

## Knowledge and attitudes about telemedicine among health personnel of the national telemedicine center

Conocimientos y actitudes sobre telemedicina del personal de salud del Centro Nacional de Telemedicina EsSalud

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### ABSTRACT

**Background:** telemedicine constitutes a key tool for improving access to and the quality of health services, especially following the COVID-19 pandemic, which drove the adoption of remote care.

**Objective:** to determine the relationship between the level of knowledge and the attitudes of health personnel at the National Telemedicine Center of the Social Health Insurance, Lima 2025.

**Methods:** a quantitative, non-experimental, cross-sectional, and correlational study conducted at the National Tele health Center of the Social Health Insurance, Lima. Data

collection took place between August and October 2024, with the participation of 103 professionals from different care areas. A structured and validated questionnaire was applied to assess socio-occupational characteristics, as well as the level of knowledge and attitudes towards telemedicine. The analysis of the relationship between variables was performed using Spearman's Rho test ( $\alpha = 0.05$ ).

**Results:** 57.3% of participants were at the "process" level, 35.0% at the "achievement" level, and 7.8% at the "initial" level. Likewise, 41.7% exhibited positive attitudes towards telemedicine. A strong, positive, and statistically significant correlation was found between knowledge and attitudes (Rho = 0.756;  $p < 0.001$ ).

**Conclusions:** there is a direct relationship between the level of knowledge and the attitudes of health personnel towards telemedicine. Greater knowledge is associated with more favorable attitudes, highlighting the importance of strengthening technical training to promote the effective adoption of digital health strategies.

**MeSH:** integrative medicine; information technology; knowledge management; professional development; professional competence; education, medical.

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## RESUMEN

**Fundamento:** la telemedicina constituye una herramienta clave para mejorar el acceso y la calidad de los servicios de salud, especialmente tras la pandemia por COVID-19 la cual impulsó la atención remota.

**Objetivo:** determinar la relación entre el nivel de conocimientos y las actitudes del personal de salud del Centro Nacional de Telemedicina del Seguro Social de Salud, Lima 2025.

**Métodos:** estudio cuantitativo, no experimental, transversal y correlacional, realizado en el Centro Nacional de Telesalud del Seguro Social de Salud, Lima. La recolección de datos se efectuó entre agosto y octubre de 2024, con la participación de 103 profesionales de distintas áreas asistenciales. Se aplicó un cuestionario estructurado y validado para evaluar características socio-laborales, y nivel de conocimientos y actitudes hacia la telemedicina. El análisis de la relación entre variables se realizó mediante la prueba Rho de Spearman ( $\alpha = 0,05$ ).

**Resultados:** el 57,3 % de los participantes se ubicó en el nivel "proceso", el 35,0 % en "logro" y el 7,8 % en "inicio". Asimismo, el 41,7 % presentó actitudes positivas hacia la

telemedicina. Se evidenció una correlación positiva fuerte y estadísticamente significativa entre conocimientos y actitudes ( $Rho = 0,756$ ;  $p < 0,001$ ).

**Conclusiones:** existe una relación directa entre el nivel de conocimientos y las actitudes del personal de salud hacia la telemedicina. Un mayor conocimiento se asocia con actitudes más favorables, lo que resalta la importancia de fortalecer la capacitación técnica para promover la adopción efectiva de estrategias digitales en salud.

**DeCS:** integrative medicine; information technology; knowledge management; professional development; professional competence; medical education.

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## INTRODUCTION

Information and Communication Technologies (ICT) today represent a strategic component in the transformation of healthcare systems globally. Their progressive integration has allowed for addressing historical limitations related to equity, accessibility, and efficiency of health services, especially in dispersed contexts or those with scarce specialized human resources. Among the modalities enabled by ICT, telemedicine has demonstrated particular relevance as a clinical support tool, as it facilitates remote care, continuity of care, and the optimization of time and resources for both users and service providers.<sup>(1)</sup>

The health emergency caused by the COVID-19 pandemic constituted a turning point that accelerated the implementation of tele health strategies in multiple countries. In Peru, this situation led to a rapid expansion of telemedicine as an alternative to in-person care, within the framework of public policies promoted by the Ministry of Health and the Social Health Insurance (EsSalud). Consequently, new forms of healthcare interaction through digital

platforms were generated, improving coverage and the timeliness of care, especially among vulnerable populations and areas far from urban centers.<sup>(2)</sup>

However, the sustained and effective adoption of telemedicine in the Peruvian health system does not depend solely on technological resources or the existing legal framework. It is essential to consider the preparedness of human resources, particularly in terms of their technical and practical knowledge, as well as their attitudes towards the use of these digital tools. Scientific evidence indicates that these factors constitute determining elements in the processes of adopting and integrating new health technologies. A lack of specific training, the perception of complexity, or perceived incompatibility with traditional professional values can generate resistance or inappropriate use, directly affecting the quality and safety of remote care.<sup>(3)</sup>

In this regard, the study of individual determinants for the adoption of technological innovations in healthcare has relied on various theoretical frameworks. Rogers' Diffusion of Innovations theory highlights factors such as relative advantage, compatibility, perceived complexity, trial ability, and observability of results, all of which influence the decision to adopt a technology. Meanwhile, Ajzen's Theory of Planned Behavior emphasizes the role of attitudinal beliefs, perceived social norms, and perceived behavioral control as predictors of intentional behavior. To this is added the Technology Acceptance Model (TAM) proposed by Davis, which posits that perceived usefulness and perceived ease of use are the main factors determining attitude towards a technology and, therefore, its actual use.<sup>(4,5)</sup>

In the Peruvian case, although there are regulations promoting the use of tele health -such as the Tele health Framework Law No. 30421<sup>(6)</sup> and its regulations- significant gaps have been documented in the preparedness of health personnel regarding the use of telemedicine. Technical training has not always been accompanied by systematic educational programs or institutional support to guarantee homogeneous implementation. Furthermore, available studies have shown variability in levels of knowledge, digital skills, attitudes, and degree of adoption of the remote care model, which translates into significant differences in the quality of service provided.<sup>(7)</sup>

Within this scenario, EsSalud's National Telemedicine Center represents a key institution for analyzing the use of telemedicine in the country, given its specialized and pioneering role in implementing virtual services in over twenty medical specialties. Despite its advanced technical profile, heterogeneity in staff training, as well as differences in attitudes towards telemedicine, constitute a challenge for consolidating an effective and sustainable model. As national and international studies have indicated, the existence of technical knowledge without a favorable attitude, or vice versa, limits the effective adoption of these tools in daily clinical practice.<sup>(7)</sup>

Given the above, the need for studies that integrate both dimensions is justified: the level of knowledge -both in its technical and applied aspects- and the attitudes of health personnel towards the use of telemedicine. This articulation allows for understanding the factors that influence the acceptance and continuity of these tools in clinical practice, as recent research indicates. This information is fundamental for identifying existing strengths and weaknesses, as well as for guiding institutional strategies to strengthen capacities, develop operational protocols, and improve organizational change management processes.<sup>(8)</sup>

From an applied perspective, evaluating these variables will also contribute empirical evidence for decision-making regarding continuous training, improvement of care processes, and development of public policies that promote the sustainability of telemedicine in the Peruvian health system. Furthermore, the findings can serve as a basis for reflecting on the role of health personnel as central actors in the digital transformation of the sector, not only as users of technological tools but as protagonists of the paradigm shift in healthcare.<sup>(9,10)</sup>

In light of the above, this research aimed to determine the relationship between the level of knowledge and the attitudes of health personnel at the National Telemedicine Center of the Social Health Insurance in Lima, 2025.

## METHODS

A quantitative, non-experimental, cross-sectional study with a correlational scope was conducted, aimed at analyzing the correlation between the variables of interest at the

National Tele health Center of the Social Health Insurance, Lima, Peru. This methodology allowed for describing the levels of knowledge and attitude of health personnel regarding the use of telemedicine, as well as examining the relationship between both variables at a single point in time, without manipulation of conditions or random assignment. As a correlational design, the purpose was to identify associations between variables without inferring causal relationships.

The target population consisted of healthcare professionals involved in the use of telemedicine at the aforementioned center in Metropolitan Lima. With an estimated population of 139 workers, a minimum sample size of 103 participants was calculated using the formula for finite populations, with a 95% confidence level and a 5% margin of error. The final sample was obtained through non-probabilistic convenience sampling, a criterion based on the availability of personnel during the data collection period. This strategy facilitated access to participants, although it limits the possibility of extrapolating results to other populations—an aspect recognized as a limitation inherent to the design. Professionals performing activities associated with tele consultation, tele-guidance, tele monitoring, and diagnostic tele-support were included.

Healthcare professionals with clinical functions who perform remote care using information and communication technologies and who provided informed consent were included. Administrative professionals or those on leave during data collection were excluded.

The methodological development of the study relied on a set of theoretical and empirical methods that allowed for the coherent organization of variables and guided the analysis. From a theoretical perspective, an analysis and synthesis process was employed, enabling the review of the main concepts of the work, such as knowledge, attitude, and telemedicine, to understand them in depth and reorganize them into an operational structure. This procedure was complemented by inductive and deductive logic, allowing for moving from the general theories reviewed in the conceptual framework to the concrete formulation of the dimensions that were evaluated.

Empirically, the main technique used was the application of a structured questionnaire that had been previously validated in international research and subsequently adapted to the Peruvian context. The adaptation included a review by experts in tele health, methodology, and statistics, who assessed the relevance of the items using the Aiken coefficient. Before final application, a pilot test was conducted to verify content clarity and make necessary adjustments. Data collection was carried out through a self-administered virtual form that ensured information confidentiality. After collection, the data were processed using IBM SPSS version 26 software, and descriptive procedures were employed along with Spearman's correlation test, selected because the variables did not show a normal distribution. Additionally, a comprehensive document review was conducted, including national regulations, previous studies, and relevant scientific literature, which helped reinforce conceptual foundations and define the approach adopted for the instrument adaptation. This set of methods allowed for obtaining reliable and useful information to interpret the knowledge and attitudes of health personnel regarding the use of telemedicine.

A structured questionnaire, validated by expert judgment, was used. It was culturally adapted to the Peruvian context through technical review by three experts: a telehealth professional, a methodologist, and a statistician. Subsequently, content validity was assessed using Aiken's V coefficient, whose values ranged from 0.89 to 1.00, demonstrating high relevance of the items for the study's objective.

The instrument consisted of three sections: the socio-occupational characteristics of participants, technical and practical knowledge, and attitudes towards telemedicine, assessed using dichotomous options and a Likert-type scale.

Specifically:

- Knowledge: Assessed through 10 closed-response items (Yes/No), with a total score of 0 to 10. Three levels were established: initial (0–3), process (4–7), and achievement (8–10). The evaluated dimensions were technical (use of platforms) and practical (application in clinical care).

- Attitudes: Measured with 23 items grouped into five dimensions: relative advantage, compatibility, perceived complexity, trial ability, and observability. They were classified into three levels: indifferent (23–54), ambivalent (55–86), and positive (87–115).

Reliability was assessed using Cronbach's alpha coefficient. For the knowledge questionnaire, composed of 10 dichotomous-response items (yes/no), a value of  $\alpha = 0.643$  was obtained. Although this coefficient is below the recommended threshold of 0.70, it was interpreted as acceptable given the dichotomous nature of the instrument and the limited number of items, conditions that tend to lower the alpha value. Nevertheless, this result constitutes a limitation that must be considered when interpreting the findings and will be addressed in the limitations section. For the attitude questionnaire, consisting of 23 Likert-scale items, a coefficient of  $\alpha = 0.793$  was obtained, reflecting adequate internal consistency.

The study adhered to the ethical principles established in the Declaration of Helsinki for research involving human subjects. Confidentiality of information, participant anonymity, and voluntary participation were guaranteed, with informed consent obtained prior to questionnaire completion.

Data were processed using IBM SPSS Statistics v.26 software. Descriptive statistics were applied to characterize participants and determine levels of knowledge and attitude towards telemedicine.

For the correlation analysis between both variables, the non-parametric Spearman's Rho test was used, as the data did not follow a normal distribution according to the Kolmogorov-Smirnov test ( $p < 0.05$ ). A significance level of  $\alpha = 0.05$  was assumed. The analysis showed a strong positive correlation between knowledge and attitude, with a coefficient  $Rho = 0.756$  and a  $p$ -value  $< 0.001$ .

## RESULTS AND DISCUSSION

As part of the documentary analysis carried out, the main national regulations governing tele health and telemedicine in Peru were reviewed. These include the Tele health Framework Law No. 30421, its Regulation approved by Supreme Decree No. 005-2021-SA, and the Guidelines for the development of tele health at the first level of care issued by the Ministry of Health.<sup>(11)</sup> The analysis of these documents revealed that, although the national regulatory framework promotes the implementation of telemedicine and recognizes the importance of strengthening health personnel's capacities, it does not establish standardized operational mechanisms for continuous training or for the systematic evaluation of the level of knowledge and attitudes of human resources. This situation is related to the results found in the present study, where intermediate levels of knowledge and ambivalent attitudes towards telemedicine predominate, even in a specialized institutional environment.

The majority of participants were women, representing 66 %. Ages were mostly concentrated in the 30 to 39-year-old group. Approximately 72 % belonged to the medical profession. In the socio-occupational sphere, 63.1 % had between 2 and 10 years of service experience. A total of 96.1% reported having received training in telemedicine, and just over half, 56.3 %, indicated having an intermediate level of computer skills. Details are shown in Table 1.

**Table 1.** Socio-labor characteristics of health personnel at the National Telemedicine Center of the Social Health Insurance - Lima, 2025

	Category	Frequency	Percentage
		n= 103	100.0
Age	22 to 29 años	14	13.6
	30 to 39 años	60	58.3
	40 to 59 años	24	23.3
	60 years or more	5	4.9
Sex	Female	68	66.0
	Male	35	34.0
Profession	Nursing	13	12.6
	Human Medicine	74	71.8
	Nutrition	2	1.9
	Obstetrics	5	4.9
	Psicology	4	3.9
	Medical technology	5	4.9
Working Experience	2 to 10 years	65	63.1
	11 to 20 years	28	27.2
	21 to 30 years	5	4.9
	31 years or more	5	4.9
Educational Level	Doctorate	1	1.0
	Specialty	54	52.4
	Bachelor's Degree	32	31.1
	Master's Degree	16	15.5
Computer skills	Advanced	26	25.2
	Basic	19	18.4
	Intermediate	58	56.3
Training in telemedicine	Have not received	4	3.9
	Have received	99	96.1
Source of Telemedicine Information.	Training	22	21.4
	Media	32	31.1
	Internet	26	25.2
	other	23	22.3

Source: questionnaire

In both knowledge dimensions, a predominance of the "process" level was observed, with values close to 54%. This was followed by the "achievement" level, which stood around 35%, while the "initial" level was present in smaller proportions, approximately 10 %, as shown in Table 2.

- Technical dimension: 53.4% in process, 36.9% in achievement, 9.7% in initial.
- Practical dimension: 54.4% in process, 34.0% in achievement, 11.7% in initial.

**Table 2.** Dimensions of the Level of Knowledge about Telemedicine among Health Personnel at the National Telemedicine Center of the Social Health Insurance - Lima, 2025

Dimensions	Initial		Process		Achievement		Total	
	n <sub>1</sub>	%	n <sub>2</sub>	%	n <sub>3</sub>	%	n	%
Technical Knowledgege	10	9.7	55	53.4	38	36.9	103	100
Practical Knowlwedge	12	11.7	56	54.4	35	34.0	103	100

Source: questionnaire.

When examining the relationship between both variables, it was observed that the "initial" level of knowledge was linked to an indifferent attitude, representing 5.8% of the total participants. In the "process" level, the ambivalent attitude predominated, at 47.6%, while the "achievement" level was associated with positive attitudes, reaching 32%. These patterns can be seen in Table 3.

**Table 3.** Level of knowledge and attitudes towards telemedicine among health personnel at the National Telemedicine Center of the Social Health Insurance - Lima, 2025.

Level of Knowledge about Medicine	Attitudes towards telemedicine						Total	
	Indiferent		Ambivalent		Positive		n	%
	n <sub>1</sub>	%	n <sub>2</sub>	%	n <sub>3</sub>	%		
Inicial	6	5.8	1	1.0	1	1.0	8	7.8
Process	1	1.0	49	47.6	9	8.7	59	57.3
Achievement	0	0.0	3	2.9	33	32.0	36	35.0
Total	7	6.8	53	51.5	43	41.7	103	100.0

Source: questionnaire

When analyzing the joint distribution of knowledge levels and attitudes toward telemedicine, it was observed that the "initial" knowledge level was predominantly associated with an indifferent attitude, representing 5.8% of the total participants. At the "process" level, the ambivalent attitude predominated, at 47.6%, while the "achievement" level was concentrated mainly in positive attitudes, reaching 32.0%.

The results of the present study show a strong and significant positive correlation between the level of knowledge and the attitudes of health personnel toward the use of telemedicine. This finding is consistent with studies conducted in Peru, Colombia, and India, where it has been documented that greater technical and practical mastery fosters a more favorable attitudinal disposition toward the implementation of digital health technologies.<sup>(6,10)</sup>

From the perspective of the Technology Acceptance Model (TAM), it is argued that professionals who perceive technologies as useful and easy to use tend to develop positive attitudes toward them. In the present study, intermediate levels of knowledge were associated with ambivalent attitudes, which could indicate that the training received has been partial or insufficient to generate full acceptance.<sup>(11)</sup>

From the authors' perspective, the predominance of intermediate levels of knowledge, despite the vast majority of personnel reporting having received telemedicine training, suggests that the implemented training processes have been insufficient to achieve a comprehensive adoption of the remote care model. This could be explained by the fact that such training has been primarily oriented toward the operational management of platforms, without addressing in depth aspects related to the integration of telemedicine into clinical practice, information security, and the adaptation of care processes. This training limitation would contribute to the persistence of ambivalent attitudes, even in institutional contexts where telemedicine is formally implemented.

When analyzing the specific dimensions, it is observed that the greatest difficulty lies in the technical dimension of knowledge, which concentrated the highest percentage of participants at the initial level. This suggests that, although there is some degree of practical familiarity with telemedicine, limitations in the technical mastery necessary for its effective application still persist. Regarding attitudes, the dimensions of perceived complexity and compatibility obtained lower scores; this finding coincides with previous research that identifies these perceptions as important barriers to technological integration in the clinical environment.<sup>(11)</sup>

The analyzed institutional situation allows for interpreting these results as a relevant signal: the provided technical training has not translated uniformly into practical adoption or favorable attitudes. This gap highlights the need to strengthen change management strategies aimed at consolidating technical learning and incorporating cultural and organizational factors that influence staff attitudes. In this context, it is pertinent to integrate approaches based on the Theory of Planned Behavior and Diffusion of Innovations, which examine how beliefs and perceptions modulate the willingness to adopt emerging technologies.<sup>(12,13)</sup>

Furthermore, it is important to note some limitations of the study. The use of non-probabilistic convenience sampling may limit the generalizability of the results. Additionally, the cross-sectional design prevents the establishment of causal relationships between variables. To this is added the potential influence of self-selection bias, as participation was voluntary.

#### Scientific contribution

Despite the mentioned limitations, the findings allow for identifying relevant patterns and offer an empirical basis useful for designing institutional interventions and future longitudinal research on the use of telemedicine.

In this sense, the results of the present study provide updated empirical evidence on the relationship between the level of knowledge and the attitudes of health personnel toward the use of telemedicine in a specialized institutional context of the Peruvian health system. Unlike previous research that addresses these variables in isolation or predominantly descriptively, this work integrates both dimensions and demonstrates a statistically significant association between them, allowing for a more precise understanding of the role of the human factor in telemedicine adoption. Moreover, the findings show that the existence of formal training does not by itself guarantee favorable attitudes, which provides relevant elements for designing institutional strategies aimed at strengthening competencies and managing organizational change in tele health services, with implications for decision-making and the development of future digital health research.

It is recommended to implement continuous training programs, with a comprehensive approach covering both technical and attitudinal aspects, and to reinforce institutional support to overcome perceived barriers, especially in relation to the complexity and compatibility of telemedicine use. Additionally, it is suggested to conduct longitudinal studies that evaluate the evolution of attitudinal change following specific educational interventions, thereby contributing to the sustainability and institutionalization of tele health in the Peruvian health system.

## CONCLUSIONS

The relationship between the level of knowledge and the attitudes of health personnel at the National Telemedicine Center of the Social Health Insurance in Lima, 2025, was determined. It is concluded that there is a positive and statistically significant relationship between the levels of knowledge (technical and practical) and attitudes toward telemedicine among

health personnel. This finding indicates that strengthening the knowledge of personnel not only improves their technical capacities but also directly influences their willingness to incorporate telemedicine into their clinical practice.

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### **Declaration of interests**

The authors declare no conflicts of interest.

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