Letter to the Editor

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Teleclerkships? The role of telemedicine in medical student education during COVID-19 and beyond

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To the Editor,

We read with interest the article by Bhatia et al. [1] from the January 2021 issue of *Journal of Osteopathic Medicine*, in which the authors described the replacement of a traditional family medicine clerkship with a telehealth model at Rowan University School of Osteopathic Medicine. The implementation of a virtual clerkship was necessary given the novel coronavirus 2019 (COVID-19) pandemic, and the authors deserve credit for creating a workable alternative so quickly. Yet, speaking as current osteopathic medical students and a medical educator, we would have serious concerns if these alternatives were to persist or expand after the pandemic.

Although the telehealth clerkship described by Bhatia et al. [1] was thoughtfully designed, neither short- nor long-term educational outcomes were assessed. Without systematic evaluation of clinical evaluations, student feedback, residency preparedness, and/or Comprehensive Osteopathic Medical Achievement Test performance, we wonder whether telehealth students achieved the same competencies as their traditional counterparts.

Such concerns are heightened by the clerkship's structure, which decreased the time that students spent with patients and preceptors. Students spent much of the initial portion of the clerkship helping patients download telemedicine software – a task that provides minimal

clinical experience and does not improve medical knowledge or clinical reasoning. It is only after students “graduated” to Stage 3 that they witnessed patient-physician interactions. This stands in stark contrast to traditional clerkships, in which observing and conducting clinical patient encounters is the cornerstone of most clerkships from the outset.

Although Table 2 [1] demonstrated the similarities between traditional and telehealth clerkships, some of the most critical educational opportunities in a traditional clerkship occur through casual observations and faculty interactions. These interactions likely play an essential role in developing a student's professional identity, but are subjective and difficult to quantify, making it very challenging to recreate them virtually [2].

Despite the limitations of virtual clerkships, many schools could find the possibility of expanding them to be appealing. Even before the COVID-19 pandemic, 87% of allopathic schools reported difficulty finding enough primary care preceptors for students [3]. These challenges may be felt even more acutely at osteopathic medical schools, which are less likely to have an affiliated hospital on-campus and face increasing competition at many training sites from students from foreign medical schools and nurse practitioner/physician assistant programs [4].

A telemedicine clerkship like the one described by Bhatia et al. [1] was necessary during the pandemic. However, that approach's limitations must be studied and mitigated, and decisions by other institutions to emulate the authors' approach should be based on similar public health necessity or the desire to teach telehealth as a specific competency, not convenience or financial expediency.

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