



## Virtual Patient Care Guidelines and Resources for Learners

### *Issues*

- Many regulatory, public health, and government authorities encourage virtual care—via telephone, video platforms, and so on—as an alternative to face-to-face visits in an effort to limit direct contact as part of the COVID-19 response.
- Virtual care is authentic clinical care. Patients have the same expectations on professionalism and quality as in-person care.
- Learners are expected to adhere to Faculty of Medicine [Professionalism Standards](#).

### *The bottom line*

- Even though attending physicians determine the appropriateness of virtual care, learners should be mindful of the limitations of virtual care and discuss with attending physicians if they have concerns of patient safety or appropriateness.
- Document consent from patients to use virtual care. Privacy obligations and the duty of confidentiality continue when using virtual care, even in a public health emergency such as COVID-19.

### *Need to know*

#### **Clinical care**

- Virtual care is not a substitute for in-person assessments or clinical examinations, where required, or for attending the emergency department when needed for any urgent care.
- Guidelines identify potential medical problems that can be safely assessed and treated, including the Canadian Medical Association's [Virtual Care Playbook](#). College policies and standards should also be considered.

#### **Privacy and confidentiality**

- Make best efforts to protect patients' privacy in the provision of virtual care. Consider confirming the identity of the person you are interacting with at the beginning of the encounter, disabling options to record the encounter, and encouraging people to participate in a private setting.
- Some Colleges impose or recommend consent requirements when using virtual care. Obtain consent from the patient following a discussion of the potential privacy risks associated with electronic communications. While it may not always be possible to obtain a signed consent form, a record of the consent discussion can always be included in the patient's chart.
- Access to patient information should be limited to a necessary minimum and used only in accordance with the purpose for which it was collected.



## Technology Safeguards

- Refrain from using any unsecured public networks.
- Students should only access the Electronic Medical Record (EMR) with safeguards that the preceptors have in place in accordance with privacy and security standards for the EMR.
- Student's devices and application used in clinical settings should be behind the firewall with anti-malware and anti-virus software installed.
- All devices used for videoconferencing, and the sessions themselves, should be password protected to prevent accidental configuration changes or hacking attempts. Do not use default settings and be sure to create adequate passwords.
- Avoid recording videoconference sessions especially those that include patients or discussion of patient personal information.
- Do not download medical information onto a personal device.
- Disable cameras and microphones on your devices when not in use.

### *Resources*

Doctors of BC [Virtual Care Toolkit \[PDF\]](#)

CMPA <https://www.cmpa-acpm.ca/en/covid19>

CMA Virtual Care playbook [Virtual Care Playbook \[PDF\]](#).

Faculty of Medicine Professionalism Standards

<https://www.med.ubc.ca/files/2012/02/Professional-Standards-for-the-Faculties-of-Medicine-and-Dentistry.pdf>