McMaster University

Family Medicine

Precepting Telemedicine and Virtual Care

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Michael G. DeGroote SCHOOL OF MEDICINE

What is Telemedicine?

A medical service provided remotely via communication technology

What is Virtual Care?

- *"any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximining the quality and effectiveness of patient care"*
    - *Recommendations for Scaling Up Virtual Medicine Services Task Force Report. Feb 2020*

Objectives for this module are:

- To understand and define Virtual Care.
- How to teach and supervise learners delivering virtual care/telemedicine
- How to assess learners
- Explore added competencies required to deliver virtual care

Tech and Etiquette

- Disable video, mute your line
- We are recording
- WebEx Features
  - Chat
- Structure and Format
  - During presentation – use Chat to post general remarks/questions
  - During Q&A- moderated

Teaching/Supervising Virtual Care: What does the Learner Need?

Apprenticeship-Type Learning

- Apprenticeship-type learning requires:
  - Coaching
  - Modeling
  - Observation
  - Scaffolding

In other words the learner needs…

- To observe faculty delivering virtual care
- To be observed while delivering virtual care
- And to receive feedback

Learning Environment for Virtual Care

- An experienced teacher familiar with best practices
- Appropriate support and infrastructure at the location of the encounter
- Patients appropriate for virtual care that permit a learning opportunity

Effective Supervision

- Protected time to observe the learner on phone/videoconference
- Provide case-based learning
- Feedback and assessment
- Appropriate level of supervision

How to Do/Teach the Skills of a Virtual Visit

TELEMEDICINE @ HERZL: THE ESSENETIALS

WHAT IS IT ?

The practice of medicine at a distance using information and communications technologies

- Phone call
- Video conference

HOW DO YOU DO IT?

A teleconsult (phone or video) is the same as a regular visit. With a few additional key elements. It's the primary way we will be offering care to patients during the COVID 19 Pandemic. Here are the key steps.

1. Introduce yourself:
Tell them who you are and why you're calling. Ensure that you and the patient are in a confidential setting. If it's a video visit, hold your identification badge up to the camera. If you are resident let the patient know who the supervising doctor will be, and that at some point you will review the case with them.

2. Confirm the patient ID:
On the phone ask them for their, Name, DOB and Home Address. If it's a video visit, have them hold their RAMQ up to the camera.
! Confirm their current location in case the patient goes into distress and you need to call emergency services!

3. Consent the patient:
Its important that the patient understand what a telehealth visit is, and what the limitations are. Here are the key phrases that must be included in an explanation.

- *A phone or video visit is different than in person and has some limitations, if it any point I feel that you need to be seen I will have it arranged.*
- *As we are speaking over phone or video, if you are in a public, there is a chance confidentiality could be breached. However for our video conferencing tools we are only using secure ministry approved solutions.*
- *I will document your visit in your Herzl medical chart*
- *Do you agree to this phone or video visit (!document using clickable text in History section of the note!)*

4. Proceed with the visit:
Try your best to determine at the beginning of the interview if the visit is appropriate for telemedicine. Here are some examples, but you should always use your clinical judgment

Appropriate

- Coughs and Colds
- Simple UTI
- Dermatology (via his res video only video)
- Contraception Counselling
- STI screening and Counselling
- Mental Health
- Routine screening and DM f/u

! NOT Appropriate !

- New Rx for Narcotics benzodiazepines and stimulants
- Rx changes for unstable or relapsed patients taking Methadone or Suboxone
- Rx for cannabis
- Suspected otitis media that requires treatment (i.e. young infants < 6 months or prolonged fever > 48hours or severe illness)

DOCUMENTING THE VISIT

- Document the visit as normal in MYLE and be sure to use the new MYLE clickable text for
- "Virtual Visit" in the History section of the note. Always be prepared for the visit by reviewing the patient file before the visit.
- Finalize your impression and summarize the diagnosis for the patient
- If you are a resident tell your patient you will review the case with your supervisor and call them back to discuss the treatment plan
- *!Ensure that pharmacy information is up to date in MYLE as all Rx should be faxed!*

IN CASE OF EMERGENCY

!NEVER HANG UP ON THE PATIENT!

- Even if you are unsure of what to do, if you feel the patient needs urgent medical attention, do not end communication with the patient
- In this case, if needed, call 911 for the patient and provide the location of the patient to emergency services
- Answer all questions 911 may have regarding the situation
- Call your supervisor on another line to discuss the case if possible
- Once the case has been managed, if not done so already, immediately call your supervisor to discuss

Examples of emergencies:

- The patient tells you they are actively suicidal with a plan and you are imminently worried for their safety or the safety of others (call 911)
- The patient starts to have crushing chest pain and feels dizzy during the conversation (call 911, possible myocardial infarction)
- The patient starts to have slurred speech and does not answer questions appropriately and seems confused (call 911 – possible stroke)

ESCALATION

If during a phone call you feel you'd like to schedule a video conference, tell the patient they will receive a phone call to schedule an appointment and an email from the clinic with instructions on how to join a video call. Laptops, iPads and Mobile phones all work. ***Send a task to Coordinator – Virtual Visit.***

If during a call you decide you need to see the patient tell them they will receive a phone call to be booked into urgent care. ***Send a task to Coordinator – Urgent Care***

COVID 19 REMINDERS

If a patient has travelled outside Canada in the last 2 weeks or been exposed to someone who is positive for COVID-19 **AND** they have any viral symptom they cannot be seen at Herzl. Please advise them to call: **1-877-644-4545 (the new 811)**

If they have travelled without any viral symptoms, they can be seen but they and the clinician must wear a yellow mask and gloves during the visit.

*This document was created by **Drs Barbara Evans and Mylene Arsenault**, based on guidelines from the CMPA,CMQ, College of College of Physicians and Surgeons of British Columbia, College of Physicians and Surgeons of Ontario*

Taken from: COVID-19 Practicing Telehealth in the Pandemic

Virtual Care, Consent and Confidentiality

Introduce yourself, why you are calling

Ensure you and the patient are in a confidential setting

Important patient understands what a telehealth visit is and what the limitations are

Once patient gives verbal consent can proceed with the visit

Remember to document consent and type of visit

Providing Guidance for Virtual Care

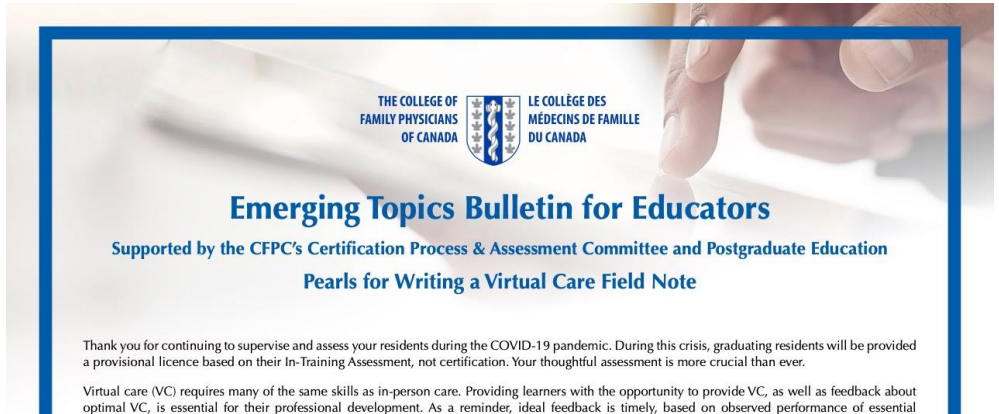
(CFPC Tips for Supervising FM Learners Providing Virtual Care)

- Ask about the learner's experience with virtual care
- What is their understanding of its limitations
- Determine the level of supervision needed
- Consider your supervision approach

Providing Guidance for Virtual Care

- Ensure learner obtains patient consent to provide virtual care
- Review the patient presentation- key considerations in virtual visit
- Review learner's documentation of the visit
- Provide a formative assessment by writing a field note

  – Adapted from *CFPC Tips for Supervising Family Medicine Learners Providing Virtual Care*



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Pearls for Writing a Virtual Care Field Note

Thank you for continuing to supervise and assess your residents during the COVID-19 pandemic. During this crisis, graduating residents will be provided a provisional licence based on their In-Training Assessment, not certification. Your thoughtful assessment is more crucial than ever.

Virtual care (VC) requires many of the same skills as in-person care. Providing learners with the opportunity to provide VC, as well as feedback about optimal VC, is essential for their professional development. As a reminder, ideal feedback is timely, based on observed performance of essential competencies, and ideally focuses on **one** take-home message to continue and/or **one** message to modify so as not to overload the learner (or you!). Feedback is intended to stimulate self-reflection and support learning. This style of care will likely be more a part of our practice after the pandemic, so building skills for VC is essential. Following are unique aspects of VC that are high yield for which you can assess and provide feedback as they are either **critical to do, difficult to do, or frequently missed.** As this is a new way of practising for many of us, they can also be used as ideas for preceptors who are honing their own VC skills.

1. Safe, effective use of technology and local regulations:

a. Uses virtual care platform skillfully (i.e., is sufficiently familiar with the technology used) and assists patient with using platform if required (**communication**)

b. Uses virtual care/telemedicine in alignment with local regulations, especially for prescribing (**professionalism**)

c. Carries out brief, relevant consent discussion with the patient, discussing confidentiality, limitations, and consent for recording if needed (**professionalism, communication**)

d. Clarifies with patient whether others are present when conducting an interview to assure appropriate confidentiality for the patient (**communication, professionalism**)

e. Creatively seeks and uses all available data (e.g., asks patient to send logs, photos; if using video, attends to patient demeanor, patient's background environment; asks patient to perform vitals as able (with/without coaching); asks patient to show relevant areas amenable to external examination (e.g., skin, MSK, throat, etc.)) (**communication, clinical reasoning**)

2. Adaptive communication:

a. Establishes rapport quickly; introduces themselves by name and role, identifies who is supervising them and how; when using video platforms maintains eye contact, is aware of background distractions (**communication**)

b. Listens attentively to verbal cues (especially for telephone consultation) and seeks to clarify ambiguous statements (**communication**)

c. Documents including consent and the rationale for deviation from typical management and/or follow-up plans, weighing the holistic risk to this patient (**communication**)

3. Adaptive clinical reasoning:

a. Assesses whether VC is appropriate for this visit and recognizes when patient safety or the determination of a proper diagnosis requires an in-person assessment (**selectivity**)

b. Asks probing triage questions to gauge severity of symptoms, especially with audio only (**clinical reasoning**)

c. Adapts the encounter to an alternative communication method (audio only, video, or in person) to facilitate safe and effective care (**selectivity**)

d. Attends to the multiple biases that may affect our clinical reasoning especially during a pandemic crisis (e.g., attributing all coughs to COVID-19 without considering another cause) (**selectivity**)

4. Situational awareness:

a. Adapts usual management and follow-up plans to current context (**clinical reasoning**)

b. Plans future care while considering modified clinical operations, and local holistic risk to the patient (**selectivity**)

You will already be familiar with using your formative assessment tools (e.g., field notes) and the **Assessment Objectives**.

Many of these VC skills are adaptations of what you are already used to assessing (e.g., the skill dimensions of **patient-centred care, selectivity, clinical reasoning skills, communication** and **professionalism**). These are unchanged—the information above provides ideas to focus on to optimize safe patient care and residents' growth in the provision of VC.

See also: **Tips for Supervising Family Medicine Learners Providing Virtual Care**

Questions, Comments, Teaching Pearls?

Making Your Virtual Teaching More Meaningful and Manageable For You

Consider….

- What are the valuable learning experiences?
- How can the learner assist you?
- How can you provide critical performance assessment information?
- What clinical skills can I teach effectively via telemedicine?

Meaningful Outcome

- Learning to adapt care and practice processes
- Patient outreach and follow-up
- Help the residency program make confident decisions on resident progress and promotion
- Communication skills, selectivity, clinical reasoning, Scholar

Making Your Virtual Teaching More Meaningful and Manageable for the Learner

- Check in regularly on learner's wellness
- Review cases and new teaching processes and make any necessary adjustments
- Review learner's educational goals
- Provide regular, timely performance feedback

Tips/Best Practices for Virtual Appointments from Home

Set-up the right space for telemedicine visits

- Create a dedicated, private space, free of interruptions
- Camera positioned at eye level

Create a contingency plan for emergencies and referrals

- Communication with patient before visit

Confidentiality of Patient Charts

- All privacy and security polies apply to e-visits

Confidentiality when unable to to establish dedicated, private space

- Use headphones/earbuds
- Avoid using patient's name

Sample Verbal Disclosure and Obtaining Consent

- “Virtual care has some privacy and security risks that could allow your health information to be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should be in a private setting and should not use an employer’s or someone else’s computer/device as they may be able to access your information.
-
- Are you ok to proceed?
-
- A phone or video visit has some limitations. If we determine during the visit that you require a physical exam you will need to be assessed in person. If your problem is deemed to be urgent or emergent you may have to go to ER.
-
- Just to let you know that I will be discussing our visit with Dr. X, who supervising me today.
-
- Are you ok if we continue with our visit?”

Sample Template for Documentation

- Patient was offered a «telephone»«virtual» appointment as an alternative to an in-person visit due to «pandemic/social distancing policies»«unable to attend office in person.
-
- Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.
-
- Consent was obtained to proceed with appointment.

Draft Competencies for Family Medicine Resident Physicians During the COVID-19 Pandemic (CFPC-PD/uOttawa DFM)

CanMED Role	DOMAIN
Communicator	Provide virtual care, Anxiety, Counselling patients
Professional	Professional responsibilities, Resilience, Self-regulation, Balance responsibilities, Emotions, Indirect Activities, Resource allocation, Billing
Health Advocate	Vulnerable groups, Proactive advice, Advocate for system change, Flatten the curve, Ethics, Supplies, MOH
FM Expert	Essential services, Deferring services, PPE, Disease vectors, Isolation vs quarantine, Provide Care, Clinical Reasoning
Collaborator	Virtual Care, ER visits, Teamwork
Leader	Team support, Role Model, Resources
Scholar	Critical appraisal, Knowledge gaps, Teaching

Important Resources

- CPSO Telemedicine
- CPSO COVID-19 FAQs for Physicians
- Recommendations for Scaling Up Virtual Medical Services. Report of the Virtual Care Task Force cma.ca2020 [Available from: https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf.
- Virtual Care Playbook
- CFPC Tips for Supervising Family Medicine Learners Providing Virtual Care
- Telemedicine: The Essentials
- CFPC Pearls for Writing a Virtual Care Field Note

References

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- 3. Crawford A, Gratzer D, Jovanovic M, Rodie D, Sockalingam S, Sunderji N, et al. Building eHealth and Telepsychiatry Capabilities: Three Educational Reports Across the Learning Continuum. Acad Psychiatry. 2018;42(6):852-6.

Questions, Comments, Reflections, Teaching Pearls?

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