

What is virtual care? How will it impact my training?

When we refer to virtual care, we are using the CPSO Policy language that describes virtual care as “any interaction between patients and/or members of their circle of care that occurs remotely, using any form of communication or information technology, including telephone, video conferencing and digital messaging with the aim of facilitating or providing patient care.”

The COVID 19 pandemic created unique challenges that accelerated how virtual care was delivered. Looking forward, it is expected that the provision of virtual care will continue to be prevalent for physicians, and skills in providing care over the phone or internet will likely be considered core competencies. It is therefore important that residency training offers opportunities to build these skills while ensuring residents are still offered the necessary training and exposure in face-to-face settings.

PARO has spoken with hundreds of residents to gain insight into their experience with virtual care. In order to support you in providing excellent virtual care, we have developed this guide with helpful tips and practical advice based on the feedback of our members.

Safety For You And Your Patients Is The #1 Priority

- Just like when you are providing in-person care, you may face some unexpectedly acute situations in virtual settings. For this reason, we suggest you confirm your patient’s physical location in case you need to contact emergency services or complete a Form 1 under the Mental Health Act.
- If you use email or text to communicate with patients, make sure you are using a secure platform. You should also make sure you inform patients about the risks of online communication of sensitive information. Communicate clearly with your patients about what type of issues they can contact you with using email or text, how long they might wait for a response, and what to do if there is an urgent issue or crisis.
- Don’t forget to protect your personal information as well! If you need to call patients using your personal phone, make sure you change your caller ID to “private” in your phone settings. If you have access to administrative staff who can field emails or calls, this may be a suitable alternative to using your personal phone.

Decoding Your Medicolegal Responsibilities

- All patients should be provided with the opportunity to provide informed consent with regards to the provision of virtual care, and this should be documented

accordingly, particularly when you are seeing a patient virtually for the first time. Your clinic or supervisor may be able to provide further guidance on this matter, and some may have specific templates or forms to use. The exact information you provide to your patients may differ, but you might consider the following:

- What steps are you/your clinic or hospital taking to provide virtual care in a secure manner? For example, are your video-conferencing technologies encrypted for healthcare usage? Are you using a platform approved or recommended by one of our professional bodies?
- What steps might your patient take to protect their information? (for example, password protection on their internet connection, making sure they are in a private location).
- Have a brief discussion with your patient about the limitations of virtual care. Agree to let your patient know if you feel they need to be seen in person at a later date, or if you are concerned that they may require more urgent attention (e.g. at an emergency department). The CPSO encourages physicians to use their clinical judgment to determine whether virtual care is appropriate in a given situation.
- Virtual care may also mean that you encounter more personal health information (PHI) via email or other electronic communication. Ensure that you are using a secure email, perhaps a hospital email, to send and receive PHI when necessary, and be sure to dispose appropriately of any confidential waste that you may have in hard-copy. Avoid saving files containing PHI to your personal device.
- Note that the same standard of care applies to virtual settings as in-person settings. For example, it may be necessary to figure out the best way to do things like provide lab requisitions in the virtual setting.

How To Get The Most Out of Virtual Care Learning Opportunities

- Discuss expectations for virtual care days with your supervisor in advance, particularly if you are seeing patients separately.
 - Ensure you have a plan for how and when appointments will be reviewed with your supervisor (after each appointment, at the end of the day, depending on training level and comfort), and how you will then communicate the plan to patients.

Tip: *If you are seeing a patient via a platform like Zoom with your supervisor, you can make use of the ‘waiting room’ function to review privately without needing to remove the patient from the Zoom call entirely.*

- Discuss a plan for what to do if a patient requires urgent attention, or if you need to reach your supervisor immediately.
- Doing a virtual 'morning huddle' via phone or video can be helpful to plan the day with your supervisor; consider asking if this is a possibility. You may also wish to ask your supervisor about times that may work to do teaching or more detailed case review.
- Consider requesting to join some of your supervisor's appointments or having them observe you directly, similar to what would happen in a face-to-face supervision model.
- Ask your supervisor if they have any tips or resources for virtual care, and consider discussing any challenges you may have faced in providing virtual care as part of reviewing your cases.
- Ask your program director or PGME for any formal training resources for residents on providing virtual care.
- If you are not being included in the provision of virtual care in an environment where residents normally would receive training, speak with your Supervisor or Program Director.

What You Need to Know About Virtual Care & Your Collective Agreement

While there are no clauses specific to virtual care in the PARO-CAHO collective agreement, article 18.2 states the following: "Each hospital will provide reasonable access to the hospital's information systems as dictated by the hospital's network deployment strategy, which shall incorporate the clinical and educational needs of the resident." For example, if certain technologies are available through the hospital/clinical site and considered necessary for virtual care (e.g. remote EMR access, e-faxing, videoconferencing technologies), residents should also be provided access. If you are having trouble accessing the resources you need to provide virtual care, please contact PARO for further guidance.

In addition, certain expenses may be tax-deductible while working from home. For more information, please visit the [CRA website](#).

How do I make sure I'm providing the best virtual care possible?

Several schools and organizations have identified best practices and produced resources around virtual care. We've shared a selection of different resources you might find helpful below. This list is not exhaustive, so you may also wish to reach out to your program or PGME for recommended resources.

- [Virtual Care Playbook](#) (produced jointly by the CFPC, RCPSC, and CMA)
- [How to navigate a virtual care visit: patient guide](#) (CMA; may be useful to provide to patients)
- [CPSO's COVID-19 FAQs on providing care](#) (addresses some common concerns with virtual care)
- [OMA language re: consent to virtual care](#) (see pages 2-4)
- [Virtual visit guidelines for residents](#) from the University of Saskatchewan
- [CMPA: Telehealth & virtual care](#)

What do I do if I have a concern or question about providing virtual care?

- At the local level, consider speaking to your supervisor, rotation coordinator, program director, and/or PGME.
- If you have questions pertaining to standards for the provision of virtual care, you may wish to get in touch with the CPSO and/or CMPA.
- If you have other concerns or are unsure who to talk to, PARO is always available to assist and direct residents to the appropriate organizations or individuals.