UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Family Medicine Clinical Experience (Year 1)
MDCN 330

UNDERGRADUATE MEDICAL EDUCATION
Class of 2023
2020-2021 Academic Year

Contents

Overview

With pride we invite all of our first year medical students to see, experience and, with guidance, participate in the delivery of rural and urban Family Physician care across southern Alberta. Our preceptor physicians are skilled clinicians and educators who deliver community based, generalist, continuity of care within a Patient's Medical Home (PMH). Year over year, students highly rate the quality of preceptor teaching. This includes teaching and learning within safe and supportive environments, providing the right amount of guidance and autonomy for students to safely participate in care; and being approachable, non-judgmental and taking time to ensure meaningful student participation in patient care. It takes considerable preceptor skill to provide supportive educational experiences for our very early engaged and enthusiastic learners, ensure student participation and concurrently deliver high quality, timely patient care over time.

Students will experience the breadth, depth and variety of community Family Medicine. Whether a rural, urban or satellite location, all students will see practices that are Generalist Family Medicine (rather than specialized) and apply learning to a wide range of patients. Student experiences will be longitudinal, spacing visits over time to increase the likelihood of seeing patients seen before. Seeing patients over time (continuity), is highly valued by patients and physicians and contributes to strong doctor patient relationships and enhanced outcomes. Most students thrive in this experience where a variety of patients are seen and student autonomy and responsibility is consistent with the learner level.

Depending upon preceptor, students may join Family Physicians caring for patients in emergency departments, delivering babies, or attending other care locations in addition to the office. At least 50% of the student experience, however, will be in office care. Students may participate in team-based care with nurses, pharmacists, dieticians, mental health clinicians or others as available in the PMH clinic. Student will observe how Family Physicians and teams search up to date medical knowledge and shape it into a care plan based upon the patients' unique needs and context.

With preceptor and/or Family Medicine resident support students, will use history taking, communication, medical knowledge, and physical exam skills to participate in patient care delivery to increase skills and confidence. Almost certainly students will see patients for conditions of which they have lots, little or no knowledge. It is understandable, then, that student experiences which offer the right amount of independence and guidance are most valued. All students and preceptors should discuss what feels best for both preceptor and student.

First year is an exciting time to appreciate the unpredictability and diversity of Family Medicine. Students enjoy taking the patient history and with increasing skills develop more

comprehensive histories over time. With preceptor guidance students examine patients together and develop diagnoses and management plans while guiding student learning. At all times the preceptor is responsible for patient care and documentation.

Other questions about Family Medicine? Research? Teaching? The business side of Family Medicine? Certainly ask. Our Family Physicians are pleased to chat.

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.*

Personal Protective Equipment – masks will be supplied by UME to ensure safety on family medicine rotations. Contact Carmen Wong (fammedce@ucalgary.ca) for more information.

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 COVD-19, a team, including specialists from Respirology 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 (April 6, 2020), but it will be reviewed on a consistent basis. Please refer to the 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.

Learning Objectives

Objective 1: Apply Communication and History Taking Skills in Patient Encounters

All students will apply relevant office practice communication and history taking skills identified in the Communications 1 Course. Skills include introducing self to the patient, identification of presenting complaint(s) and eliciting further relevant pertinent positive or negative information to help with assessment; expected only if related course work has been completed. Skilled history taking will enquire and document psychosocial contexts (patient feelings, ideas, fears and expectations) and environmental circumstances, for example poverty, low literacy or lack of supports.

Use of open and closed questions, attentive listening, recognition of verbal and non-verbal cues, avoidance of jargon and clarification are applicable process skills to apply.

In Clinic:

To help with time management, chat with student/preceptor about expectations and time available to take the history prior to seeing patients.

History taking may be independent. If the student and preceptor initially choose to take histories together it is expected that this rapidly progresses to independent history taking with subsequent preceptor discussion. Preceptors and students may discuss the patient context prior to the visit; students may review medical records and related references before or after the visit. Students may accompany the preceptor in the exam room and participate in history taking, examinations, and discussions about diagnoses and planning. Students may present the history.

Objective 2: Record Relevant Details of a Focused Patient Visit in a SOAP Note

- **S Subjective**
- **O Objective**
- **A Assessment**
- **P Plan**

Document relevant history in **Subjective**.

What is HEARD?

Document the presenting complaint(s), history of presenting complaint(s) and answers to additional queries regarding pertinent positive and negatives as well as enquiry using a biopsychosocial approach to care- feelings, ideas, fears and expectations (FIFE) and social contexts, for example low literacy, poverty or abusive environments. With increasing skill students will organize by issue and prioritize issues.

Document relevant physical exam findings, vital signs, lab and diagnostics in **Objective**.

What is SEEN?

Ensure no history is recorded in objective.

Document what you think is going on in **Assessment**.

Document what your course of action is to address each issue in **Plan**.

Both **A** and **P** are informed by **Subjective** and **Objective** findings. At this early learner level preceptors most likely will have to make clinical reasoning overt to help learners understand how and why diagnoses and plans are developed.

Courses completed by end of MDCN 330 include Blood/GI, MSK/Derm, Well Physician, Ethics, and Global Health. Communications and Physical Exam courses are on-going.
Where relevant demonstrate a biopsychosocial approach to patient care. Consider use of PMH care providers. Consider when to return and why (continuity).

In clinic:

Review expectations that 2 SOAP notes are to be completed with preceptor review and feedback, one at the first clinic and another at the second clinic. SOAP notes without patient identifying data can be sent electronically if time is tight.

All physical examinations done by students must be with in-room preceptor/ resident or staff guidance and patient consent.

All students, whether in the rural stream or urban stream must complete two SOAP notes with preceptor review and feedback by mid-ITER evaluation and an additional 2 SOAP notes with preceptor review and feedback by the final-ITER.

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

Watch the video "The Patient's Medical Home (PMH), the vision for Family Practice in Canada" at orientation or the link below:

https://patientsmedicalhome.ca/resources/resources-for-health-care-providers/video-pmh-one-minute/

Awareness may be demonstrated by including use of PMH health team members in SOAP plans.

As students are placed into Patient's Medical Home clinics, awareness may include discussions with preceptors about the PMH model of care, what makes a clinic a PMH and any consideration of the 10 pillars- patient-centered care, 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

Virtual Orientation

Wednesday September 9, 2020 01:30-04:30 PM.

Urban clinics

Urban students attend **4 designated half day clinics** Wednesday AM or PM, spaced monthly; occasionally designated Friday PM during independent study time,
Each student preceptor pair must reschedule the experience if times have to be changed.

Wednesday AM **OR** PM (3.5 hours or greater)
- September 30, 2020
- November 4, 2020
- November 25, 2020
- January 6, 2021

Rural clinics

Rural students attend 3 clinic days within the identified four Wednesday dates.

Wednesday AM **AND** PM (5.5 hours or greater)
- September 30, 2020
- November 4, 2020
- November 25, 2020
- January 6, 2021

Fewer clinic days and longer clinics (5.5 hours or greater) reduces travel time and ensures equivalent clinical hours to the urban experience.

Students are expected to interact with patients and preceptors until the clinic is finished.

Each student preceptor pair must reschedule the experience if times have to be changed.

Contact the DLRI office at ruralmed@ucalgary.ca for all rural travel, accommodation and funding inquiries.

Mandatory Requirements

Attendance

Student orientation and all clinical experiences are mandatory, unless UME has specifically waived a requirement.

Every student preceptor pair MUST reschedule the experience if times have to be changed. Students will stay with the patients and preceptor until the clinic finishes.

Urban students must attend 4 half day clinics as scheduled.
Rural students must attend 3 full day clinics each 5.5 hours or more.

Reflective Writing Exercise

Upon completion of the clinical experiences, students will write and submit a 200 word reflection on Generalism in Medicine that they experienced during their time in clinic.

Evaluation

A Mid and Final ITER evaluation must be completed (MC); the final must pass (MP) to pass the course.

Mid-Point ITER - MC (Must Complete)
Must attend 2 sessions, be prepared, participate and behave in a professional manner. Must complete 2 SOAP notes with preceptor review by second clinic.

Students receive the Mid–Point ITER via One45 in November, and are responsible for sending to their preceptor via One45 prior to the second clinical experiences. Students are to ensure the evaluation is completed and submitted by the preceptor on or before **November 20, 2020.**

Final ITER - MP (Must Pass)
Must attend the remaining required sessions, be prepared, participate and behave in a professional manner. Must complete an additional 2 SOAP notes with preceptor review by final clinic completion.

Students receive the Final ITER via One45 in January and are responsible for sending to their preceptor via One45 prior to the final experience. It is the student's responsibility to ensure the evaluation is completed and submitted by the preceptor on or before **February 1, 2021.**

To Pass

Mid-point ITER must be completed (or greater) and final ITER must pass. Both satisfactory or greater to pass. Satisfactory requires attendance at all sessions, completion of all required SOAP notes to acceptable standards, completion of the reflective writing exercise, and acting in a professional manner, including preparation and participation.

Roles and Responsibilities: Students and Preceptors

Pre-Clinic Preparation

- Contact/email preceptors to confirm dates and times.
- Confirm expectations: to arrive on time, attend all sessions, demonstrate professional manner including suitable attire, participation in patient care including history taking and supervised patient examination.
- Confirm completion of two SOAP notes with preceptor review and feedback at the second session and 2 more by course completion.
- Students must ask for SOAP note review, if not offered. SOAP notes must be completed and reviewed to pass.

In Clinic Expectations

- Students may take histories independently before the patient is seen by the student and preceptor together.
- Students may ask for a brief verbal summary by the preceptor prior to seeing the patient, or read up about the patient to understand patient context. Preceptors may ask about diagnoses and plans as skills develop. Presenting organized histories is not an expectation at this student level.
- All students are supervised when examining patients or doing procedures.
- Consider how students will be involved, if at all, when intimate female or male exams are indicated.
- For many reasons students may be asked to observe within the visit. If this occurs expect or request preceptors include you in discussions and plans to help understand clinical reasoning. Or pick a particular item to observe.
- If students work with a resident Family Physician ensure the resident is aware of preceptor expectations.
- Preceptors are responsible for care and all enduring charting. Students are not autonomous.

In Clinic: Participation even when the preceptor is busy

Students are to stay involved and engaged to ensure active learning and participation. This is not a shadowing experience.

Students: When your preceptor is busy or you are between patients

- Review the next patient chart
- Read around issues of the patient you just saw
- Introduce yourself to the next patient, identify reason for the visit and expectations
- Work with staff to room patients, take vitals, heights and weights
- Check in with other physicians or team members to see other patients

Students: When you are in the room with the preceptor and patient

- Ask the patient further questions
- Examine the patient with the preceptor

- Assist with any procedures
- Look up information for the patient on the computer

Students: Managing Tricky Situations

Tricky	Discussion	How to prevent and/or resolve it
The patient calls you "doctor".	This feels cool the first time you hear this. The problem is that the patient may think you're actually a trained doctor and may follow your advice which you're not	Prevention is the best route. If you are in position to introduce yourself, say "Hi," give your name and say, "I'm a medical student working with Dr. X If the patient calls you "doctor," just say, "Thanks, but I'm not finished my training yet: I'm a
The doctor asks you to do something that is way beyond your skill.	A great part of working with a family doctor is being involved in direct patient care. You should never feel out of your depth, or be asked to do things for which you are not trained. You do have malpractice coverage through the medical school, but it's always good to listen to the	Just say, "I haven't learned how to do this procedure (or whatever it is you've been asked to do). Can you do this with me so I can learn as we go?"
The doctor asks you to conduct a pelvic or rectal examination.	While this can be good learning, you are NOT allowed to do this unless the patient has given express consent that (1) they know your examination is for education, and (2) that it's okay for you to do it. You must be certain that this consent has	It is possible that your preceptor or resident preceptor does not know about this rule – this specific version is somewhat new. Just say, "Thanks for the opportunity. I'm not allowed to do this procedure unless the patient has given express consent and they know my examination is for education and it's okay for me to do it."

Preceptors: Prepare your clinic for learners

- Share dates with colleagues and staff to ensure a welcoming experience for patients and students.

- Role model professional behaviour, wash hands between patients and highlight strong communication skills
- Adjust patient schedule to allow for teaching time.
- Ensure UME has your up-to-date contact information.

Preceptors: Orient your student to your learning environment

- Introduce staff and colleagues to your student, familiarize your student with clinic layout and procedures.
- Prior to seeing patients discuss expectations of staff.
- Allow students independent history taking and reading around patients AND provide for supervised patient examinations and procedures as time allows.
- Include students in discussions. Expect increasingly clear history discussions.

Preceptors: What if you are unavailable on a clinic day

- Ask a colleague to take your student on the scheduled day. They must have an Academic Appointment or appointment processing underway by the Academic Family Medicine Department.
- Preceptors and students can reschedule to a mutually agreeable time.
- The rescheduled time must NOT be student class time, MAY be on a weekend, MAY be out of the office, MUST be a few weeks between the last experience to see patients over time and MUST ensure that at least half of the total student experience is office experience.

Preceptors: Who evaluates the student if a learner is shared?

- The primary preceptor remains responsible for student evaluation including sessions with a colleague.
- To ensure correct tracking please contact fammedce@ucalgary.ca if an unscheduled preceptor has contributed to the teaching of your student.

Preceptors: What medical knowledge and exam skills can I expect from my learners at each session?

MDCN 330	Completed Systems Courses	Completed Physical Exam Skills
September 30, 2020	Bleeding, clotting, blood cells, anemia	Draping, GI, Heme exam
November 4, 2020	GI disorders; MSK anatomy	MSK (hand & wrist)
November 25, 2020	Fractures, arthritis, bone/joint disease	MSK (shoulder, cervical spine, ankle, lumbar spine, hip, knee)
January 6, 2021	Dermatology; chest anatomy/pain	MSK (hip, knee) CV/Resp. exam - Partial

Preceptors: Mid and Final ITERs (sample page 13)

Requirements

- Attendance – all sessions, or reschedule if sessions are missed.
- Preparation, participation professional manner required at ALL experiences
- Completion of 2 SOAP notes by the end of second session and 2 further SOAP notes (total 4) by the final clinic.
- SOAP note review may be done electronically.
- The Mid-Point ITER must be completed before **November 20, 2020.**
- The final ITER must be completed before **February 1, 2021**.
- Complete BOTH evaluations for students to pass. The final MUST PASS.

Preceptors: Do I need a clinical appointment to take students?

Yes, preceptors need to have a clinical appointment through the University of Calgary in order to take medical students. If you require assistance with this we are happy to facilitate the process of application.

Preceptors: When are preceptors paid?

When all student mid and final ITERs are completed invoices are submitted for payment. Get paid promptly. Complete your mid and final ITERS ON TIME.

Preceptors: How is this course evaluated?

Students complete a post course evaluation. Items include learning environment, preceptor teaching strengths and impact of the experience on career choice. Results are used to improve the course. Aggregate results may be provided to preceptors to maintain student confidentiality.

MDCN 330: Family Medicine Clinical Experience
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SOAP Note

Date: _____
Student Name: _____
Preceptor Name: _____
Preceptor Signature: _____

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?*

UNIVERSITY OF CALGARY	University of Calgary Preclerkship	Evaluated By : evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date

* indicates a mandatory response

MDCN 330: FAMILY MEDICINE CLINICAL EXPERIENCE PRECEPTOR ASSESSMENT OF STUDENT - MIDPOINT

Conflict of Interest

I understand that there are a number of potential reasons for a conflict of interest with this student (e.g. Having been the student's treating physician, having been the student's employer, having a personal relationship with the student and/or their family members)
Link: Providers of Health, Psychiatric and Pyschological Services to Medical Students Policy

	I have a conflict of interest, as described above, with this student and will contact the appropriate UME coordinator to have this evaluation reassigned to another preceptor.	I have a potential conflict of interest, as described above, with this student but do not feel that it is significant enough to preclude me filling out this evaluation. I recognize that the UME may contact me to clarify this point.	I do NOT have a conflict of interest, as described above, with this student and am thus able to complete this evaluation form.
*Conflict of Interest	○	○	○

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 **professional manner.**	○	○	○	○	○
*The student was **prepared** to participate in sessions.	○	○	○	○	○

	No	Yes
*The student **attended two** clinical sessions.	○	○
*The student satisfactorily completed **two** SOAP notes. (sufficient detail, sufficient organization, sufficient number)	○	○

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

	Yes	No
*Do you have any concerns regarding this student?	○	○

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)

(e.g. outstanding care plan analyses; always on time; reads around patient issues)

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?
○ Yes
○ No

(for the evaluee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
○ Yes
○ No

University of Calgary Preclerkship	Evaluated By : evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date

* indicates a mandatory response

MDCN 330: FAMILY MEDICINE CLINICAL EXPERIENCE PRECEPTOR ASSESSMENT OF STUDENT - FINAL

Conflict of Interest

I understand that there are a number of potential reasons for a conflict of interest with this student (e.g. Having been the student's treating physician, having been the student's employer, having a personal relationship with the student and/or their family members)
Link: Providers of Health, Psychiatric and Pyschological Services to Medical Students Policy

	I have a conflict of interest, as described above, with this student and will contact the appropriate UME coordinator to have this evaluation reassigned to another preceptor.	I have a potential conflict of interest, as described above, with this student but do not feel that it is significant enough to preclude me filling out this evaluation. I recognize that the UME may contact me to clarify this point.	I do NOT have a conflict of interest, as described above, with this student and am thus able to complete this evaluation form.
*Conflict of Interest	○	○	○

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 **professional manner.**	○	○	○	○	○
*The student was **prepared** to participate in sessions.	○	○	○	○	○

	No	Yes
*The student **attended all** clinical sessions.	○	○
*The student satisfactorily completed **four** SOAP notes. (sufficient detail, sufficient organization, sufficient number)	○	○

If no, (insufficient detail, insufficient organization, insufficient number or other, please provide explaination below:

	Yes	No
*Do you have any concerns regarding this student?	○	○

If yes, please provide comments below:

	Unsatisfactory	Satisfactory
***OVERALL EVALUATION:**	○	○

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)

(e.g. outstanding care plan analyses; always on time; reads around patient issues)

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?
○ Yes
○ No

(for the evaluee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
○ Yes
○ No

APPENDICES

A. Virtual and Telemedicine Care during MDCN 330

VIRTUAL AND TELEMEDICINE CARE DURING CLERKSHIP

Welcome to Family Medicine clinical experience MDCN 330! 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 Covid19 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/student 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 form 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.

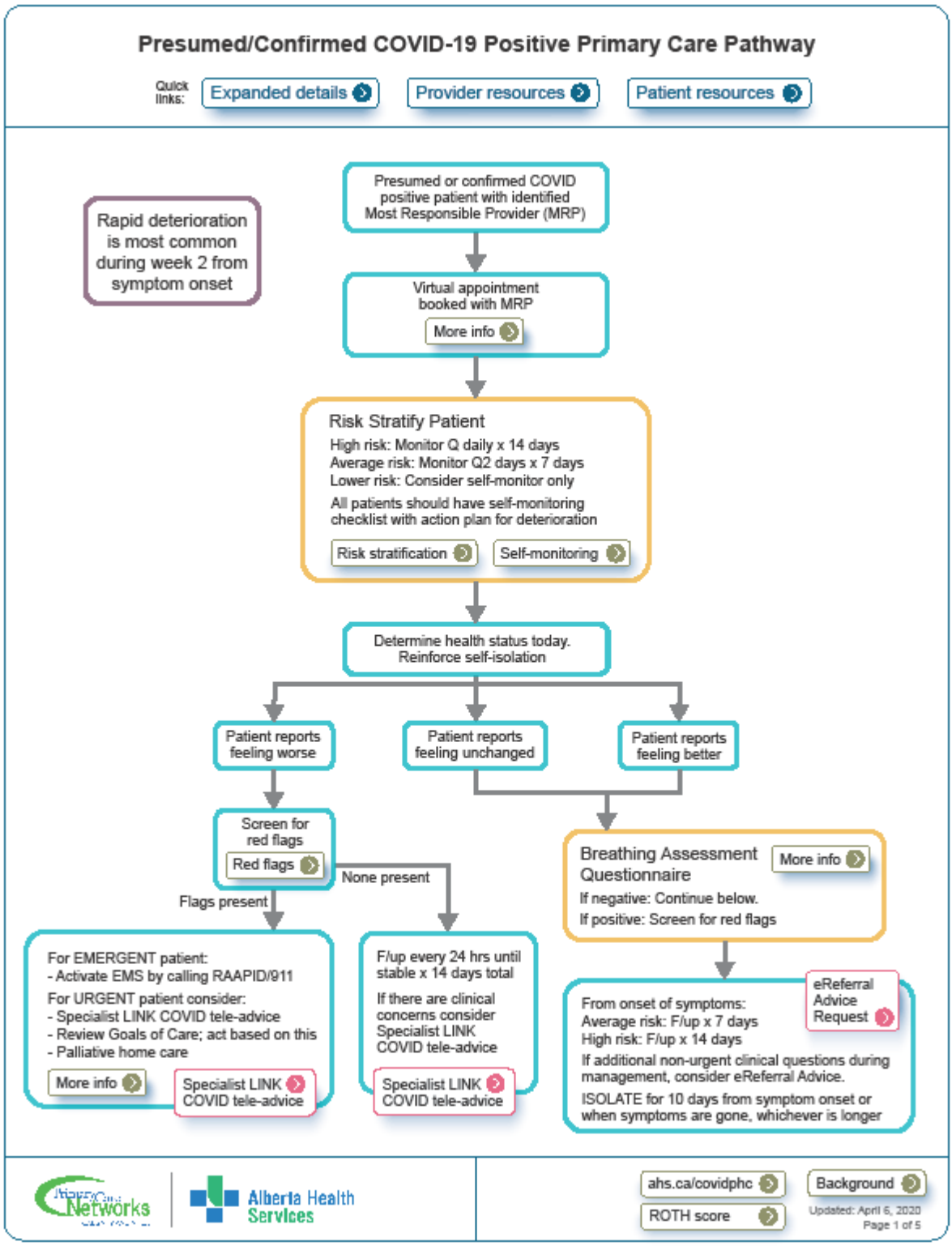
iPhone	1. Make a normal phone call. 2. Touch the Add Call button to make another call. The person you're already on the line with will be put on hold. 3. After speaking to the second person, touch Merge Calls. You now have a three-way conference call where all parties can hear each other. 4. Repeat steps 2 and 3 to add more people. Up to 5 calls can be merged depending on your carrier.
Android	1. Phone the first person. 2. After the call connects and you complete a few pleasantries, touch the Add Call icon. The Add Call icon is shown. ... 3. Dial the second person. ... 4. Touch the Merge or Merge Calls icon. ... 5. Touch the End Call icon to end the conference call.

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/files/COVID_PathwayV2_April62020.pdf



C. Virtual Care Playbook 2020

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.