Facilitate interdisciplinary discussion of the patient’s bio-psychosocial needs and</li> <li>• Incorporate specialist recommendations to create a plan of care</li> <li>• Message patient with plan of care and next steps</li> </ul> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**Standardized Patient OSCE Checklist**

| <b>Identification</b>        |  |
|------------------------------|--|
| SP Name: Deborah Telesim #__ |  |

| <b>The examinee:</b>                                                         | <b>YES</b> | <b>NO</b> |
|------------------------------------------------------------------------------|------------|-----------|
| Clearly introduced himself/herself and his/her role in my care               |            |           |
| Clearly explained the reason for the visit and the expectations of the visit |            |           |
| Assessed my pain by asking me:                                               |            |           |
| -How severe my pain was on average over the past week                        |            |           |
| -How much my pain interfered with my enjoyment of life over the past week    |            |           |
| -How much my pain interfered with my general activity over the past week     |            |           |
| Assessed if I had any new symptoms                                           |            |           |
| Assessed my emotional, environmental and/or social stressors:                |            |           |
| -Asked about my mood                                                         |            |           |
| -Asked if I had concerns about making ends meet                              |            |           |
| -Asked if I had concerns about having enough food                            |            |           |
| -Asked if I had concerns about paying for housing                            |            |           |
| -Asked if I had concerns about transportation                                |            |           |
| Reviewed my medication list with me                                          |            |           |
| Assessed if I have any difficulties adhering to my care plan                 |            |           |
| Directed me to reposition myself for optimal virtual viewing                 |            |           |
| Discussed and addressed my medical needs                                     |            |           |
| Was empathetic and provided psychosocial support                             |            |           |
| Clearly established how I would follow-up with my care team                  |            |           |
| I would return to the examinee for future care                               |            |           |

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**E-consultation/E-messaging Evaluation**

| Identification                                                 |
|----------------------------------------------------------------|
| SP Name: Deborah Telesim #__                                   |
| Specialty: ( <i>Pain Management, Social Work, Psychiatry</i> ) |

| <b>The examinee:</b>                      | <b>Unsatisfactory</b> | <b>Satisfactory</b> | <b>Superior</b> |
|-------------------------------------------|-----------------------|---------------------|-----------------|
| Provided a succinct case summary          |                       |                     |                 |
| Asked a clear, specific question          |                       |                     |                 |
| Indicated urgency of consult              |                       |                     |                 |
| Documented plan for follow up             |                       |                     |                 |
| Advocated for chosen plan of care         |                       |                     |                 |
| Discussed risk/benefits of care options   |                       |                     |                 |
| Effectively communicated the plan of care |                       |                     |                 |

*\*Each resident was provided with a unique patient identifier (eg. Deborah Telesim 1) for the electronic communication exercise*

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### Pre-Intervention Survey

1. Please create a personal ID:

*Take the date of birth (month, then day) of your younger parent followed by the first two letters of the city where you were born followed by the date of birth (month, then day) of your older parent. If you do not know one of these dates or one is not applicable), please use the date of birth (month, then day) of your youngest sibling. If you have no siblings, please use the month and day of your birth. Example- parents were born 02/04/63 and 12/22/61, and you were born in Orlando. Your ID would be 0204OR1222*

Your personal ID is: \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Gender:

- a. Male
- b. Female

4. Ethnicity (Check all that apply)

- a. Asian/Pacific Islander
- b. Caucasian
- c. Black/African American
- d. Hispanic/Latino
- e. Native American
- f. Other
- g. Prefer not to answer

5. Please indicate your PGY year:

- a. PGY1
- b. PGY2
- c. PGY3

6. What type of medical school training did you complete?

- a. Allopathic Medical School (MD)
- b. Osteopathic Medical School (DO)
- c. Other: \_\_\_\_\_

7. Where is your continuity clinic?

- a. VA
- b. Tech park

|                                                                          |                          |                 |                |                       |              |                       |
|--------------------------------------------------------------------------|--------------------------|-----------------|----------------|-----------------------|--------------|-----------------------|
| <b>Please indicate how much you agree with the following statements:</b> | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Somewhat Agree</i> | <i>Agree</i> | <i>Strongly Agree</i> |
|--------------------------------------------------------------------------|--------------------------|-----------------|----------------|-----------------------|--------------|-----------------------|

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|                                                                                              |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 8. I have a good understanding of appropriate uses for telemedicine                          |  |  |  |  |  |  |
| 9. I am familiar with the types of examination tools used in telemedicine                    |  |  |  |  |  |  |
| 10. I have a good general understanding of the field of telemedicine                         |  |  |  |  |  |  |
| 11. I have a good understanding of how telemedicine is practiced                             |  |  |  |  |  |  |
| 12. I think telemedicine will help decrease health care disparities for underserved patients |  |  |  |  |  |  |
| 13. I think telemedicine is a good alternative to face-to-face health care                   |  |  |  |  |  |  |
| 14. Telehealth improves my patients' access to healthcare services                           |  |  |  |  |  |  |
| 15. Telehealth saves my patients' time traveling to a hospital or clinic                     |  |  |  |  |  |  |
| 16. Telehealth provides for my patients' healthcare needs                                    |  |  |  |  |  |  |
| 17. Telehealth is an acceptable way to receive healthcare services                           |  |  |  |  |  |  |

| <b>Please indicate how confident you are in the following tasks:</b>                                   | <i>Very unconfident</i> | <i>Unconfident</i> | <i>Neutral</i> | <i>Confident</i> | <i>Very confident</i> |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------|----------------|------------------|-----------------------|
| 18. Adjusting a telemedicine camera to maximize my positioning and visibility                          |                         |                    |                |                  |                       |
| 19. Communicating effectively with a patient via telemedicine                                          |                         |                    |                |                  |                       |
| 20. Troubleshooting poor performance with videoconferencing during your patient encounter              |                         |                    |                |                  |                       |
| 21. Taking a patient history via telemedicine                                                          |                         |                    |                |                  |                       |
| 22. At the start of the visit, explaining to the patient what the visit will entail and what to expect |                         |                    |                |                  |                       |
| 23. Providing counseling to the patient for treatment and follow up via telemedicine                   |                         |                    |                |                  |                       |
| 24. Establishing rapport with a patient via telemedicine                                               |                         |                    |                |                  |                       |
| 25. Feeling comfortable speaking in front of a camera                                                  |                         |                    |                |                  |                       |
| 26. Presenting a patient to another provider via telemedicine                                          |                         |                    |                |                  |                       |



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|                                                                                                                          |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 27. Using the electronic health record messaging to communicate with specialists in the ambulatory setting               |  |  |  |  |  |
| 28. Coordinating outpatient interdisciplinary care using electronic health record messaging                              |  |  |  |  |  |
| 29. Facilitating an interdisciplinary tele-board to coordinate patient care                                              |  |  |  |  |  |
| 30. My ability to communicate with professionals in other health fields regarding the management of pain for my patients |  |  |  |  |  |
| 31. My ability to address the needs of a patient with pain in an interdisciplinary team setting                          |  |  |  |  |  |
| 32. My ability to work with an interdisciplinary team to formulate a care plan for my patients with pain                 |  |  |  |  |  |

33. How likely are you to use telemedicine in your future practice?

- a. Very unlikely
- b. Unlikely
- c. Neutral
- d. Likely
- e. Very likely

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### Post-Session 1 Survey

34. Please create a personal ID:

*Take the date of birth (month, then day) of your younger parent followed by the first two letters of the city where you were born followed by the date of birth (month, then day) of your older parent. If you do not know one of these dates or one is not applicable), please use the date of birth (month, then day) of your youngest sibling. If you have no siblings, please use the month and day of your birth. Example- parents were born 02/04/63 and 12/22/61, and you were born in Orlando. Your ID would be 0204OR1222*

Your personal ID is: \_\_\_\_\_

35. Age: \_\_\_\_\_

36. Gender:

- a. Male
- b. Female

37. Ethnicity (Check all that apply)

- a. Asian/Pacific Islander
- b. Caucasian
- c. Black/African American
- d. Hispanic/Latino
- e. Native American
- f. Other
- g. Prefer not to answer

38. Please indicate your PGY year:

- a. PGY1
- b. PGY2
- c. PGY3

39. What type of medical school training did you complete?

- a. Allopathic Medical School (MD)
- b. Osteopathic Medical School (DO)
- c. Other: \_\_\_\_\_

40. Where is your continuity clinic?

- a. VA
- b. Tech park

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| <b>Please indicate how much you agree with the following statements:</b>                     | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly Agree</i> |
|----------------------------------------------------------------------------------------------|--------------------------|-----------------|----------------|--------------|-----------------------|
| 41. I have a good understanding of appropriate uses for telemedicine                         |                          |                 |                |              |                       |
| 42. I am familiar with the types of examination tools used in telemedicine                   |                          |                 |                |              |                       |
| 43. I have a good general understanding of the field of telemedicine                         |                          |                 |                |              |                       |
| 44. I have a good understanding of how telemedicine is practiced                             |                          |                 |                |              |                       |
| 45. I think telemedicine will help decrease health care disparities for underserved patients |                          |                 |                |              |                       |
| 46. I think telemedicine is a good alternative to face-to-face health care                   |                          |                 |                |              |                       |
| 47. Telehealth improves my patients' access to healthcare services                           |                          |                 |                |              |                       |
| 48. Telehealth saves my patients' time traveling to a hospital or clinic                     |                          |                 |                |              |                       |
| 49. Telehealth provides for my patients' healthcare needs                                    |                          |                 |                |              |                       |
| 50. Telehealth is an acceptable way to receive healthcare services                           |                          |                 |                |              |                       |

| <b>Please indicate how confident you are in the following tasks:</b>                                   | <i>Very unconfident</i> | <i>Unconfident</i> | <i>Neutral</i> | <i>Confident</i> | <i>Very confident</i> |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------|----------------|------------------|-----------------------|
| 51. Adjusting a telemedicine camera to maximize my positioning and visibility                          |                         |                    |                |                  |                       |
| 52. Communicating effectively with a patient via telemedicine                                          |                         |                    |                |                  |                       |
| 53. Troubleshooting poor performance with videoconferencing during your patient encounter              |                         |                    |                |                  |                       |
| 54. Taking a patient history via telemedicine                                                          |                         |                    |                |                  |                       |
| 55. At the start of the visit, explaining to the patient what the visit will entail and what to expect |                         |                    |                |                  |                       |
| 56. Providing counseling to the patient for treatment and follow up via telemedicine                   |                         |                    |                |                  |                       |
| 57. Establishing rapport with a patient via telemedicine                                               |                         |                    |                |                  |                       |
| 58. Feeling comfortable speaking in front of a camera                                                  |                         |                    |                |                  |                       |

59. How likely are you to use telemedicine in your future practice?  
 a. Very unlikely

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- b. Unlikely
- c. Neutral
- d. Likely
- e. Very likely

60. How would you rate today's workshop overall?

- a. Excellent
- b. Good
- c. Fair
- d. Poor

61. Please list 3 things that you liked about today's telemedicine workshop.

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62. Please list 3 ways we can improve this telemedicine workshop and/or list additional topics that you want to be covered.

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63. Would you like to participate in more telemedicine training in the future?

- a. Yes
- b. No

64. Please include any additional comments or questions that you may have with today's workshop

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## Post-Session 2 Survey

65. Please create a personal ID:

*Take the date of birth (month, then day) of your younger parent followed by the first two letters of the city where you were born followed by the date of birth (month, then day) of your older parent. If you do not know one of these dates or one is not applicable, please use the date of birth (month, then day) of your youngest sibling. If you have no siblings, please use the month and day of your birth. Example- parents were born 02/04/63 and 12/22/61, and you were born in Orlando. Your ID would be 0204OR1222*

Your personal ID is: \_\_\_\_\_

66. Age: \_\_\_\_\_

67. Gender:

- a. Male
- b. Female

68. Ethnicity (Check all that apply)

- a. Asian/Pacific Islander
- b. Caucasian
- c. Black/African American
- d. Hispanic/Latino
- e. Native American
- f. Other
- g. Prefer not to answer

69. Please indicate your PGY year:

- a. PGY1
- b. PGY2
- c. PGY3
- d. PGY4

70. What type of medical school training did you complete?

- a. Allopathic Medical School (MD)
- b. Osteopathic Medical School (DO)
- c. Other: \_\_\_\_\_

71. Where is your continuity clinic?

- a. VA

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b. Tech park

| <b>Please indicate how much you agree with the following statements:</b>                                      | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly Agree</i> |
|---------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|----------------|--------------|-----------------------|
| 72. I have a good understanding of appropriate uses for telemedicine                                          |                          |                 |                |              |                       |
| 73. I am familiar with the types of examination tools used in telemedicine                                    |                          |                 |                |              |                       |
| 74. I have a good general understanding of the field of telemedicine                                          |                          |                 |                |              |                       |
| 75. I have a good understanding of how telemedicine is practiced.                                             |                          |                 |                |              |                       |
| 76. I think telemedicine will help decrease health care disparities for underserved patients                  |                          |                 |                |              |                       |
| 77. I think telemedicine is a good alternative to face-to-face health care                                    |                          |                 |                |              |                       |
| 78. Telehealth improves my patients' access to healthcare services                                            |                          |                 |                |              |                       |
| 79. Telehealth saves my patients' time traveling to a hospital or clinic                                      |                          |                 |                |              |                       |
| 80. Telehealth provides for my patients' healthcare needs                                                     |                          |                 |                |              |                       |
| 81. Telehealth is an acceptable way to receive healthcare services                                            |                          |                 |                |              |                       |
| 82. I planned a patient intervention with multi-disciplinary team members                                     |                          |                 |                |              |                       |
| 83. I integrated patient's circumstances, beliefs, and values into care/intervention plans                    |                          |                 |                |              |                       |
| 84. I included relevant health professionals in patient management as appropriate                             |                          |                 |                |              |                       |
| 85. I participated in interdisciplinary discussions about patient/client care or group/community intervention |                          |                 |                |              |                       |
| 86. I demonstrated respect for others in and outside the team                                                 |                          |                 |                |              |                       |
| 87. I invited the opinions of other team members                                                              |                          |                 |                |              |                       |
| 88. I participated in discussions about team performance                                                      |                          |                 |                |              |                       |
| 89. I was sensitive to the needs of the team                                                                  |                          |                 |                |              |                       |
| 90. I provided constructive feedback to team members about their performance                                  |                          |                 |                |              |                       |

| <b>Please indicate how confident you are in the following tasks:</b> | <i>Very unconfident</i> | <i>Unconfident</i> | <i>Neutral</i> | <i>Confident</i> | <i>Very confident</i> |
|----------------------------------------------------------------------|-------------------------|--------------------|----------------|------------------|-----------------------|
| 91. Feeling comfortable speaking in front of a camera                |                         |                    |                |                  |                       |
| 92. Presenting a patient to another provider via telemedicine        |                         |                    |                |                  |                       |

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|--------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 93. Using the electronic health record messaging to communicate with specialists in the ambulatory setting               |  |  |  |  |  |
| 94. Coordinating outpatient interdisciplinary care using electronic health record messaging                              |  |  |  |  |  |
| 95. Facilitating an interdisciplinary tele-board to coordinate patient care                                              |  |  |  |  |  |
| 96. My ability to communicate with professionals in other health fields regarding the management of pain for my patients |  |  |  |  |  |
| 97. My ability to address the needs of a patient with pain in an interdisciplinary team setting                          |  |  |  |  |  |
| 98. My ability to work with an interdisciplinary team to formulate a care plan for my patients with pain                 |  |  |  |  |  |

99. How likely are you to use telemedicine in your future practice?

- a. Very unlikely
- b. Unlikely
- c. Neutral
- d. Likely
- e. Very likely