Internal
MEDICINE

Medicine
UNIVERSITY OF TORONTO

VIRTUAL CARE HANDBOOK FOR INTERNAL MEDICINE RESIDENTS

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WHAT IS VIRTUAL CARE?

Virtual care is any care provided remotely using technology. Many aspects of virtual care are the same as in-person care.

In this
document we will focus on telephone and videoconferencing visits.

There are other ways that virtual care can be provided as well, including physician to physician phone and e-mail consultations and remote monitoring.

WHY NOW?

Virtual care has been on the rise over the last number of years but the physical distancing requirements in the COVID-19 era has accelerated the its acceptance and more widespread use. The literature providing evidence that virtual consultations can be as effective as in-person care is beyond the scope of this document but if you are interested, please see the reference list at the end for selected articles.

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Virtual care is also a way to provide clinical and educational experiences to residents even during a pandemic.

RESIDENT INVOLVEMENT IN VIRTUAL CARE

There are various ways that residents can be involved in virtual patient care visit.

Phone call with supervisor and resident in the same

- Phone call with supervisor in a separate location (e.g. 3-way call; conference call)

- Hybrid: Separate phone call with patient, review with supervisor, then 3-way conference call with patient and supervisor for counseling

- Video call with supervisor and resident in the same location

- Video call with supervisor participating but in a separate location

- Patient encounter is audio or video recorded and reviewed by teacher/supervisor later

*** Recording requires express patient consent and would need to be compliant with site protocols re: consent, and patient record procedures for saving, storage, and deletion of patient information ***

KEY VIRTUAL CARE ISSUES TO CONSIDER

ARE YOU COMFORTABLE WITH THE TECHNOLOGY?

You will be oriented to the use of OTN or Zoom but make sure you are comfortable before proceeding with the consultation.

Some virtual platforms (such as Zoom) have both secure and non-secure account versions. This should be clarified with your institution/attending physician before you start virtual care.

IS THE PATIENT SAFE TO BE SEEN VIRTUALLY OR DO THEY NEED AN IN PERSON ASSESSMENT?

- If an in-person visit is needed, what is the urgency, and how can one organize that visit?

- Are there barriers that might negatively impact a virtual visit?

    - Examples are language barriers, cognitive, visual or auditory impairment, technological barriers, internet connectivity limitations

    - Can they be addressed (e.g. use of interpreter, family member etc)?

WHAT TYPE OF VIRTUAL VISIT IS MOST

When would a video format be preferred?

Certain types of visits that require visual inspection (e.g. Dermatology)

When would a phone visit be appropriate?

Considerations:

- Phone visits are easier to organize
- Patients may have technical limitations in conducting video visits (including lack of internet access) but be more comfortable with phone

ADAPTING YOUR USUAL COMMUNICATION SKILLS

- For video visits, try to maintain eye contact with the patient –look at the camera, not always at your own screen

- With telephone consultations, you lose all the non-verbal cues you would normally use with patients. You need to be particularly attuned to changes in tone of voice and other "paraverbal" communication like how fast or loud someone is talking (or changes in these factors).

- Non-verbal cues can be missed with video visits as well, in particular due to the lack of eye contact at baseline – so be attuned to such cues in this setting as well

IMPORTANT REQUIREMENTS AND PROCESSES OF WHICH TO BE AWARE

- Back up plans if telephone or video appointment system fails

- Patient confidentiality requirements at your hospital

- Documentation and prescribing requirements for virtual visits at your hospital

- Professional behaviour and etiquette for videoconferencing

- Patient safety procedures (what to do in case of need for urgent/emergent care)

- Hospital-specific requirements for documenting virtual care should be reviewed with your attending prior to conducting the patient visit,

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SETTING UP THE VISIT(12-14)

- Make sure:

  - o You are in a private setting
  - o The background is neutral and professional
  - o You wear the clothes you would normally wear for work

- Technology considerations

  - o The best lighting is in front of you and the patient, if possible
  - o If feasible, make sure the camera and the patient's face are lined up on the monitor – this will help with eye contact
  - o For video visits, use a headset where possible – the sound quality for you and the patient is better that way.
  - o Mute when not speaking and try to minimize background noise such as rustling of papers
  - o Be mindful of audio delay, try to pause between speakers
  - o

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- o Remember to protect your own confidentiality by blocking your personal phone number (if you are using a personal phone)

- Review the chart (including Connecting Ontario) and the consultation request as you would normally do prior to seeing a patient

- Consider whether you need an interpreter to address language barriers, or a caregiver to provide collateral information if patient consents

    - o Patients may occasionally ask to share a Zoom/OTN link or phone conference with a family member located elsewhere

- If you are at home for the encounter

    - o Make sure you have a reliable internet or phone connection

    - o Discuss with your supervisor how to manage personal health information during and after the virtual assessment

AT THE BEGINNING OF EACH PATIENT ENCOUNTER

- Confirm patient's identity with in at least two ways

- o If a video visit, you can ask them to show you photo ID
  - o If a telephone visit, ask for date of birth and address

- Confirm how to reconnect if connection lost

- Lock the door or place a sign on the door to avoid interruptions

- Obtain patient consent including disclosure of associated risks and that information provided during the visit will be shared with a supervising physician. (See CMPA's Consent to Use Electronic Communication)

  - o Clarify with your supervisor if you or a clinic administrator is responsible for obtaining this consent

Things to discuss with patients when obtaining consent for virtual care
• Risk of unauthorized disclosure or interception of personal health information

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- Limitations in physical examination
- What to do if urgent care is needed

INCLUDE A PARAGRAPH IN YOUR DICTATION

"THIS PATIENT VISIT WAS CONDUCTED BY TELEPHONE/VIDEO VISIT INSTEAD OF IN-PERSON DUE TO THE COVID-19 PANDEMIC.

INFORMED VERBAL CONSENT WAS OBTAINED FROM THIS PATIENT TO COMMUNICATE AND PROVIDE CARE USING VIRTUAL AND OTHER TELECOMMUNICATION TOOLS. THIS PATIENT HAS BEEN EXPLAINED THE RISKS RELATED TO UNAUTHORIZED DISCLOSURE OR INTERCEPTION OF PERSONAL HEALTH INFORMATION. WE HAVE DISCUSSED THAT CARE PROVIDED THROUGH VIDEO OR AUDIO COMMUNICATION CANNOT REPLACE THE NEED FOR A PHYSICAL EXAMINATION AND THE PATIENT UNDERSTANDS THE NEED TO SEEK URGENT CARE IN AN EMERGENCY DEPARTMENT AS NECESSARY"

HOW WILL YOU REVIEW YOUR PATIENT?

- Different attendings may have different preferences so check in before you see your first patient

VIDEO VISITS

- o Attending may set up breakout rooms that allow you to go from patient encounter to reviewing space and back again
- o Attending may be in the patient encounter with you (with video off and muted), which will allow you to be directly observed
- o You may physically walk to another room to review with attending in person or by phone

PHONE VISITS

- o You may need to place the patient on hold or ask to call them back while reviewing with attending in another room or by phone

- You may phone the attending and then participate in a three-way call with the patient
- Your attending may come into the room with you and put the patient on speakerphone
- You may need to call your patient back after speaking with your attending to confirm the plan (give your patient an estimate for when you will call back)
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What should you do if your patient does answer the phone or attend the virtual visit?

Try calling back another time later in the clinic

If you are still unsuccessful in reaching them please ask your attending physician for next steps

AT THE END OF EACH PATIENT ENCOUNTER (AFTER YOU REVIEW)

- Ensure the patient is clear on the plan
  - "What questions do you have?"

- If applicable, let the patient know if you will be calling them back after reviewing with your supervising physician

- Ensure all requisitions and forms are filled out and sent to the appropriate recipient

  - o Consider verifying the patient's current address, or ensure their email consent has been documented

- Ensure correct pharmacy information on file and call in prescriptions to pharmacies (or print them and mail to patient).

- Ensure follow-up is arranged, as necessary

  - o This includes follow-up visits to address any limitations that have occurred with your virtual visit (for example, physical examination)

- Complete your notes, as you would for any patient encounter

- Get feedback from your staff

- Guidance for future visits: what can your patient do to make their next virtual visit more effective
  - o E.g. Weigh self beforehand? Buy a blood pressure cuff? Have medications beside them?

RECEIVING FEEDBACK AND ASSESSMENT

You can receive feedback and coaching about aspects of virtual care (e.g., documentation, communication, remote physical exam) as well as routine aspects of care (e.g., clinical reasoning, management decisions)

EPAs can definitely be achieved in a virtual setting – please discuss with your supervisor when you get to clinic. On Elentra, under "Setting" you can now select "Virtual Care" in the dropdown menu.

QUALITY OF CARE

Remember, that just because care is being provided virtually there is no difference in the quality of care that is expected(10).

➔ If you cannot make a decision based on the virtual consultation alone, you must find a

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way that the patient can be seen in-person (bring them in, send to ER etc)

CMPA GUIDANCE ON VIRTUAL CARE

https://5dd9bafc-f40a-487b-ab78-66a20601d610.filesusr.com/ugd/1c1374_dd8a5491662a4492a557425b050186e8.pdf

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/videoconferencing-consultation-when-is-it-the-right-choice

TELEMEDICINE CONSULTATION CHECKLIST*

PREPARING FOR THE VIRTUAL VISIT

Step	Comments
Confirm process for working with your supervisor *(consider contacting your supervisor in advance of the clinic)*	Confirm supervisor expectations for working together in the visit - Will your supervisor directly or indirectly observe the visit? - How will you contact your supervisor for key issues during the visit? - Confirm components of the virtual visit (e.g., history, physical exam, diagnosis, management plan, follow up) and which aspects require check in with your supervisor - How will case review your supervisor work? How will counseling and recommendations be communicated to your patient afterwards? For case review, will

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	<u>- Do you have the resources you need (for example, do you need home EPR access?)</u>
Review chart	- Ensure suitability for phone/video visit - Consider whether you will need an interpreter or family member present
Familiarize yourself with video conference technology	- Clarify the choice of application which will depend on your hospital policy and must be PIPEDA/ HIPAA compliant. Some application examples: OTN, Doxy.me, and Zoom for Healthcare. Familiarize yourself with the software features.
Contingency planning	- Be prepared for technical difficulties. If the video application fails, you may have to resort to using the phone. Make sure you have a phone number.
Set up your space	- Ensure adequate lighting and professional background - Test microphone/webcam to ensure it is working - Angle webcam so that you will be looking at patient directly

	- Minimize interruptions, consider putting a sign on the door - Ensure privacy
Pre-intake forms and/or orientation (if applicable)	- If applicable in your clinic, have patients complete pre-intake forms and/or watch orientation video for software to be used, such as for ~~as for OTN~~OTN. - Patients may be directed to other resources such as FAQ by the CPSO

DURING VISIT

Step	Comments
Introduction	- Introduce yourself and anyone else joining, state your role in the team and who your supervisor is - Confirm patient number in case connection fails - Confirm if any family members or others are present to assist with the encounter
Patient ID	- Confirm the patient ID in at least two ways. In a video visit

	they can show you a piece of ID (ideally health card), and in a telephone visit ask for date of birth and address
Location and privacy	- Make sure both parties are in a private and quiet place and in Ontario - Ensure your background and camera field of view does not show any confidential information or breach privacy for you or your patient - Communicate to patient that you are calling from a private space without others listening and that they have the right to end the call at anytime
Communication	- Speak clearly, but not too loudly - Ensure patient has heard you, check for comprehension during interview and at end - When listening, mute your microphone - Try to maintain eye contact as much as possible;, when looking down, ~~consider~~ explain~~ing~~ what you are doing ("I am looking down to

	review the notes in front of me and make notes"
	- Remember to ask about social history which may help to build rapport with your patients
Clinical stability	- Attend to signs that patient is unwell and needs an in-person assessment
	- If immediate safety concerns arise, do not hang up, immediately involve your supervisor and consider calling 911
Documenting physical exam findings	- There are some components that can be reasonably documented in virtual assessments.
	Examples:
	- Patient reports height and weight - Patient is speaking in 2-3 word sentences and sounds breathless - Patient does not appear to be cyanotic

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CONCLUDING A VISIT

Step	Comments
Confirm pharmacy and/or lab details	- To ensure you can send prescriptions and lab requisitions to appropriate places
Concluding	- Summarize investigations, management, counseling, and follow up plan - Determine follow up plan and whether and when need to be seen in person, documenting rationale (If unsure, can wait for supervisor review) - Clarify how patient will receive further

	communication (phone, email, mail)
Communicate plan for review	- Let your patient know if you will call them back with your supervisor present

FOLLOWING A VISIT

Step	Comments
Reviewing	- Review case and management plan with supervisor - Call your patient back with your supervisor to update them on the plan (unless you have agreed on an alternate arrangement)
Debrief and Feedback	- Discuss key learning points and obtain coaching and feedback - Consider documenting discussion on an EPA assessment form

* Adapted from Dr. Ahmed Omar RheumGuide.ca

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ADDITIONAL RESOURCES

SPECIFIC TO VIRTUAL CARE

https://www.nqil.ca/initiatives/virtual-neuro-exam

https://www.rheumguide.ca/telemedicine.html

NOT SPECIFIC TO VIRTUAL CARE

codestroke.net

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