

## Reference Guide – PRA-BC Telemedicine Assessment Form

The following summary has been developed to assist assessors complete PRA-BC's new Telemedicine Assessment Form for their candidates at the end of CFA weeks 3, 6, and 12. A description and some examples are provided to assist assessors evaluate their candidates in each of the following 14 areas of telemedicine competence:

1. Identifies him/herself and explains telemedicine limitations/privacy issues with the patient

Does the candidate introduce themselves by name and role, and identify who is supervising/assessing them? Does the candidate reassure the patient that they and their assessing physician's office or other clinical facility do their best to ensure that information provided to them by the patient is private, confidential, and as secure as possible? Does the candidate explain that telemedicine tools are never completely secure and there is always the possibility that the patient's health information and identifiers might be intercepted or disclosed to a third party despite everyone's best efforts to prevent this from happening? Does the candidate obtain the patient's verbal informed consent/permission to proceed with the telemedicine patient visit?

2. If the patient is unknown to the candidate or there is no ongoing treating relationship: the candidate confirms the patient's identity and carries out brief, relevant consent and confidentiality discussions with the patient

If the patient is known to the candidate from a previous in-person or telemedicine visit, there is no need to reconfirm the patient's identity. If not, does the candidate authenticate the patient's identity with a valid photo ID (for videoconferencing) or confirm the patient's date of birth, address, and phone number? For a first telemedicine visit with a patient, does the candidate obtain the patient's valid, informed consent to proceed with the medical visit and confirm that the patient's information obtained, and clinical findings will be kept confidential? Does the candidate chart the patient's verbal consent in the patient's medical record? Does the candidate obtain the patient's consent if the visit is being recorded for assessing/teaching/feedback purposes by their physician assessor? Does the candidate inform the patient that any recorded telemedicine visits will be stored securely and destroyed after review?

3. Ensures identities of other participants are disclosed to and approved by the patient, and documents them in the patient record

Does the candidate clarify with the patient whether others are present when conducting the telemedicine visit, to further assure appropriate confidentiality for the patient? Does

the candidate ask whether the patient is in a private location and record their response in the patient's medical record? Does the candidate ask the patient whether other persons are present off-camera or listening via a speaker phone, and is this okay with them? Is the patient's response recorded in the patient's medical record?

4. *Establishes rapport quickly to establish the patient's trust*

Does the candidate use appropriate communication skills to establish rapport and trust with the patient? This could include providing an effective introduction of themselves (see area #1 above), asking open-ended questions, listening to the patient without early interruption to allow the patient to tell their story, using clarification and summarizing techniques, and providing empathy and support to the patient?

5. *Communicates clearly and effectively with patients when using technology*

Does the candidate speak clearly and ask questions using a level of language that is tailored to and appropriate for each patient's understanding? Does the candidate listen attentively to verbal cues (especially for telephone consultations) and clarify ambiguous statements with the patient? Does the candidate provide the patient with medical explanations using appropriate levels of language tailored to each patient's unique circumstances? Does the candidate avoid using highly technical medical jargon and confirm with each patient that they understood the candidate's explanation/diagnosis and the recommended treatment plan and follow-up management plans?

6. *Asks probing triage questions to determine whether telemedicine affords adequate assessment of the patient's problem. If not, arranges for a timely in-person assessment*

Does the candidate demonstrate clinical reasoning skills by asking probing questions to gauge the severity of the patient's symptoms? Did the candidate assess whether the virtual care visit was appropriate for the patient's presenting complaint or medical condition? Did the candidate selectively recognize when patient safety or the determination of a proper diagnosis required an in-person patient assessment? Did the candidate direct the patient to the appropriate clinic facility or hospital ER for further in-person assessment and a physical examination?

7. *Provides an appropriate medical assessment based on the patient's current symptoms or condition, history, medications, and limited exam possible*

Does the candidate clarify the patient's presenting complaint(s), take an appropriate and focused history of the presenting condition, review the patient's Past Medical History

including allergies and current medications, conduct an appropriate review of systems (i.e. functional enquiry), conduct a limited physical exam if videoconferencing technology is used (e.g. skin rash or asks the patient to check their pulse and heart rate if they are able to do so), and demonstrate selectivity skills to generate a differential diagnosis and management plan appropriate to the telemedicine visit?

8. *Creates and maintains medical records of the consultation and ensures patients and other health care professionals have access as required*

Did the candidate create an appropriate written medical record of the telemedicine visit using, for example, the SOAP medical record template and follow the same format and standards as used for a conventional in-person patient visit? Does the candidate's written medical record meet the College's professional and legal requirements as well as the requirements of BC's Medical Services Plan and those of the Canadian Medical Protective Association (CMPA)? Does the candidate document that the patient provided verbal informed consent for the telemedicine visit to proceed? Is the candidate's medical record an accurate summary of the telemedicine patient visit as observed by the assessing physician?

9. *Communicates clearly and effectively with referring and other treating physicians when using telemedicine technology*

Did the candidate verbally communicate the patient's history and limited physical exam findings effectively, as obtained via a telemedicine visit, and with enough detail to confidently provide this information directly or virtually to referring and other treating physicians? If the candidate sent a referral letter via telemedicine to a referring or other treating physician, was the letter concise and grammatically acceptable? Did the referral letter outline the patient's medical condition and include an initial differential and provisional diagnosis? Did the referral letter clearly state what the candidate was requesting the referring or other treating physician to focus on (i.e. their medical opinion) and specify who would be responsible for providing the patient's follow-up care for this medical condition? Did the candidate adequately investigate and initially treat the patient before the referral was made? If the patient required a detailed physical examination, did the candidate assume the responsibility that this was done before initiating the referral (unless in an emergency or very urgent clinical situation)? Did the candidate ensure that the patient had access to their medical record and that the patient's medical record was available to other health care professionals on a need to know basis as part of the patient's "circle of care"?

10. Effectively uses available urgent/emergency real time virtual practice supports including RUDi and ROSe when required

Is the candidate aware of BC's Real Time Virtual Support (RTVS) initiatives such as RUDi (Rural Urgent Doctor in-aid) virtual and immediate consultations with other BC rural generalists or ER physicians, or ROSe (Rural On-call Specialist expertise) for virtual and immediate BC intensivist or critical care specialist consultations? Has the candidate utilized BC's RTVS programs to date, for at least one patient, particularly if their CFA community is rural and remote?

11. Exercises caution when providing prescriptions or other treatment recommendations for patients they have not personally examined

Does the candidate exercise caution when providing new prescriptions, prescription refills, or other non-pharmacological treatments to patients whom they have not personally examined? These prescriptions do not include opioid medications, psychotropic medications, or the candidate's completion of documents to support the authorization of cannabis for a patient's medical purpose. In effect, does the candidate prescribe only enough medication for the patient to use until the patient can consult their own family physician or other treating physician in follow-up (unless the regular treating physician is the CFA assessor who knows the patient well and has discussed the patient's medical condition with the candidate)?

12. Follows the CPSBC Telemedicine Practice Standards related to prescribing opioids, psychotropic medications, and cannabis

For your ease of reference, the following language is reproduced from the CPSBC's Telemedicine Practice Standard (April 1, 2020) which is available on the College's website. Does the candidate:

(a) Only prescribe opioid medications to a patient if they have

- . a longitudinal treating relationship with the patient and have examined the patient themselves, or
  
- . are in direct communication with another physician or nurse practitioner who does have a longitudinal relationship, has examined the patient, and agrees that opioids are indicated, or

- . the patient is receiving palliative end-of-life care, is established on opioid analgesics, and is at risk of running out in extraordinary circumstances where the usual prescriber is unavailable (all registrants are expected to be responsive to all end-of-life care crises).

(b) Only prescribe other psychotropic medications to a patient if they have

- . a longitudinal treating relationship with the patient, or
- . performed and documented a comprehensive mental status assessment themselves (either by telemedicine or in-person) and will be available to the patient, providing ongoing care including monitoring of drug therapy, or
- . are in direct communication with another physician or nurse practitioner who does have a longitudinal relationship, agrees with the prescribing, and will be available to the patient.

(c) Only complete a document for the authorization of cannabis for medical purposes to a patient if they have

- . a longitudinal treating relationship with the patient, or
- . are in direct communication with another physician or nurse practitioner who does have a longitudinal treating relationship, and both agree with the issuance of a document for the authorization of cannabis for medical purposes.

13. Uses telemedicine technology skillfully and assists patients with its use as needed

For videoconferencing with patients, does the candidate have sufficient knowledge of the required technology components including adequate screen space (e.g. a large enough screen or a dual-screen setup), the need for a high-definition video camera with microphone, the need for good quality speakers or headphones/earphones (these devices prevent the patient being overheard by other people while adding a layer of privacy), and use a secure USB-key that automatically encrypts the data it stores if the candidate cannot save and edit third party forms through the medical clinic or medical facility's EMR?

Does the candidate practice good "webside manner" such as using a neutral/professional backdrop with good lighting, and wear a white coat or other appropriate professional attire, look directly at the patient by placing a separate web camera directly above the computer window with the patient's video image, and make extra efforts to engage with the patient at all times via eye contact, body language, and being/remaining attentive to the patient during the virtual patient care visit if it is conducted via videoconferencing?

14. Ensures patients receive the same standard of care as required for in-person encounters

The CPSBC states that the use of technology does not alter the ethical, professional, and legal requirements around a physician's provision of appropriate medical care. This includes that physicians adhere to the same College obligations for patient follow-up in telemedicine visits as is expected with in-person consultations.

This also includes the obligation of the physician providing the telemedicine visit to provide the same patient follow-up and after-hours care as expected for an in-person patient consultation.

Does the candidate understand that it is the medical care of the patient and not the setting of the medical practice that must guide their ethical, professional, and clinical decisions around their provision of appropriate and expected patient medical care?