



**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE

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# **Family Medicine Clinical Experience (Year 2)**

**MDCN 430**

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**UNDERGRADUATE MEDICAL EDUCATION**

Class of 2024

2021-2022 Academic Year

2022 ©

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## Overview

Welcome to Family Medicine Clinical Experience (MDCN 430) for Year 2 students, a continuation of Family Medicine Clinical Experience (MDCN 330) for Year 1 students!

Every second-year medical student will participate in patient care with guidance by skilled family physician clinicians and educators in community offices. Experiences throughout southern Alberta may be urban, suburban, or rural. All locations deliver care to patients and families, diagnose and manage most presenting complaints (comprehensive care) and see patients over time (continuity of care). Students are intentionally placed in different clinics from Year 1 to experience and care for patients in a variety of practices, populations, and care teams.

Care teams supporting family physician patient care in the community is one of ten components of the Patient Medical Home model of care envisioned by the College of Family Physicians of Canada (CFPC; <https://patientsmedicalhome.ca/>) and endorsed by provincial and national governments.

No longer early learners, it is expected students will increase skills such as: taking focused histories, examine patients (supervised), and documenting findings in a SOAP note. More emphasis is placed upon clinical reasoning and developing diagnoses and plans compared to MDCN 330. More preceptor guidance will be needed if students have not yet taken relevant courses.

Family physician guidance and student autonomy is adjusted as student skills increase. Some physicians care for patients outside the office setting. In these circumstances at least 50% of the total student experience, must be in the PMH community clinic, the remainder in care locations consistent with the physician practice - most commonly emergency, long term care, or acute care.

## Safety

These guidelines are intended to provide safety for patients, physicians and learners. A secondary goal is to avoid the unnecessary use of personal protective equipment (PPE) by individuals who are not essential to the care of an individual patient.

- Students will be subject to the daily screening process required for all health care workers
- Students will be expected to continuously wear a procedure mask in all patient care areas and any other areas where physical distancing requirements cannot be achieved, as directed by the preceptor
- Students will be expected to perform regular hand hygiene: alcohol-based hand rub (ABHR) is the preferred method for hand hygiene; however, there are times when handwashing with soap and water is required or availability of ABHR is limited. Ensure friction and wet time for a minimum of 20 seconds when using soap and water
- Students are expected to have completed both an online module (<https://ecme.ucalgary.ca/covid-19-cme-resources/topics/ppe/>) for training in the use of PPE and completed an observed practice session in the proper use of PPE
- It should be recognized that students may require supervision in the use of PPE, particularly at the beginning of their return to clerkship and at the beginning of a new rotation
  - Whenever students are donning/doffing PPE they are encouraged to ask for observation and feedback (from any experienced health care provider)
- Students will comply with all requirements for PPE for an individual patient as directed by the most responsible physician or preceptor
- Students may provide routine care to patients with known or suspected COVID with the use of PPE as directed by the most responsible physician or preceptor
- Students will not be directly involved with any patient that requires the use of an N95 mask on the part of the care provider
- Students who are exposed to a patient with COVID-19 while not wearing appropriate PPE will complete the Healthcare Worker Self-Assessment form (<https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>) to determine if testing is required, to receive further information and to determine if self-isolation is required

*\*\*Guidelines for student involvement in patient care may change as the COVID situation evolves; communications will be directed from UME to all students and clerkship leaders when changes occur.*

## Telemedicine and Virtual Care

It is essential that you review the document in Appendix A. You may want to print a copy to remind yourself how to set up your clinical day. Appendix B may become relevant to you because as much as you may not work in person with a patient with Covid-19, you may help monitor them via the telephone or virtually.

Below is a list of resources to help you with the task of providing virtual care to patients.

- **Virtual and Telemedicine Care during Clerkship**  
Appendix A is a guide on the process of virtual care and will provide you with a clear understanding of what is expected while operating in this new clinical environment.
- **Alberta Health Service's Presumed/Confirmed COVID-19 Positive Primary Care Pathway.**  
Following the emergence of COVID-19, a team, including specialists from Respiriology and Infectious Disease, the AHS Primary Care team, Primary Care Networks, and members of the Calgary Specialist LINK task group developed this pathway to help support family physicians in caring for their patients (Page 1, and link to full document can be found in Appendix B). This pathway was created with up-to-date knowledge at the time (February 2021), but it will be reviewed on a consistent basis. Please refer to the Specialist LINK or AHS website for updates.
- **Virtual Care Playbook 2020**  
*Canadian Medical Association, College of Family Physicians of Canada, and Royal College of Physicians and Surgeons of Canada. Virtual Care Playbook. 2020.* This playbook was written to help Canadian physicians introduce telemedicine into their daily practices and focuses on video visits. It covers the key considerations to succeed at providing safe, effective and efficient care. Page 6, which contains a list of problems not currently amenable to virtual care, and a link to the full document, can be found in Appendix C.
- **Remote Assessment in Primary Care**  
*Greenhalgh T, Choon Huat Koh G. Covid-19: a remote assessment in primary care. BMJ. 2020;368:m1182.* This article in Appendix B addresses how to provide telemedicine and remotely assess a patient with symptoms of COVID-19. The article is available at: <https://www.bmj.com/content/368/bmj.m1182>.

# Objectives

## Objective 1: Apply Communication and History Taking Skills

Students will apply relevant communication skills and take a focused history based upon the reason for the patient visit.

Communication skills include introducing self, use of open-ended questions and then more specific closed questions, attentive listening, recognition of verbal and non-verbal cues, avoidance of jargon, and appropriate clarification.

Focused history-taking includes identifying the reason for the visit (presenting complaint), and subsequent enquiry relevant to the presenting complaint.

History often requires attention to psychosocial contexts (patient feelings, ideas, fears and expectations) and environmental contexts, for instance: unsafe living situations, financial difficulty, or lack of transportation. Care plans developed without regard to patient contexts are less likely to be effective or followed.

## Objective 2: Record a focused history and relevant physical exam findings in a SOAP note (emphasis on clinical reasoning).

Documentation of subjective, the history organized by issue; and objective, focused exam findings or results on file relevant to the presenting complaint, is reviewed and expected.

Based upon the history and identifying relevant positives and negatives, and as more course work is completed, students will develop increasingly accurate assessments and plans. Preceptor-Student discussion is expected to help make clinical reasoning overt.

<b>S Subjective</b>	hear/history
<b>O Objective</b>	see/examine
<b>A Assessment</b>	what you think is going on if not sure, list most likely first
<b>P Plan</b>	for each condition or diagnosis what will you do?

**RAPRIO** is a useful way to organize thinking to develop a plan.

**R**eassure  
**A**dvice  
**P**rescribe  
**R**efer  
**I**nvestigate  
**O**bserve

Consider:

- Reassure, advise, prescribe, refer, investigate, observe
- Use of PMH team members
- Addressed patient bio-psycho-social contexts?
- When and Why to return to care?
- Prevention

### Objective 3: Demonstrate an awareness of the Patient's Medical Home.

The Patient's Medical Home (PMH), the vision for Family Practice in Canada, identifies 10 pillars that turn a clinic into a Patient's Medical Home (<https://patientsmedicalhome.ca/vision/>). These are: patient-centered care; having a personal family physician; team-based care; timely access; comprehensive care; continuity of care; electronic records and health information; education, training and research; evaluation and quality improvement; and internal and external supports.

### Objective 4: Demonstrate an awareness of Generalism in Medicine.

Generalists are a specific set of physicians whose core abilities are characterized by broad practice. The Praxis of Generalism in Family Medicine involves the core concepts of Comprehensive care, Complexity, Context, Continuity of care, Collaboration, and Communication. These concepts will be both discussed and modelled in the Orientation session, Small Groups, and Patient Medical Homes where you will have your clinical experiences.

## Schedule and Clinic Times

**Orientation** Wednesday, April 13, 2022, Health Sciences Centre

### Designated Clinic days

Wednesday	April 20, 2022	Friday PM urban only
Wednesday	May 25, 2022	
Wednesday	June 15, 2022	

### Urban clinics

**3 designated half day clinics** Wed AM or PM (spaced monthly); occasionally Fri PM clinics, or at another time agreed upon by both the student and preceptor.

### Rural clinics

**2 of 3 designated Wednesday longer day clinics**, each 5.5 hours. Wednesday only, unless another time agreed upon by both the student and preceptor.

Each student preceptor pair must reschedule the experience if time(s) must be changed. If scheduling changes must occur, make up sessions must be during the student's Independent Study Time (IST) and available matching preceptor time.

Times in clinic are equivalent for urban and rural, the latter two longer clinic days to reduce travel hours. Students are expected to interact with patients/preceptors until clinic end, unless discussed otherwise.

Contact the DLRI office at [ruralmed@ucalgary.ca](mailto:ruralmed@ucalgary.ca) for all rural travel, accommodation, and funding inquiries.

## Evaluation/How to Pass

Attend orientation and all clinical sessions unless UME has approved extenuating circumstances.

**Mid ITER** – (Mid-point In Training Evaluation Record) must be completed. Attend all sessions, satisfactorily complete 1 SOAP note minimum; be prepared and participate in a professional manner.

**Final ITER** - (Final In-Training Evaluation Record) must pass. Attend all sessions, **satisfactorily** complete 2 further SOAP notes, **3 total** for the course; be prepared and participate in a professional manner.

Each SOAP note must be preceptor reviewed, signed and retained by students until course completion. SOAP notes may be emailed to preceptors for review, with no patient identifiers. **THREE (3) SOAP notes in total** must be **reviewed, considered satisfactory** and signed to pass the SOAP note requirement.

Students will receive their Mid-Point and Final ITER via One45. Students will forward notice for evaluation to the preceptor and request discussion and One 45 online completion by **June 9<sup>th</sup> (mid-point) and July 9<sup>th</sup>, 2022 (final)**. Both ITERS must be completed to pass, the final satisfactory.

## Evaluation Documents

 <b>UNIVERSITY OF CALGARY</b> University of Calgary Preclerkship	Evaluated : <b>evaluator's name</b> By Evaluating : <b>person (role) or moment's name (if applicable)</b> Dates : <b>start date to end date</b>
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\* Indicates a mandatory response

### MDCN 430: FAMILY MEDICINE CLINICAL EXPERIENCE PRECEPTOR ASSESSMENT OF STUDENT - MIDPOINT

This Preceptor's evaluation is an important assessment of developing clinical skills, including professional attitude and behaviour.

For the above student, please provide a rating for each of the items listed below. Please select only one rating for each item. There is space for comments. (Please focus on the student's strengths and areas requiring attention.) "5" is for truly outstanding only.

	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
*The student acted in a <b>professional manner</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The student was <b>prepared</b> to participate in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes
*The student <b>attended</b> all clinical sessions.	<input type="radio"/>	<input type="radio"/>
*The student satisfactorily completed <b>two</b> SOAP notes. (sufficient detail, sufficient organization, sufficient number)	<input type="radio"/>	<input type="radio"/>

**If no, (insufficient detail, insufficient organization, insufficient number or other) please provide explanation below.**

	No	Yes
*Do you have any concerns regarding this student?	<input type="radio"/>	<input type="radio"/>

**If yes, provide comments below:**

ADDITIONAL COMMENTS:

(e.g. negligent in communication with Dr.; rude to patients)

(e.g. outstanding communication with Dr.; superb demeanor with patients)

(e.g. did not complete care plans on time; consistently showed up late)



\* Indicates a mandatory response

## MDCN 430: FAMILY MEDICINE CLINICAL EXPERIENCE PRECEPTOR ASSESSMENT OF STUDENT - FINAL

This Preceptor's evaluation is an important assessment of developing clinical skills, including professional attitude and behaviour.

For the above student, please provide a rating for each of the items listed below. Please select only one rating for each item. There is space for comments. (Please focus on the student's strengths and areas requiring attention.) "5" is for truly outstanding only.

	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
*The student acted in a <b>professional manner</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The student was <b>prepared</b> to participate in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes
*The student <b>attended</b> all clinical sessions.	<input type="radio"/>	<input type="radio"/>
*The student satisfactorily completed <b>three</b> SOAP notes. (sufficient detail, sufficient organization, sufficient number)	<input type="radio"/>	<input type="radio"/>

**If no, (insufficient detail, insufficient organization, insufficient number or other) please provide explanation below.**

	No	Yes
*Do you have any concerns regarding this student?	<input type="radio"/>	<input type="radio"/>

**If yes, provide comments below:**

	Unsatisfactory	Satisfactory
* <b>OVERALL EVALUATION:</b>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS:

(e.g. negligent in communication with Dr.; rude to patients)

## SOAP Note

**Subjective** What the patient says or feels. Try to organize by issue. If you have some possible diagnosis in mind, ask and include relevant, pertinent, negative, or positive information. Include any relevant patient context issues.

**Objective** What you notice. Include observations even if you may not have touched or physically examined the patient. Include relevant lab or DI findings, if available.

**Assessment** What your diagnosis is or multiple diagnosis. If unsure, include differential, most likely, diagnosis first.

**Plan** What you plan to do? When to come back? Any prevention activities?

# Roles & Responsibilities

## Practical Information for Students and Preceptors

### Pre-Clinic

- Contact/email preceptors to confirm dates and times.
- Confirm expectations: Participation with guidance.
- *Ensure start time allows for clinic orientation and preceptor discussion prior to first patient.*
- Confirm completion of 3 SOAP notes with preceptor review over the course.
  - One (1) after session one midterm-ITER and two (2) more by final-ITER.
- Students must ask for SOAP note review, if not offered. SOAP notes must be completed and reviewed to pass.

### In-Clinic Orientation prior to seeing patients

- Staff or preceptor to show you around.
- Discuss responsibilities and CLARIFY how to work with preceptor.
  - Discuss/read about patient ahead of time?
  - How long to take a history?
  - When to connect with preceptor for examination and discussion?
  - You may take histories independently if agreeable to preceptor and patient.
  - All students are supervised (preceptor, resident or nurse) when examining patients or doing procedures.
  
  - If you work with a resident and a preceptor, confirm expectations re: history taking and examination with guidance remain the same. *Resident presence should add value to the learning experience, that is, not change student encounters to primarily shadowing.*
  
  - Clarify how best to use your time if there is unscheduled time between patients.
    - Access the chart to read up about the next patient.
    - Complete a SOAP note.
    - Research a topic.
    - Ask to see patients with another physician colleague or PMH team member.
    - Discussion about any topic in family medicine.
- Advise course work and physical exam skills completed. See patients for conditions studied?

#### Completed

Course 1 Blood and GI  
Course 2 MSK and Derm  
Course 3 Cardio/Resp  
Ethics, Pop/Global Health  
Communication

#### Not Completed

Course 4 Renal/Endocrine  
Course 5 Neuroscience/Aging/Senses/Eye/ENT  
Course 6 Children and Women's Health  
Course 7 Psychiatry

## In-Clinic Patient Care

- ALWAYS introduce yourself by name and advise you are a 2<sup>nd</sup> year medical student working with Dr X.
- If you are called “Doctor” advise your *medical training is not yet completed, you are a medical student and cannot give independent advice.*
- If asked to do something for which you are not trained or not confident to do advise “*I haven’t yet learnt how to do this. Can you do this with me so I can learn as we go?*”
- Sometimes you may have to observe (busy clinic, insufficient skills).
- If observing within a visit, pick a particular item to observe.
  - How did the preceptor bring up or respond to a sensitive topic?
  - During a periodic exam or “annual physical” how did the preceptor include family history or prevention or screening topics?
  - If practical, ask the preceptor to think out loud to help you understand clinical reasoning and include you in discussions with patients.
- Complete 1 -2 SOAP notes per clinic. Total 3 over the course.
  - Pay particular attention to developing an assessment and plan.
  - Ask preceptor to review SOAP note and your clinical reasoning to refine assessment and plans.
- Some preceptors may teach how to present a patient history. This is a valuable skill to learn but is not a course requirement.

## Evaluation: Mid and Final Clinic

- Review and sign one (1) SOAP note, fill in Midterm ITER online after 1<sup>st</sup> clinic.
- Review and sign two (2) further SOAP notes by final clinic. Complete Final ITER online after final clinic.

## Questions/Comments/Contacts

	Name	Email
<b>Course Chair:</b>	Dr Clark Svrcek	<a href="mailto:clark.svrcek@ucalgary.ca">clark.svrcek@ucalgary.ca</a>
<b>Course Chair:</b>	Dr. Anila Ramaliu	<a href="mailto:Anila.ramilu@ucalgary.ca">Anila.ramilu@ucalgary.ca</a>
<b>Evaluation Rep:</b>		
<b>UME Program Coordinator:</b>	Andrea Ancelin	<a href="mailto:fammedce@ucalgary.ca">fammedce@ucalgary.ca</a>

<b>Student Course Rep:</b>	Thomas Kazakoff	<a href="mailto:thomas.kazakoff@ucalgary.ca">thomas.kazakoff@ucalgary.ca</a>
<b>Student Exam Rep:</b>	Sophia Shah	<a href="mailto:sophia.shah@ucalgary.ca">sophia.shah@ucalgary.ca</a>

<b>FM R1 Resident Rep</b>	Dr. Alex Wong	<a href="mailto:Alexander.wong@ucalgary.ca">Alexander.wong@ucalgary.ca</a>
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	Dragana Stanojevic	DLRI Operations Manager
	Rachel Trudel	DLRI Program Coordinator
	Constance Heshka	DLRI Team Lead Community Engagement
	Alexandra Thomas	UGFM Team Lead
Keira Prince	UGFM Program Administrator	

# APPENDICES

## A. Virtual and Telemedicine Care during MDCN 430

### VIRTUAL AND TELEMEDICINE CARE DURING CLERKSHIP

Welcome to Family Medicine Clinical Experience MDCN 430! This document has been created to help guide you through the process of virtual care and provide you with the expectations of you while operating in this new clinical environment.

Set up a time to talk with your preceptor, confirm what their current virtual care process and tools are (Zoom, three way calls etc.). Discuss your comfort level and reference the support links at the bottom of this document.

There are typically two categories of patients, work with your preceptor to review the days cases and confirm which ones are appropriate for your participating and for the virtual care setting:

- 1) With COVID-19 and needing follow-up
- 2) Acute and Chronic Issues (typical visit)

### AT THE START OF EACH DAY REVIEW ANY UPDATED GUIDELINES FROM HEALTH AUTHORITIES

#### 1. WITH COVID19

- For high risk/vulnerable patients the Preceptor will call the patient, while you listen in if able. Once the patient has exited the call, discuss with the preceptor for 2-3 minutes.
- Medium/low risk – as per #2 – acute issues please see the definition of low and medium risk in the appendix document – ‘COVID Pathway’.

#### 2. ACUTE ISSUES

You may be involved in every second or third patient. This is just a suggestion; your preceptor will decide the plan.

When appointments are booked the patient is advised of the timing: student will call at 9:30, doctor/clerk together at 10:00AM.

- Student reviews chart (15 min)
  - special attention to age, GOC, medications, problem list
- Student calls patient 30 min before the time the preceptor will call.
  - Introduces themselves and tells the patient they will be getting some background information before the preceptor calls them in 30 minutes.
  - they complete HPI, med rec
  - avoid being conclusive about anything
- Student calls preceptors
  - 3-5 minute case review including A/P
  - scribe can be whomever, clerk if they have access, preceptor if clerk does not have access to chart

- Preceptor calls patient and asks if they can get the student back on the phone also (will likely be well-received). Preceptor reviews case with patient, student chimes in as needed.
- Preceptor then goes to next patient and students goes to the one after that.

#### COMMUNICATION TIPS FOR PHONE AND VIDEO VISITS

1. Maintain full attention
2. Convey attention and interest
  - a. Warm tone of voice
  - b. Verbal listening acknowledgements
  - c. Periodically summarize
3. Pacing and language
  - a. Speak slowly and clearly
  - b. Avoid jargon
  - c. Pause after asking questions
  - d. Provide time for patient questions and elaborations more frequently
4. Explicit empathy
  - a. Listen/watch carefully for patient emotional cues
  - b. Increase explicit empathic statements

#### BEFORE THE VISIT

1. Chart review – review key interim history
2. Documentation – start the clinic note or add to the template started by the nursing staff. Create a mental agenda, if not written outline, in your HPI prior to calling
3. Self-preparation
  - a. Take a breath to ready yourself for the call
  - b. Make sure you are comfortably seated before calling the patient
  - c. If using video calling make sure the background of your video is not distracting
  - d. If possible be away from noisy/high traffic areas

#### BEGINNING THE CALL

1. Introductions
  - a. Identify patient and introduce self
  - b. Check if this is a good time for the patient to talk
  - c. Make certain that they are in a safe place and the conversation can be confidential
  - d. Offer a warm greeting
2. Initial check in
  - a. Can they hear/see you
  - b. Confirm how you will reconnect with the patient if disconnected
  - c. Build rapport
3. Orientation
  - a. Describe your understanding of the purpose of the visit, including if applicable the length of the visit.
  - b. If documenting let the patient know that you will be typing during the call.

#### DURING THE VISIT

1. Set the agenda
  - a. Elicit list of problems/concerns from the patient, negotiate what can and cannot be covered in the visit
2. Ask questions

3. Signpost
  - a. Identify when you are moving from one topic to another
4. Teach back to confirm that the patient understands, particularly around next steps and management options.
5. Orient the patient to the end of the encounter and review.
6. Notify the patient how or if information will be shared using MyChart or After-Visit Summary.
7. Discuss next steps and any follow up visits.
8. Note how long the conversation was.

#### AFTER THE VISIT

1. Take a moment after the first few appointments and review the process, was the information collected appropriate, how was your tone and flow of the conversation etc.
2. Prepare for the next appointment, ask any questions relevant for the next patient visit.

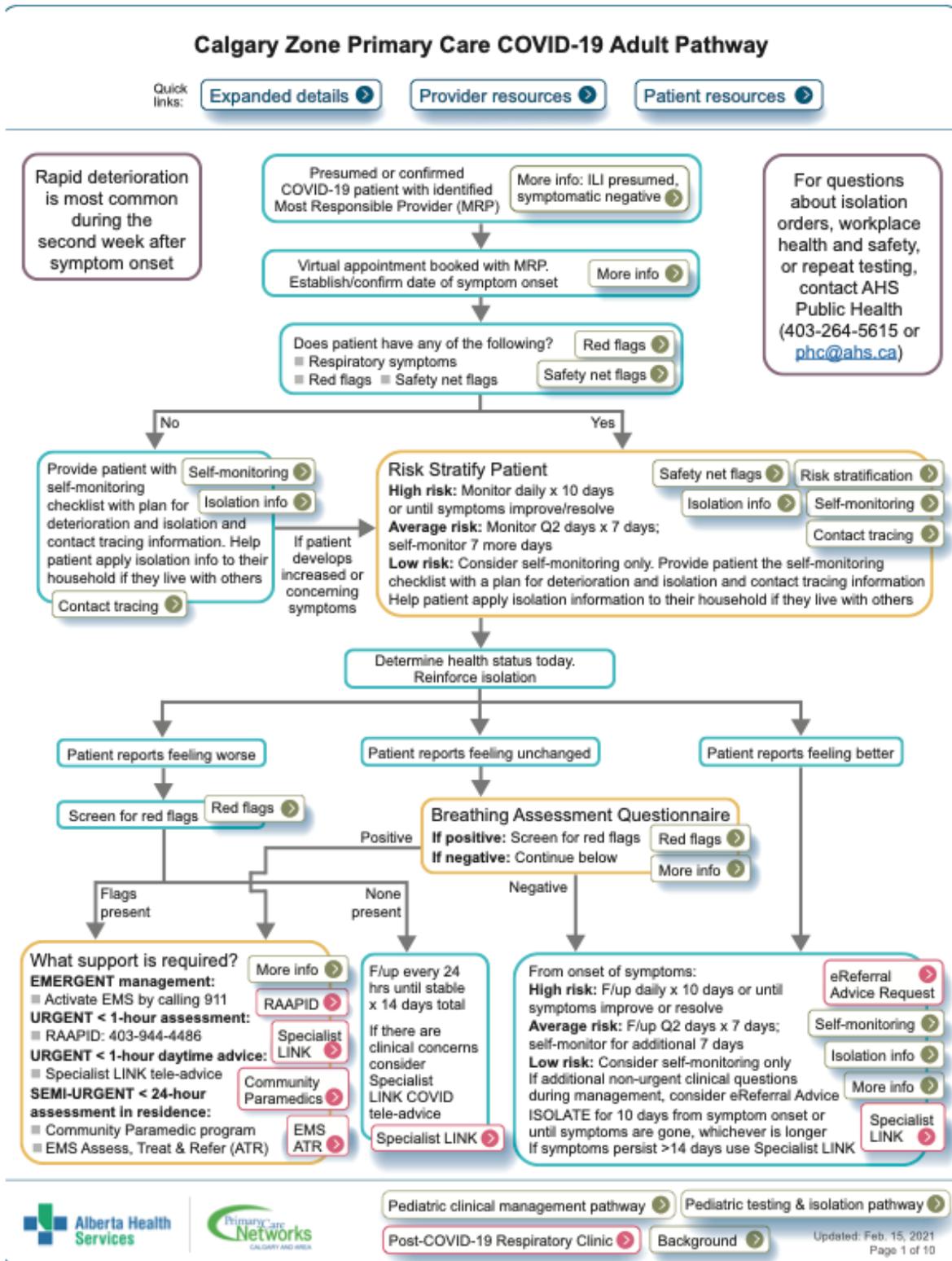
#### LOGISTICS

1. How to make a 3-way call. If no direct ability then get the student listening in through a second phone.

iPhone	<ol style="list-style-type: none"> <li>1. Make a normal phone call.</li> <li>2. Touch the Add Call button to make another call. The person you're already on the line with will be put on hold.</li> <li>3. After speaking to the second person, touch Merge Calls. You now have a three-way conference call where all parties can hear each other.</li> <li>4. Repeat steps 2 and 3 to add more people. Up to 5 calls can be merged depending on your carrier.</li> </ol>
Android	<ol style="list-style-type: none"> <li>1. Phone the first person.</li> <li>2. After the call connects and you complete a few pleasantries, touch the Add Call icon. The Add Call icon is shown. ...</li> <li>3. Dial the second person. ...</li> <li>4. Touch the Merge or Merge Calls icon. ...</li> <li>5. Touch the End Call icon to end the conference call.</li> </ol>

2. How to chart remotely. Clinic and system specific, check with your preceptor at the beginning of the rotation.
3. Zoom  
UCalgary Support - <http://elearn.ucalgary.ca/zoom/>

**B. Alberta Health Service's Presumed/Confirmed COVID-19 Positive Primary Care Pathway.**  
<https://www.specialistlink.ca/covid19/covid19-resources.cfm>



## C. Virtual Care Playbook 2020

[https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook\\_mar2020\\_E.pdf](https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf)

# SCOPE OF PRACTICE

## — WHAT PROBLEMS CAN BE SAFELY ASSESSED AND TREATED

Physician regulators all adhere to the same concept when it comes to virtual visits: a physician must not compromise the standard of care. That means that if a patient seen virtually provides a history that dictates a physical examination manoeuvre that cannot be executed remotely, the physician must redirect the patient to an in-person assessment.

For this reason, the scope of virtual practice is presently limited to encounters that require only history, gross inspection and/or data that patients can gather with cameras and common devices (e.g., glucometers, home blood pressure machines, thermometers and scales). **In practical terms, you can safely use virtual care to:**

- assess and treat mental health issues
- assess and treat many skin problems (photos submitted in advance provide resolution that is much better than the resolution of even a high-quality video camera)
- assess and treat urinary, sinus and minor skin infections (pharyngitis too if you can arrange throat swabs)
- provide sexual health care, including screening and treatment for sexually transmitted infections, and hormonal contraception
- provide travel medicine
- assess and treat conditions monitored with home devices and/or lab tests (e.g., hypertension, lipid management, thyroid conditions and some diabetes care; in-person consultations will still be needed for some exam elements)
- review lab, imaging and specialist reports
- conduct any other assessments that do not require palpation or auscultation

In contrast, the problems that are currently **not amenable to virtual care** include any new and significant emergency symptoms such as chest pain, shortness of breath and loss of neurologic function. They also include ear pain, cough, abdominal/gastrointestinal symptoms, musculoskeletal injuries or conditions, most neurological symptoms and congestive heart failure.

