

QUESTIONS & ANSWERS

Question #1

How do you start a virtual assessment, for example with a rash?

Answer:

The most important starting point is the setup. It is Important to be clear about what the patient can expect, and that you will be asking lots of questions and to let them know that you will likely need to take a look at the affected area with pictures, video or possibly a physical exam. Using photos as opposed to video is much better for issues such as rashes, as the quality is much better. It is important to tell the patient exactly what your looking for in the pictures, for example that you need a close shot, good lighting, something to give scale beside the image. Ideally you want to ask for photos prior to the visit. If this is done, the virtual visit can then proceed by asking the patient questions such as; Is the rash warm? Try using the back of your hand to feel the area. What is the texture? etc. The principle of the visit should be the idea of talking through the steps with your patient. Also consider they type of patient that you are dealing with. For example, is there someone else who can preform the exam if they in long-term care, or do they receive home care visits? In these instances, you may be able to schedule your appointment at a time when another health professional is able to carry out the exam with your guidance.

Question #2

What are some instances where virtual care can fit well into your practice?

Answer:

Our experts have found that there are some issues, like rashes, in which a virtual visit works very well. But virtual visits can also be good for mental health care counselling, in that these visits enable the physician to speak with their patients more frequently at once a week for 15 minutes, as opposed to once a month for an hour.

However, it should be noted that there are other parts of the mental health exam that are difficult in virtual care. For example, nonverbal communication is more difficult, especially over the phone.



QUESTIONS & ANSWERS CONTINUED

Question #3

Is the current AHS schedule of medical benefits a significant obstacle to widespread adoption of virtual care by MDs?

Answer:

Compared to having the patient come in for simple things, you can lose income. However, in the right circumstance virtual care can be better, so it is important to dispel this idea that virtual exams are lesser forms of care, which combined with the SOMB issues can create a disincentive for Albertan physicians.

Question #4

What can be done to better support patients who may not feel safe or have privacy in their homes to have a virtual exam?

Answer:

It is important when conducting a virtual visit, to not assume the patient is alone in the room. It is important to start the conversation by asking if it is a good time to talk, are they alone? Or are they comfortable talking with whoever is in the room? Even if this is a pre-scheduled appointment, unlike in person, you can't assume the patient is in the right surroundings. They may not be in an area where they can have privacy, they may not have access to a space with full privacy.

There are some resources out there that you can use help determine if your patient is safe. One such link can be found at <https://canadianwomen.org/signal-for-help/>

Question #5

Should physicians be concerned about patients recording and sharing their visits online?

Answer:

In general, our experts believe that the best practice is to assume that you may be recorded during your visit and to proceed accordingly.



QUESTIONS & ANSWERS CONTINUED

Question #6

What is the best way for patients to send their photos?

Answer:

One of the most direct methods is to share the photos via email. However, it is important to advise the patient that whatever method you use is not secure. Some physicians in our chat also stated they have used WhatsApp.

For advice on helping your patients take better pictures for your visit, you can view this resource shared by a physician in our group chat:
<https://www.dermpics.com/>

Question #7

How does touch fit into virtual medicine?

Answer:

Many doctors are focusing on the virtual physical exam as a problem-solving tool, but touch during an in person physical examination can also be a form of establishing trust and a relationship with the patient. This can make it harder to express empathy with patients virtually, so it is important to adapt to this change by incorporating things like listening, tone and facial expressions.



QUESTIONS & ANSWERS CONTINUED

Question #8

What have been some of the challenges and rewards for learners in the virtual physical exam?

Answer:

Having the extra distance means that learners really must formulate their plan in full ahead of time in order to reduce the use of the normal safety nets.

For the less experienced learners, the virtual visit can be a benefit as they have the opportunity for their preceptor to be listening throughout all their exams and can receive immediate feedback based on the while interaction.

One specific challenge for learners though can be trying to build rapport with the patients. The preceptor often has a long-standing relationship with their patients which they can lean on during a virtual exam, but for learners, this is often their first interaction with the patient. In this case, it can be important to ask more get to know you questions and to be very open and honest about the vulnerabilities the patient is facing in the situation.