

ORIGINAL RESEARCH

A39

WEBSITE MANNER AND BEYOND: UTILISING SIMULATION TO TRANSFORM TELEHEALTH SKILLS IN ALLIED HEALTH PROFESSION STUDENTS

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Introduction: Telehealth is a remote or virtual care delivery using telecommunication technologies. To deliver effective telehealth as part of a digitally enabled NHS [1], Allied Health Professionals (AHP's) need developed digital capabilities [2], adaptable communication skills and a professional "website manner". Simulation-based education is proposed as an authentic and engaging way to facilitate such learning. This Higher Education Institution (HEI) consulted with multiple stakeholders and developed an evidence-based [3] telehealth learning package including simulated telehealth activities. This evaluation explores the effectiveness of the education package on transforming AHP students' telehealth knowledge, confidence and attitudes.

Methods: Learning included online resources with information, quizzes, lived experience video scenarios, facilitated seminars and simulated telehealth activities where drama students acted as simulated patients. Small group simulated telehealth activities included pre-brief and de-brief.

Approximately 90 AHP pre-registration students undertook the learning and were invited to complete

pre- and post-learning questionnaires (via MSForms) including self-rated knowledge, confidence and attitudes to telehealth. Quantitative responses were analysed using descriptive statistics and paired comparisons made using Wilcoxon signed-rank tests. Qualitative responses were thematically analysed by large language model (ChatGPT). HEI research ethics was adhered to with self-declaration of evaluation.

Results: 50 AHP (occupational therapy and physiotherapy) students completed pre- and post-course questionnaires.

Telehealth confidence (max. score 25) significantly increased post-course (Mdn 21, IQR 3) compared to pre-course (Mdn 15, IQR 6) with large effect size, $T=1233.5$, $p<.001$, $r=0.58$. Telehealth knowledge (max. score 25) significantly increased post-course (Mdn 22.5, IQR 4) compared to pre-course (Mdn 15, IQR 6.25) with large effect size, $T=1186$, $p<.001$, $r=0.57$.

Qualitative 'key learning-point' themes included: adapting to telehealth, providing patient-centred care, creating the right environment, access and equity, professionalism and safety, technical and practical considerations, and training and education.

Attitudes included 74% agreement/strong agreement that students were likely encourage telehealth in their future practice. 76% rated the simulation element of training as 'very helpful', 74% felt simulation was the most helpful element of the training and 98% were likely recommend the course to others.

Discussion: A 12-hour education package was shown to be effective in increasing AHP student telehealth knowledge and confidence. Simulation was highly valued as a method to transform skills. This work has implications of benefit to HEI's delivering AHP courses and provides encouraging evidence to support incorporation of telehealth simulation in pre-registration, inter-professional education and training. Further work is being undertaken to understand how simulation knowledge and confidence relates to AHP student performance in practice.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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