Internal MEDICINE

Medicine UNIVERSITY OF TORONTO

VIRTUAL CLINIC PROCESSES AND WORKFLOW CONSIDERATIONS FOR FACULTY

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INTRODUCTION

This brief guide reviews an overview of processes and workflow strategies for faculty who are looking to integrate learners into their virtual practice. We recognize that each clinic is unique, so we have provided options where possible to account for different set ups.

CLINIC SET-UP OPTIONS

One staff will typically have 1- 2 trainees assigned to their clinic. Each learner may be assigned 1-3 new patients and/or 2-4 follow ups. We suggest staggering patient appointments or using mixed virtual modalities if there are multiple trainees, as some video platforms will not allow the same account to have simultaneous, overlapping time slots. A booking template may be provided to administrative support to facilitate this. As the faculty, if you have one learner you may wish to see patients concurrently (follow-ups work well).

Considerations for Telephone Visits:

Phone visits have slightly greater flexibility in the sense that the patient does not have to wait logged in to a videoconferencing platform. Phone is also very good for patients who find videoconferencing platforms to be technically difficult to navigate.

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If calling from a cell phone, 3-way calling is available to add in family members and/or translators. There could be the option to do a 3-way call with the trainee, patient and staff so that the staff can observe, which may help with efficiency if the staff does not have simultaneous patients booked, and is also good for CBD curriculum. Many hospital phones will have a button that allows for teleconferencing.

Phone visits can be supplemented with photos or other files (med lists, screening questionnaires) sent to secure email with patient consent. Similarly, teaching over the phone can be supplemented by handouts sent to the trainee if off site, recognizing that learners may benefit from visual aids in addition to verbal teaching.

WORKFLOW SCENARIOS

Scenario A: Trainee and staff are at the same site

Before Clinic:

This is a good time to review principles of virtual care with trainee. This may be their first experience doing a virtual clinic; if so, you can redirect them to the Virtual Care Manual for Residents. Issues such as consent and privacy should be discussed to ensure the trainee is comfortable reviewing this with the patients at the start of the visit. It may also improve flow to review follow up information before clinic to allow the trainee to ask any clarifying questions about management prior to contacting the patient. Ensure the trainee is clear how the clinic will run and how they should reach you when they would like to review.

Troubleshooting Tips for Trainees:

If trainees are using video technology, they should be instructed to try the back-up phone number after 5 minutes if the patient does not appear on the video technology. This is because many patients will have difficulty navigating the video platforms and may require assistance. If the patient does not answer, we suggest leaving a message for the patient, and to try calling back one additional time.

Role of Administrative Staff:

As part of the initial appointment notification, administrative staff should request that patients be available 15 minutes before and 30 minutes after the appointment time in case the physician is not running exactly on schedule. They should also advise the patient that there will be a break in the visit so that the trainee can review with the faculty. Obtaining the patient's e-mail address is often required in order to facilitate

video visits but can also be used for sending patients educational materials, resources and laboratory requisitions after the appointment. Additional items which may be relevant in preparing the patient include:

- Having a pen and paper ready in case notes need to be taken
- Having measurements (blood pressure, blood sugar, weight) and their medications easily accessible

BP readings, blood sugars, weights, and medication list available for visit. For phone visits, administrative staff should collect the best phone number to reach the patient, and inform them that the phone call may come from blocked or unknown number.

For video visits, patients should be instructed to log in at least 15 minutes early to get set up; they can also notify the patient that the physician will be calling them as a back-up if the video technology fails. The administrative staff should also ensure that the patient has a back-up telephone number in the event that the video technology does not work.

For phone visits, admin or staff have the option of quickly calling the patient in advance of the appointment to ask if the trainee can conduct the initial portion of the phone assessment.

Specific Examples for Booking:

- If using OTN, administrative assistants must be given booking privileges to schedule appointments on behalf of the trainee or staff. OTN appointments can be booked either under trainee OTN account or staff OTN account. If the appointment is being booked under the staff OTN account, the trainee should have access to the host URL/PIN for each specific virtual visit. If the appointment is booked under the trainee's own OTN account, they should be comfortable learning how to log into OTN to launch the visit.
- Other sites may use other platforms, such as Zoom, and Microsoft Teams. Since access to video visits using these platforms are launched through a web link, the link can be sent to the trainee or staff MD in advance of the appointment through e-mail or calendar invitation.

In-Clinic Flow:

Administrative staff can book patients for each trainee based on a pre-specified template. The patient may be booked as video visit, phone visit or in person if required based on triaging. In general, we suggest booking new patients as video visits and follow ups as phone visit (unless otherwise specified).

At the beginning of visit, trainees can review virtual the consent policy with patient using a pre-printed template. Alternatively, this can be done in advance by administrative staff. It is important to ensure documentation of this process in the medical chart; the start and stop time of the visit should also be noted.

Analogous to an in-person visit, the trainee will review with the staff once the initial assessment is complete. For phone visits, the trainee tells the patient they will call back with the staff after review. The trainee reviews with faculty in the review room and then trainee and faculty together review the plan with patient over video or phone. For video visits, the patient can remain in the video session while the trainee leaves the room for review. Alternatively, the camera and microphone can be disabled during the review period and re-enabled when the review is complete.

With senior trainees, there may not be a need to call back the follow up patients, so the trainee can notify the patient that they will call them back if there is anything additional to add after review.

Equity:

There is the option to use language line for patients who do not speak English. For phone visits, the interpreter is part of the call. For video visit, the interpreter can join a zoom visit with a phone line. The interpreter may also be on site and join the clinician in the clinic room during the virtual visit

We suggest offering different visit options depending on the resources available to the patient. We recognize that not all patients will have internet access and a device capable of video visits. Administrative staff can provide patients with resources for locations where video visits on OTN can be set up for them with technological support.

After Clinic:

This is a good time to reflect on the virtual visit with trainees. Teaching around clinical cases can be done virtually, and it could also be a good time to teach or reinforce principles of virtual care. For any prescriptions needed, obtain pharmacy info and have administrative staff fax to pharmacy or if doing from home then a verbal prescription can be conveyed directly to the pharmacist. For laboratory investigations, requisitions can be e-mailed or mailed to the patient, or faxed directly to the laboratory. For imaging or other diagnostics, orders should be entered in the electronic medical record (EMR), and the patient should be notified by the administrative assistant once the scheduling has been completed.

Scenario B: Trainee(s) and faculty Are offsite:

In these types of scenarios, pre-clinic prep can be done over Zoom or other video platforms. The trainee can access the chart by logging into EMR remotely. For new patients with paper referrals, these will need to be scanned into EMR or emailed to trainee via confidential email. For the review process, trainees can call faculty to review and then both faculty and trainee can join the visit with patient to discuss the plan. For OTN, the staff MD can be given the guest URL similar to the scenario outlined above, and can join as the third party. For other platforms, the link to the video visit can be e-mailed to the trainee and staff MD.