

VIRTUAL CARE HANDBOOK FOR RESIDENTS



LAST UPDATED: SEPTEMBER 2, 2022

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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 to provide virtual care, including physician to physician phone, 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 have accelerated its more widespread use.

The literature about the effectiveness of virtual consultations is beyond the scope of this document but if you are interested, please see the reference list at the end.

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

Finally, the ability to provide safe and effective virtual care is likely to become part of the core competencies of being a physician in the future.

RESIDENT INVOLVEMENT IN VIRTUAL CARE

There are many ways that residents can participate in a virtual care:

- By phone
 - Supervisor and resident in the same location while physically distancing (e.g. patient on speaker)
 - Supervisor in a separate location (e.g. 3-way call; conference call)
 - Resident in a camera-room with patient on speaker. Supervisor can observe from a separate location and therefore hear the encounter remotely without being directly involved.
- By video
 - Supervisor and resident in the same location, on the same web-cam
 - Resident assesses patient then brings supervisor into the room
 - Resident and supervisor assess patient simultaneously
 - Supervisor in a remote location, on the video call as a separate participant
- Hybrid
 - Hybrid: Separate phone call with patient, review with supervisor, then 3-way conference call with patient and supervisor
 - Audio or video recorded patient encounter 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

MEDICO-LEGAL POLICY AROUND VIRTUAL CARE

- CPSO states:
 - “When providing virtual care, physicians **must** continue to meet the standard of care and the existing legal and professional obligations that apply to care that is provided in person”
 - “Physicians providing virtual care must conduct any assessments, tests, or investigations that are required”
 - “Physicians must ensure they have the competence to provide care virtually, including to effectively use the relevant technology”
- For full policy review, see [Virtual Care](#) from the CPSO website.
- Additional Canadian jurisdictions: [Alberta](#), [British Columbia](#), [Manitoba](#), [New Brunswick](#), [Newfoundland and Labrador](#), [Nova Scotia](#), [Prince Edward Island](#), [Quebec](#), [Saskatchewan](#)

ARE YOU COMFORTABLE WITH THE TECHNOLOGY?

- Telephone vs. Video calling
 - Examples of technology: 3-way calling, OTN, Zoom Health, Telus Virtual Visits, MS Teams
- Ensure you are oriented to and comfortable with the technology of choice 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. Further resources are available in the references section
- Link to [Zoom virtual clinic cheat sheet](#) for learners

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

- Examples of appropriate virtual visits: mental health, sexual health, travel-care, sore throats, minor infections (skin, urinary), conditions that are monitored with home devices and/or bloodwork, etc.
- Consider if there are barriers that might negatively impact a virtual visit?
 - Examples include language barriers, cognitive, visual, or auditory impairment, technological barriers, internet connectivity limitations
 - Can they be addressed (e.g. use of interpreter, family member, etc.)?
- If an in-person visit is needed, what is the urgency, and how can that be organized?
- Visits that should be arranged in-person include (but are not limited to): chest pain, shortness of breath, loss of vision, loss of hearing, etc. When in doubt, review with your supervisor!
 - Consider problems that require in-person physical exams
- Link to CMA How To Navigate A Virtual Visit Guide: [Visits that should be arranged in-person](#)

WHAT TYPE OF VIRTUAL VISIT IS MOST APPROPRIATE?

When would a video format be preferred?

- Most initial consultations
- Certain types of visits require visual inspection (e.g. Dermatology, Musculoskeletal, Neurologic)

When would a phone visit be appropriate?

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

ADAPTING YOUR USUAL COMMUNICATION SKILLS

For VIDEO visits:

- **Observing patients and eye contact are both important.** Try to balance looking at the patient (to observe them) and looking at the camera (to maintain eye contact with your patient). *When your patient speaks* you can observe them on screen; *when you speak*, look at the camera; and *when looking away*, explain what you are doing (e.g., “I just need to look at your chart”)
- **Non-verbal cues** can be missed with video visits as well due to the lack of eye contact at baseline. Be attuned to such cues in this setting as well
- **For video calls**, try not to move your hands too much as it can distract patients.
- Video: [How to Conduct a Professional Telemedicine Visit Using Good Web-side Manner](#)

For PHONE visits:

- **With telephone consultations**, you lose all the non-verbal cues you would normally use with patients. Try to be attuned to changes in tone of voice and other “paraverbal” communication like intonation, volume, speed or tone of speech (or changes in these factors)
- Consider environmental cues: noise level/loud surroundings, etc.

For ANY virtual clinical encounter

- It is more important to speak **slowly** and **clearly** when you lose the face to face interaction of in-person care.
- Openly acknowledge communication challenges, particularly when discussing difficult or sensitive topics.

IMPORTANT REQUIREMENTS & PROCESSES TO BE AWARE OF

- Back up plans if telephone or video appointment system fails
 - Consider how you will contact the patient if their number does not accept blocked calls.
- Patient confidentiality requirements at your hospital/clinic
- Documentation and prescribing requirements for virtual visits at your hospital/clinic
- Professional behaviour and etiquette for videoconferencing
- Hospital/clinic-specific requirements for documenting virtual care should be reviewed with your attending prior to conducting the visit

Patient safety procedures (what to do in case of need for urgent/emergent care)	
Prepare	Have you exchanged contact information with your supervisor? How will you reach them if an urgent issue comes up?
At the start of the encounter	Obtain patient location
During the encounter	Never hang up on the patient, even if you are unsure of what to do. Call 911 for the patient if indicated, and provide patient location to emergency services. Call supervisor on another line to discuss case if possible OR once the case has been managed, call your supervisor immediately to discuss
Examples of emergencies	Patient is actively suicidal with a plan, chest pain and dizziness during the conversation, slurred speech or seems confused, etc.

[CFP guide to virtual encounters](#), including what to do in case of **emergency**.

SETTING UP THE VISIT

- Make sure:
 - You are in a **private** setting
 - The background is neutral and **professional**
 - You wear the clothes you would normally wear for work
- Technology considerations
 - The best **lighting** is in front of you if possible
 - If feasible, **line up** the camera and the patient's face on the monitor – this will help with eye contact
 - For video visits, use a **headset** where possible – the sound quality for you and the patient is better that way.
 - **Mute** when not speaking and try to minimize background noise such as rustling of papers
 - Be mindful of audio **delay**, try to pause between sentences
 - Remember to **protect** your own confidentiality by blocking your personal phone number (if using a personal phone)
- Review the chart (including Connecting Ontario) and consultation request **as you would normally do** prior to seeing a patient
- Consider whether you need an **interpreter** to address language barriers, or **caregiver** to provide collateral information
 - 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
 - Make sure you have a **reliable** internet or phone connection
 - Make sure you have **remote** EMR access. Login in advance so that you have time to troubleshoot if needed
 - Discuss with your supervisor how to manage personal health information during and after the virtual assessment
 - Discuss with your supervisor how you will **review cases** with them (phone/video)? Have you exchanged contact information with your supervisor? **WHEN** will you review (After each visit, at the end of the day, as things come up, through chart review?)

AT THE BEGINNING OF EACH PATIENT ENCOUNTER

- **Confirm patient's identity** in at least two ways
 - If a video visit, you can ask them to show you photo ID
 - If a telephone visit, ask for date of birth and address
- **Confirm how to reconnect** if connection lost
- If your supervisor is joining via 3-way phone call or video call, introduce them to the patient so that they do not think there has been a breach in privacy with a 3rd party listening in.
- 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](#))
 - 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
<ul style="list-style-type: none">• Risk of unauthorized disclosure or interception of personal health information<ul style="list-style-type: none">• Limitations in physical examination• What to do if urgent care is needed

INCLUDE A PARAGRAPH IN YOUR NOTE SUCH AS:

"This patient visit was conducted by telephone/video visit. 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"

DON'T FORGET TO DOCUMENT THAT THE APPOINTMENT IS VIRTUAL AND WHETHER IT IS A TELEPHONE OR VIDEO CALL

REVIEWING THE CASE WITH YOUR SUPERVISOR

- Your attending physician should make their preferences clear regarding how they intend to review cases seen virtually. Please check in with them prior to seeing your first patient

For VIDEO visits:

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

For PHONE visits:

- 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)
- You may need to place the patient on hold while reviewing
- 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, or be observing you by camera, with the patient on speakerphone

What if your patient does not answer the phone/misses the virtual visit?

- Try calling back another time later in the clinic.
- Document attempts made to reach them.
- 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 understands the plan: “What questions do you have?”
- Fill out all requisitions/forms and send to appropriate recipient(s)
 - Consider verifying the patient’s current address, or document their consent to communicate via e-mail
- If appropriate, update EMR with any new contact details (eg. Email address, telephone number, preferred pharmacy).
- Call in or fax prescriptions to the patient’s preferred pharmacy, fax bloodwork requisitions to local labs. You may also email requisitions to the patient if a secure patient portal is available, and consent is obtained. Ensure follow-up is arranged, as necessary
- 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
 - E.g. Weigh self beforehand? Measure their blood pressure in advance (if able)? Have medications beside them? Have a family member present to assist with physical exam and/or for collateral?

RECEIVING FEEDBACK AND ASSESSMENT

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

Learners can definitely have EPA/Field Note assessments completed 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

Patients should expect no difference in the quality of care they receive whether it is provided virtually or in person.

If you cannot make a decision based on the virtual consultation alone, you must find a way that the patient can be seen in-person (bring them in, send to ER if there is concern about an emergent medical issue etc.).

CMPA GUIDANCE ON VIRTUAL CARE

[Eight things providers should know when using eCommunications](#)

- This is a brief primer on electronic communication strategies.

[Videoconferencing consultation: When is it the right choice?](#)

- This is a concise summary on how to conduct videoconferencing appropriately

TELEMEDICINE CONSULTATION CHECKLIST

PREPARING FOR THE VIRTUAL VISIT

Step	Comments
<p>Confirm process for working with your supervisor and supervisor expectations</p> <p><i>(consider contacting your supervisor in advance of the clinic)</i></p>	<ul style="list-style-type: none"> • Will your supervisor observe the visit? How? • 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? • Do you have the resources you need (for example, do you need home EPR access?)
<p>Review chart</p>	<ul style="list-style-type: none"> • Ensure suitability for phone/video visit • Should an interpreter or family member attend?
<p>Familiarize yourself with telephone or video conference technology</p>	<ul style="list-style-type: none"> • Clarify application choice depending on your hospital/clinic policy (PIPEDA/ HIPAA compliant) • Familiarize yourself with the software features, 3-way calling, blocking your personal phone number (as applicable) • Consider screen management in advance if using more than 1 screen or require several windows/tabs open at a time.
<p>Contingency planning</p>	<ul style="list-style-type: none"> • Be prepared for technical difficulties and make sure to have a phone number in case video fails. • Does the patient accept calls from blocked numbers? Have a plan in place

Set up your space	<ul style="list-style-type: none"> • Ensure adequate lighting, professional background and privacy • Test microphone/webcam • Angle webcam so that you will be looking at patient directly • Minimize interruptions; consider putting a sign on the door
Pre-intake forms and/or orientation (if applicable)	<ul style="list-style-type: none"> • If applicable, have patients complete pre-intake forms and/or watch orientation video for software to be used, such as for OTN • Patients may be directed to other resources such as FAQ by the CPSO

DURING VISIT

Step	Comments
Introduction	<ul style="list-style-type: none"> • Introduce yourself and anyone else joining, state your role, 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	<ul style="list-style-type: none"> • 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

<p>Location and privacy</p>	<ul style="list-style-type: none"> • 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. Introduce your supervisor if they are joining in on the call.
<p>Communication</p>	<ul style="list-style-type: none"> • 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, explain what you are doing (“I am looking down to review the notes in front of me and make notes” / If multiple screens or tabs are up (eg. For documentation), explain to the patient why you may be looking away • If documenting during the visit, let the patient know in advance that they may hear typing in the background and the reason is to document your visit • Remember to ask about social history which may help to build rapport with your patients
<p>Clinical stability</p>	<ul style="list-style-type: none"> • 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

<p>Documenting physical exam findings</p>	<p>There are some components that can be reasonably documented in virtual assessments.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Patient reports height and weight • Patient is speaking in 2-3 word sentences and sounds breathless • Patient does not appear cyanotic • Examples (Videos) <ul style="list-style-type: none"> ○ How to conduct a physical exam via telemedicine ○ Stanford Medicine
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CONCLUDING A VISIT

Step	Comments
<p>Confirm pharmacy and/or lab details</p>	<ul style="list-style-type: none"> • To ensure you can send prescriptions and lab requisitions to appropriate places • If forwarding requisitions to the patient, ensure the patient is registered through a secure patient portal and consents to electronic communications
<p>Concluding</p>	<ul style="list-style-type: none"> • 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)
<p>Communicate plan for review</p>	<ul style="list-style-type: none"> • Let your patient know if you will call them back with your supervisor present • Provide the patient with an estimated timeframe (eg. 15 minutes, 1 hour, etc).

AFTER THE VISIT

Step	Comments
Reviewing	<ul style="list-style-type: none">• 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)• Consider writing a brief summary of next steps for the patient at the end of the visit and securely emailing it to them
Debrief and Feedback	<ul style="list-style-type: none">• Discuss key learning points and obtain coaching and feedback• Consider documenting discussion on an EPA/Field Note assessment form. Learners can initiate assessments on Elenra as a reminder for the supervisor.
Other: Resident Wellness	<ul style="list-style-type: none">• Use time in between visits to move and/or stretch to help physical and mental health

* Adapted from Dr. Ahmed Omar RheumGuide.ca

ADDITIONAL RESOURCES

- **For most up to date version of this booklet, please visit:**
<https://virtualcarehelp.com/>
- CMA virtual Care Play Book (PDF): [Click here to access resource](#).
- VICCTR Module 6 - [Virtual MSK Exam: Click here to access resource](#)
- Virtual Care resources (via Rheumguide.ca): [Click here to access resource](#).
- Virtual care sports medicine physical examination (PDF): [Click here to access](#)
- CRA virtual Care training Modules: [Click here to access](#)
- Virtual Neuro Exam: <https://www.ngil.ca/initiatives/virtual-neuro-exam>
- How to conduct an abdominal exam through telemedicine: [Click here](#)
- Virtual MoCA: [Click here to access resource](#)
- Best practices: Supervising learners while providing virtual care (PDF): [Click here to access resource](#)

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ACKNOWLEDGEMENTS

Thank you to the following individuals for their feedback on this guide:

David Chan, Martina Trinkaus, Sumedha Arya, Jeffrey Schiff, Lisa Becker, Ryan Muir, Jeannette Goguen, Jonathan Besney, Michael Colacci, Ainsley Kempenaar, Brian Wong