BC Cancer Virtual Health Guidebook for Medical Staff

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Introduction

The importance of virtual health or remote appointments between clinicians and patients has been highlighted in recent months due to the COVID19 pandemic. These remote appointments may be done in a variety of venues, e.g. to and from patient/clinician homes, offices, or hospital telehealth units, using a variety of equipment, e.g. hospital telehealth equipment, office computers, laptops, phones, and a variety of platforms, e.g. Zoom for Healthcare, Cisco Webex, and Skype for Business. Currently, Zoom for Healthcare is BC Cancer's "standard" video conferencing tool for appointments between providers and patients. While the pandemic has necessitated an extremely rapid increase in the use of these types of appointments, these types of appointments will remain an important tool for all involved in care for patients with cancer.

Implementing virtual health successfully requires significant operational infrastructure and implementation of standard processes to ensure the safe delivery of virtual health, including processes for booking of appointments, maintenance of patient privacy, effective communication with patients, and efficient processing of orders that are written after the virtual health visit. As well, an important part of virtual health delivery is to obtain informed consent from patients to deliver care virtually and to use email for communication, e.g. for booking appointments. At BC Cancer, a standardized process has been developed, with each regional centre establishing its own work flow in a manner in keeping with the local environment, to ensure this safe delivery of care.

The PHSA OVH Virtual Health Toolkit provides useful information to support these processes, including how to use the most common communications platforms used today at BC Cancer. In the near future, the PHSA OVH will be publishing a guide for all clinicians, consistent with PHSA policies.

This guidebook is a compilation of "Tips" sheets and guides addressing a number of topics relevant to BC Cancer medical staff providing virtual health appointments with patients, be it from the clinic or remotely. The intention of this guide is to provide pragmatic information to aid staff as they rapidly expand the breadth of services they provide to patients and their support network. This work is a living document; future work will include instructions on systemic therapy remote orders.

The role of virtual health in oncology care: Benefits/Limitations of routine use of virtual health appointments

Virtual health appointments can be beneficial to patients, staff, and the health system. Most importantly, they can significantly improve the patient experience, when used appropriately. Some of the benefits and limitations of implementation of virtual health into routine practice are listed below.

Potential benefits:

1. Increased convenience to patient, e.g. no need to travel to clinic for appointment
2. Improved patient satisfaction
3. Decreased financial cost to patient, e.g. no need to miss significant time from work, no need to pay for gas to drive to clinic
4. Improved access to care for remote/rural patients
5. Decreased patient physical/infectious exposure to medical system
6. Decreased clinician exposure to potentially infectious patients
7. Improved patient engagement
8. Facilitate involvement family/support network to participate in appointment, when not able to attend appointment physically
9. Opportunity to determine if patient needs to physically attend clinic
10. Clinicians and patients become comfortable with and learn how to use remote appointments optimally
11. Possible improved efficiency for clinician, e.g. shorter appointments required
12. Allow for appointments to continue when clinician working from home, e.g. if clinician is clinically well, but must quarantine
13. Possibly decrease no-shows to appointments
14. Decreased space requirements in medical clinics/waiting rooms
15. Solutions to workflow and technical issues for remote appointment are implemented/addressed outside of crisis time when financial/personnel resources may be limited

Potential limitations:

1. Increased stress for patient, e.g. to download videoconferencing platforms, make an email account
2. Limited or no physical exam of patient possible including weight and vital signs.
3. Lack of non-verbal cues to facilitate optimal assessment and discussion
4. Decreased patient-clinician rapport, particularly when virtual care for the first encounter with the patient.
5. Decreased efficiency to clinician, e.g. additional follow-up appointments for physical exam required, increased time needed to explain/discuss issues
6. Risk of incorrect diagnosis because of lack of physical exam
7. Risk of miscommunication
8. Technical challenges during the appointment
9. Lack of technical support for patients/clinician
10. Potential increased resources required by patients, e.g. for videoconferencing
11. Increased resources required by health system, e.g. for workflows related to obtaining consent, technical support of patients and clinicians, need to support separate workflows from in-person bookings
12. Decreased patient satisfaction
13. Potential risks to patient confidentiality
14. Inefficiencies related to scheduling additional assessments when required, e.g. in-person assessments after planned virtual health assessment

Which patients should I see by virtual health? Guidance regarding the appropriate use of virtual health among oncology patients

The decision about whether to see a patient via virtual health can often be challenging. Providers need to make these difficult decisions based on patient, clinician, system, and public-health related factors. There is no one set of rigid 'rules' that can be applied either for all cases or specific tumour sites to specify when a patient 'must' be seen in person, and each provider must use their clinical judgement relevant to the individual case and circumstances to make such a determination.

Summary of General Published Guidelines (not-oncology specific):

Several bodies, including the CMPA, the College of Physicians and Surgeons of BC, CMA, and Doctors of BC have published guidance on the use of Virtual Health. These guidelines are aimed at physicians and health programs rolling out virtual health, with general and specific information on a range of topics ranging from logistical issues to issues of practice. None, however, speak to many of the specific issues of oncologic care.

All agree that the decision about whether virtual health visits are appropriate for a particular patient at a particular time is the responsibility of the physician performing the virtual health visit. All agree that if after the virtual health appointment is complete, the clinician feels that a physical exam is required, the clinician should arrange for an in-person visit. As well, all agree with the CPSBC policy reminding physicians "that the use of technology does not alter the ethical, professional and legal requirements around the provision of appropriate medical care."

CMPA Recommendations
The CMPA has a number of publications about virtual care and telemedicine both before and during the pandemic. These articles advise on the importance of protecting patient privacy, prescribing medication appropriately, and practicing within licensing and jurisdictional limits. The CMPA also recommends obtaining and documenting informed consent so that patients are aware of the limitations of virtual health. (Processes have been established in all BC Cancer centres for support staff to obtain and document informed consent.) (https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2020/providing-virtual-care-during-the-covid-19-pandemic) Regarding which patients to see via virtual health, they recommend that clinicians "use professional judgment when assessing if, when, and how to use virtual care.", and that "despite its efficiency and convenience, physicians must still exercise professional judgment to determine when it is appropriate to provide care virtually and when an in-person consultation with their

patient is necessary or desirable." (https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/videoconferencing-consultation-when-is-it-the-right-choice)

Virtual Health Playbook
The CMA, Royal College of Physicians and Surgeons of Canada, and The College of Family Physicians of Canada jointly produced the Virtual Health Playbook in March 2020. This document provides practical guidance about the logistics and technical requirements of incorporating virtual care into workflows, how to have successful virtual visits, in addition to recommendations about which types of appointments are appropriate for Virtual Health. Specifically, they recommend Virtual Health for:

1. mental health visits
2. skin problems
3. minor UTI/sinus/skin infections
4. sexual health care (including screening and treatment for infections, contraception)
5. travel medicine
6. conditions monitored by home devices/lab tests
7. review lab, imaging, specialist reports
8. conduct any other assessments that do not require palpation or auscultation

They also advise that Virtual Health should not be used for any new/significant emergency symptoms, e.g. chest pain, dyspnea, loss of neurologic function, ear pain, cough, abdominal or gastrointestinal symptoms, musculo-skeletal injuries, most neurologic symptoms or congestive heart failure. However, they do particularly state, "that the normal requirement for physical exam can be waived if doing so is in the patient's best interests, e.g. during contagious disease outbreaks, or when the patient has temporarily limited mobility or lack of transportation".

CPBSC Practice Standard
The CPSBC Telemedicine Practice Standard was originally written in November, 2013, and most recently updated in April, 2020. This standard discusses requirements for practicing Telemedicine, including considerations for prescribing opioids and psychotropic medications. Regarding the decision to see patients via virtual health, they specifically state that clinicians should "consider whether the telemedicine medium affords adequate assessment of the presenting problem, and if it does not, arrange for a timely in-person assessment."

Use of Virtual Health in Oncology Care

The information below about when to use virtual health in the care of patients with cancer is based on the guidelines described above and other published literature.

In general, remote appointments in the oncology care setting are easier if the clinician and patient know each other, although the benefits can outweigh the downsides even when they do not. Remote appointments may require booking of subsequent in-person appointments to allow for appropriate management of a patient, e.g. when patient requires acute assessment and treatment, or prior to final decisions regarding a new treatment. The skills and infrastructure developed from the regular use of remote appointments in routine workflows (i.e. outside of a pandemic setting) can be very important to patients, clinicians, and medical clinics, particularly when the number of remote appointments need to be scaled up quickly, e.g. during a pandemic.

Appointments that are **likely appropriate** for remote appointments

1. Routine follow-up appointments that do not require physical examination, particularly when conclusions supported by imaging or lab results or physical examination has already been performed by referring or primary care physicians.
2. Routine appointments for patients on treatment that do not require physical examination
3. Any appointments with patients who have difficulty attending clinic, e.g. decreased mobility, patient lives far from clinic, patient works full-time and has difficulty obtaining time off work
4. Discussion of management options before or after the patient has been examined
5. Discussion of test results, especially when patient aware/consented to potentially difficult discussions remotely
6. Remote appointment requested by patients
7. During active pandemic, particularly when case rates are high and maximal physical distancing is required and/or patients are in vulnerable populations (elderly, immune compromised) or have close contact with vulnerable populations.

Appointments that may be **less appropriate** for remote appointments

1. Patients with urgent medical issues that require physical examination for urgent management decisions
2. Patients requiring physical examination prior to treatment decision or for routine FU to assess disease status that will impact further management decisions, e.g. general fitness for investigations and treatment, radiotherapy or chemotherapy decision, salvage surgery, cervix or head neck cancer FU

3. Patients unable to communicate through remote technology, e.g. decreased hearing, lack of internet or videoconferencing ability by patient
4. Situations in which patient-physician communications via telemedicine may be less optimal than in-person, e.g. complicated conversations, conversations communicating bad news, patient has poor hearing, patient's support network can not join remote appointment, no patient-clinician rapport established prior to remote appointments, language barriers without interpreter service, patient has difficulty verbalizing concerns or difficulty comprehending information delivered remotely

It is important to remember that virtual appointments may uncover symptoms that would benefit from a physical examination or in-person review. Given the limitations noted above, physicians may need to take additional steps to reduce the risks to patients and themselves in these circumstances, particularly in the case of emergent or rapidly progressive clinical issue, e.g. liaise with local care providers to connect with or examine the patient, or arrange for urgent in-person follow-up assessment after the virtual health appointment.

In summary, remote appointments can be very useful to improve access to care for oncology patients both during and outside of a pandemic. Individual decisions about when to deliver care using remote appointments and whether further follow-up visits in-person are required are dependent on multiple factors and ultimately must be made by the clinicians exercising their best professional judgment.

Choosing phone versus video appointments

Very few guidelines address the issue of how to choose phone versus video appointments for virtual health. Like the decision to see a patient via virtual health, the decision about whether to have appointments via phone versus video is ultimately dependent on patient, clinician, and situation-specific factors. Below is table of issues to consider when deciding between of phone versus video appointments.

	Phone	Video appointments
Ease of use	Most people comfortable with this	Technically more challenging for patients and providers
Access	Almost universally available to patients and providers	Dependent on patient's access to technology or ability to go to nearby health care organization with telehealth capacity
Building of Rapport	More challenging than with video if patient not known to clinician	Ability to see and respond to each other helps to build rapport
Efficacy of Communication	Can be limited because of complete lack of non-verbal cues	More non-verbal cues than phone, but still limited compared to in-person
Ability to connect with 3rd party, e.g. family who lives distant from patient	Possible through teleconferencing	Possible with most platforms, e.g. possible with Zoom, more difficult with telehealth to other health care organizations
Looking for signs of illness	Limited to measureable biometrics, e.g. temperature or step count from prior day	Limited physical exam possible, e.g. mobility of patient, rash/wounds can be shown onscreen
Privacy	Impossible to see if patient in private location	May be able to see where patient is taking call from

Virtual Health tips – How to have a good virtual visit:

General tips:

1. Protect patient privacy – ensure you and they are in a private place, and that the interaction is not visible/audible by others, e.g. through a window
2. Use professional/neutral background with good lighting and no distractions, e.g. kids/pets/audible computer notifications/extraneous outside noise
3. Dress professionally, avoid visually distracting patterns in your clothes
4. Put the patient at ease by projecting your ease: Smile!
5. Remember that the virtual visit is equivalent to in-person appointments in most ways:
    a. Be punctual
    b. Take a careful history
    c. Look for non-verbal cues
    d. Prescribe medications appropriately (check allergies/drug interactions, use caution when prescribing opioids/psychotropic medications/new medications)

Technical considerations:

1. Having 2 screens may make you more efficient, but ensure you are still looking into camera when interacting with patient
2. Set up camera and video so you are looking directly into camera, while viewing picture of the patient
3. Good quality speakers/earphones/headphones make a BIG difference
4. Check that your sound and video work before visit

At the start of your visit:

1. Introduce yourself
2. Confirm patient identity and who is in room with them
3. Check (and troubleshoot) sound and video with the patient to ensure that you and the patient can see and hear each other
4. Tell patient that if there is a problem, you will phone them (confirm phone number), especially if you experience initial technical difficulties
5. Outline agenda for visit

During the visit:

1. Focus on the patient and minimize distracting behaviour on camera, e.g. shuffling papers, moving around too much
2. Consider muting yourself when listening to the patient, particularly when there is significant background noise

3. Be more intentional about establishing your relationship with the patient, especially if this is a new patient to you or someone you have not seen in a long time, e.g. asking if they are new to virtual visits and briefly highlighting benefits of virtual visits
4. Be deliberate in communicating – do not rely on non-verbal cues to communicate, ask patients specific questions about their understanding, how they feel, and what their concerns are
5. Make extra effort to engage with patients using eye contact, body language, and attentiveness
6. Display empathy verbally by validating their experiences and emotions
7. Display empathy visually, e.g. with nodding, facial gestures, and larger/slower movements to make them more prominent on camera
8. Make extra effort to ensure that the patient understands the plan
9. Communicate what is happening if you look away from the screen
10. Consider sharing your screen to show imaging results, but ensure that there is no other patient information/email pop-ups on the screen that you are sharing

After the visit:

1. Fill out orders as usual, including the plan for follow-up/discharge
2. Arrange for in-person visit if necessary, e.g. significant concerns about the patient's understanding of the plan, need for physical exam, etc.
3. Send appropriate referrals/prescriptions promptly. Note that during the pandemic, controlled prescriptions (e.g. opioids) may be phone/faxed in, but the originals must be mailed to the pharmacy, and the copy filed in the patient chart
4. Document in the medical record as usual PLUS document the type of visit and who accompanied the patient for visit

Breaking Bad News in the Context of Widespread Care by Phone and Virtual Health

Background

In the context of widespread use of phone and virtual health appointments created by the COVID pandemic, there has been an increase in patients receiving bad news by phone or by video that would normally be delivered in-person. Patient and Family Counseling staff have noted a significant increase in patients reporting distress about how bad news was communicated to them.

This guide aims to remind clinicians of communication skills applicable to breaking bad news in any setting, while also highlighting considerations related to the current environment.

Before the appointment

- When there is significant bad news to deliver, all other things being equal, it is better to deliver the news in-person rather than virtually, and better to do it virtually rather than by phone.
- If there is need to use the phone, make the call during a scheduled appointment time. Patients may not be in an appropriate setting or have supports, pen and paper, etc. nearby during a "cold call".
- Ask patients about their familiarity with virtual visits sooner rather than later. Suggest they try video calls with friends or family to practice.
- If possible, arrange for another team member to test the technology with the patient before your appointment with them.
- Educate patients about being in an appropriate setting for all virtual and phone appointments (e.g. at home, not in a shopping mall).
- Educate patients about having support people present or available for phone and virtual appointments as they might for in-person appointments.
- With patient request/consent, consider inviting a support person from a different household/location to a virtual appointment.
- Review good practice/skills for breaking bad news prior to the appointment.

During the appointment

- Conduct the session from somewhere with good lighting and a simple non-distracting background.
- Help orient the patient to the technology if they are not familiar with virtual meetings.
- Portray confidence in your own use of the technology.
- Explicitly state that the information discussed is confidential and that BC Cancer is not recording the interaction.
- Let the patient know how you will reconnect with them if you lose the connection.
- Consider asking about or commenting on something you can see in the patient's home to build rapport.
- Use gestures and facial expressions you would use in-person.
- Let the patient know that you may look away from time to time for tasks such as referencing their chart on another computer or making notes.
- Systematic approaches to breaking bad news result in better patient experiences. Consider using or adapting one of the approaches below.
    - The Serious Illness Conversation Guide was developed at Harvard's Ariadne Labs and Dana-Farber Cancer Institute and is recommended by the BC Cancer EPICC project and the BC Centre for Palliative Care. It is particularly helpful for discussions with patients with advanced cancer.
    - SPIKES is method for breaking bad news developed by Baile et al. at MD Anderson shown to improve the process for oncologists and oncology trainees.

Serious Illness Conversation

Conversation flow		Patient-tested language
1. Set up the conversation • Introduce purpose • Ask permission	Set Up	*"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"*
2. Assess illness understanding & information preferences	Assess	*"What is your **understanding** now of where you are with your illness?"* *"How much **information** about what is likely to be ahead with your illness would you like from me?"*
3. Share prognosis • Frame with a "wish...worry", "hope...worry" statement • Allow silence, explore emotion	Share	Prognosis: *"I want to share with you **my understanding** of where things are with your illness..."* Uncertain: *"It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."* Time: *"I **wish** we were not in this situation, but I'm **worried** that time may be short as_ (express as a range e.g. weeks to months, months to a year)."* **OR** Function: *"I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel"*
4. Explore key topics • Goals • Fears & worries • Sources of strength • Critical abilities • Trade-offs • Family	Explore	*"What are your most important **goals** if your health situation worsens?"* *"What are your biggest **fears and worries** about the future with your health?"* *"What gives you **strength** as you think about the future with your illness?"* *"What **abilities** are so critical to your life that you can't imagine living without them?"* *"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?" "How much does your **family** know about your priorities and wishes?"*
5. Close the conversation • Summarize what you've heard • Make a recommendation; check in with patient • Affirm your commitment to the patient	Close	*"I've heard you say that _____is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we _____. This will help us make sure that your treatment plan reflect what's important to you"* *"How does this plan seem to you?" "I will do everything I can to help you through this."*
6. Document your conversation & 7. Communicate with key clinicians		

SPIKES

- One version SPIKES is below. In another version, the P is for Perception and the I is for Invitation.

- **Setting**
  - Ensure both you and the patient are in an appropriate setting
  - Try to make "eye contact" by placing the patient's image as close to your webcam as possible so you can look "at them"/at the camera while also monitoring their facial expression
  - Ask if a support person is around/at home and if the patient would like them to join
  - Inform the patient of any time constraints or expected interruptions (consider rescheduling)

- **Permission (to have the discussion)**
  - Respect that some patients don't want to know certain pieces of information
  - Ask if the patient wants lots of details, just an overview, or just your recommendation for what comes next
  - Offer to answer any questions as they come up
  - Offer to talk again in the future about what is discussed today
  - Offer to include a friend/relative/support now or speak with them separately

- **Information (collection of)**
  - What is the patient's perception of the current situation/reason for this discussion/likely outcome or next steps?
  - What are they expecting you to tell them?
  - What have they already heard/learned from other clinicians or online portals?
  - What is their understanding of why a particular test or investigation was done?

- **Knowledge (giving of)**
  - Adjust for developmental, intellectual, and educational level
  - Consider language and cultural differences
  - Avoid jargon and acronyms (or explain them)
  - Avoid excessively blunt statements
  - Check understanding periodically
  - Do not say "There is nothing more we can do" (there is a lot we can offer through Supportive Cancer Care even if there is nothing that can slow cancer progression)

- **Empathy**
  - Observe
  - Use open-ended questions
  - Don't be put off by angry responses / Don't react as though offended
  - Notice your own emotions, they are a diagnostic (re how the patient is feeling) and therapeutic (re rapport and empathy) tool
  - Don't be afraid to "resonate" with the patient's emotions (while remaining professional – the patient shouldn't have to console you)
  - Consider practicing empathic responses in the mirror before an appointment
  - In addition to making an empathic statement like "This is very difficult news to hear.", follow it up with something that demonstrates you care how they're going to cope such as "Who else can you talk with about what's happening?" / "How can I help with these next steps?"
  - Silence is often a good thing (don't feel you have to fill the space)

- **Summary / Strategy**
  - Help the patient remember key points, especially about the plan for assistance going forward
  - Consider sending key points to the patient by mail or email (however, caution is needed with email and education about it not being a method for the patient to communicate with you outside you sending resources may be needed)
  - Might want to check-in on the clinician-patient relationship

How to Complete the BC Cancer Remote Orders

This guide provides instructions on downloading and using the BC Cancer Remote Order Sets that have been adapted to the different regional centres. Ongoing changes to these order sets will need to be maintained by each regional centre.

At this time, chemotherapy orders cannot be submitted electronically. The processes described below are for non-chemotherapy orders only. Each cancer centre must implement processes to ensure safe handling of these orders to optimize patient safety, e.g. processes to ensure all order processed, double checks in place to avoid missed orders, and double checks to ensure adequate follow-up is booked.

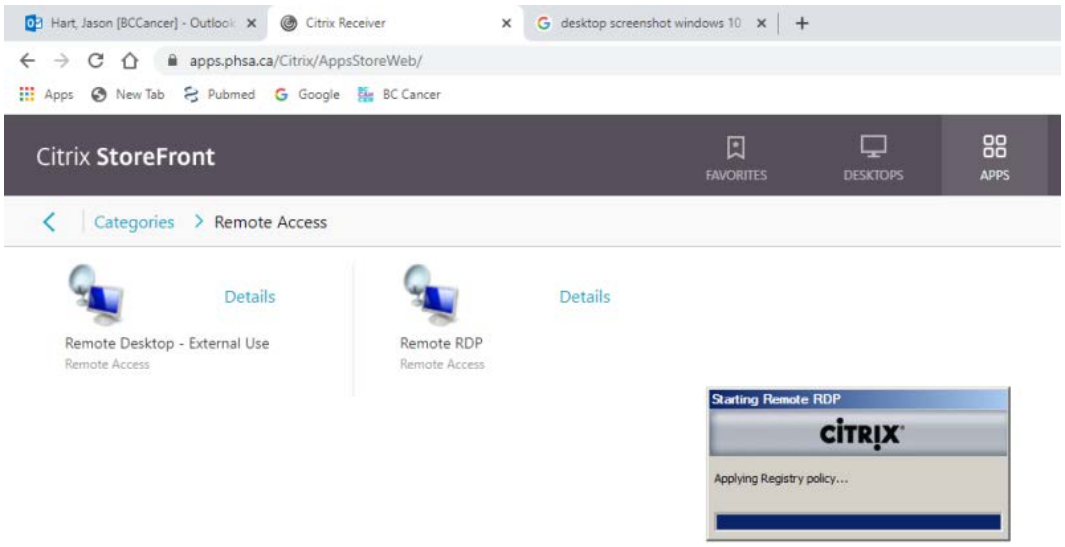
A password protected digital signature must be created in Adobe Acrobat to use these orders. Instructions on creating a digital signature are included in the appendix.

In order to maintain patient confidentiality, orders cannot be submitted outside of the PHSA networks.

STEP 1: DOWNLOAD FORMS

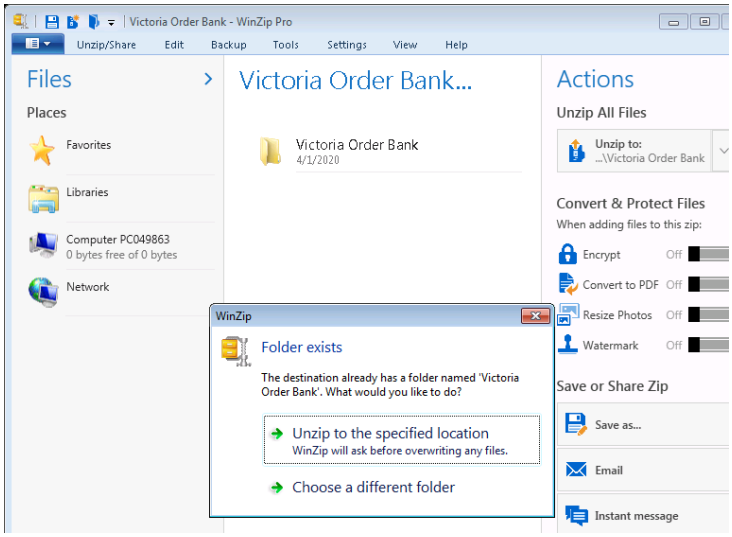
From your office computer or after remote log in to CITRIX and REMOTE RDP, download the ZIP file that you received via email that contains the provincial and your regional forms.

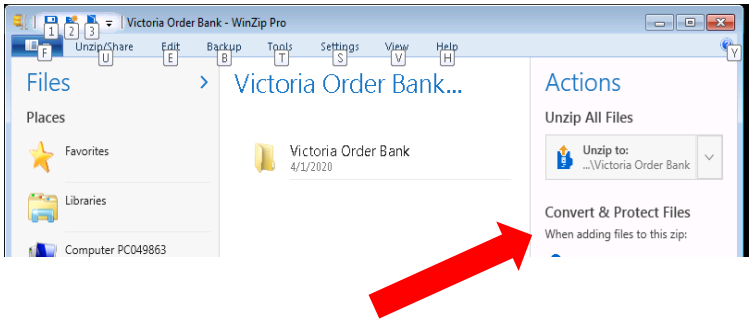
Contact your department head for details if you do not have RDP (Remote Desktop) access.



STEP 2: SAVE YOUR FORMS

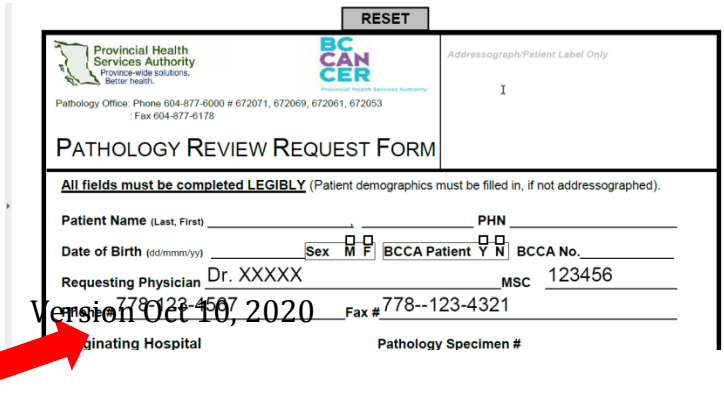
Save the downloaded ZIP file in an easily accessible location. Click on the ZIP file in its new location and click "Unzip to:" Then click "Unzip to the specified location"





STEP 3: PERSONALISE YOUR REQUISITIONS

Open the PDF document that you use commonly. If there is a section on the document where Physician Information is required, such as name, address, MSP, etc, fill in this information and SAVE THE DOCUMENT before adding any additional information. This will personalize the form specific to you for all subsequent order requests, and avoid duplicating the work on every order sheet.

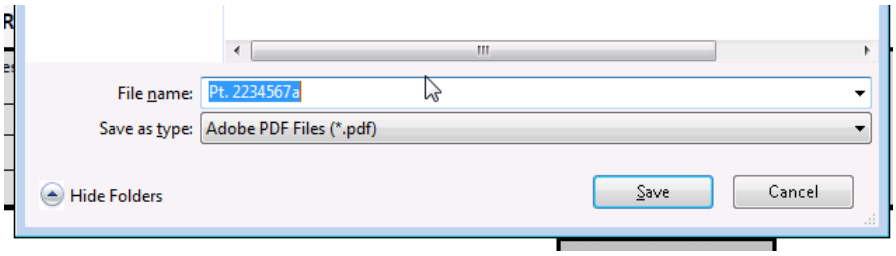


STEP 4: FILL OUT REQUISITIONS FOR YOUR PATIENT

Copy and Paste the BC Cancer Patient ID from CAIS into the identification box or fill in 2 patient identifiers manually, e.g. name and BC Cancer ID. Fill in patient-specific information required, e.g. Reason for exam for medical imaging requisitions.

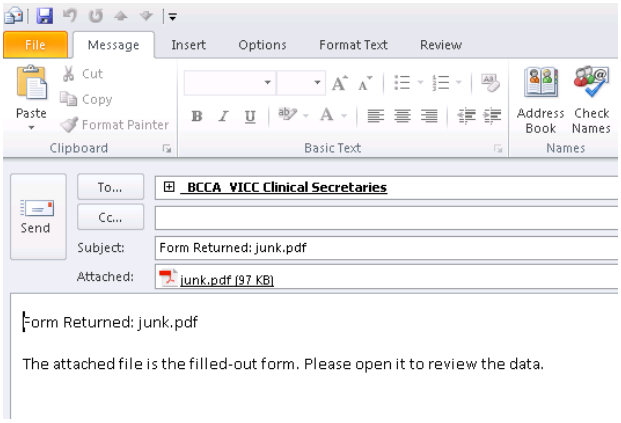
STEP 5: SIGN and SAVE

Fill out the requisition as you normally would, and click on sign in the signature box. Rename the document with the patient BC Cancer ID as the file name and save to a file on your computer as a record of the order. You may have multiple order sheets for the same patient, so add an additional character to allow for this.



STEP 7: SUBMIT

Hit the submit button on the form. This will automatically bring up an outlook message with the document attached. Ensure the person you are sending it to is accurate, and SEND. If you are submitting multiple requisitions, one email is sent for each submitted requisition.



Virtual Health Resource list

- Doctors of BC Doctors Technology Office Virtual Care Toolkit https://www.doctorsofbc.ca/managing-your-practice/doctors-technology-office-dto/virtual-care
- https://support.otn.ca/sites/default/files/otn_training_manual_-_clinical.pdf
- https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/using-electronic-communications-protecting-privacy
- https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/videoconferencing-consultation-when-is-it-the-right-choice
- https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2020/providing-virtual-care-during-the-covid-19-pandemic
- https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/telemedicine-challenges-and-obligations
- https://www.cmpa-acpm.ca/en/membership/protection-for-members/principles-of-assistance/practising-telehealth
- CMA/ Royal College of Physicians and Surgeons of Canada/The College of Family Physicians of Canada Virtual Care Playbook
- CPSBC Practice Standard on Telemedicine, updated apr 2020: www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf
- https://fmrac.ca/fmrac-framework-on-telemedicine/
- https://consultqd.clevelandclinic.org/improve-your-webside-manner-tips-on-virtual-visits/
- my.clevelandclinic.org/-/scassets/files/org/landing/preparing-for-coronavirus/covid-response-digital-healthplaybook?_ga=2.2760627.28578788.1599281432-193183493.1599281432
- https://my.clevelandclinic.org/-/scassets/files/org/landing/preparing-for-coronavirus/covid-response-digital-health-empathy?_ga=2.88292121.323988184.1594660693-2096709468.1594660693
- https://blog.evisit.com/virtual-care-blog/10-telemedicine-etiquette-tips-deliver-professional-care#:~:text=Dress%20the%20part.,see%20patients%20in%20the%20office
- https://jamanetwork.com/journals/jama/fullarticle/2767746
- https://consultqd.clevelandclinic.org/communicating-with-patients-in-a-new-world-of-virtual-visits/
- http://www.ihi.org/communities/blogs/tips-you-may-not-know-to-improve-telehealth-for-patients-and-providers
- PHSA OVH Virtual Health Toolkit: http://www.phsa.ca/health-professionals-site/Documents/Office%20of%20Virtual%20Health/Provincial_VirtualHealthToolkit_lv.pdf

- Rakover J, Laderman M, Anderson A. Telemedicine: Center quality and safety. Healthcare Executive. 2020 Sept;35(5):48-49.
- https://palliativecare.med.ubc.ca/coronavirus/
- https://covid19.ariadnelabs.org/wp-content/uploads/sites/8/2020/05/3.-Telehealth-Communication-Tips.pdf
- https://www.medpagetoday.com/practicemanagement/telehealth/87532
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- https://bc-cpc.ca/cpc/wp-content/uploads/2020/03/SICG-Tri-fold-for-HCP-3.0-hour-CME.pdf
- https://theoncologist.onlinelibrary.wiley.com/doi/full/10.1634/theoncologist.5-4-302
- https://www.pallium.ca/
- Telemedicine-Virtual Health Version 4, Accreditation Canada Standards

How to Create a Signature

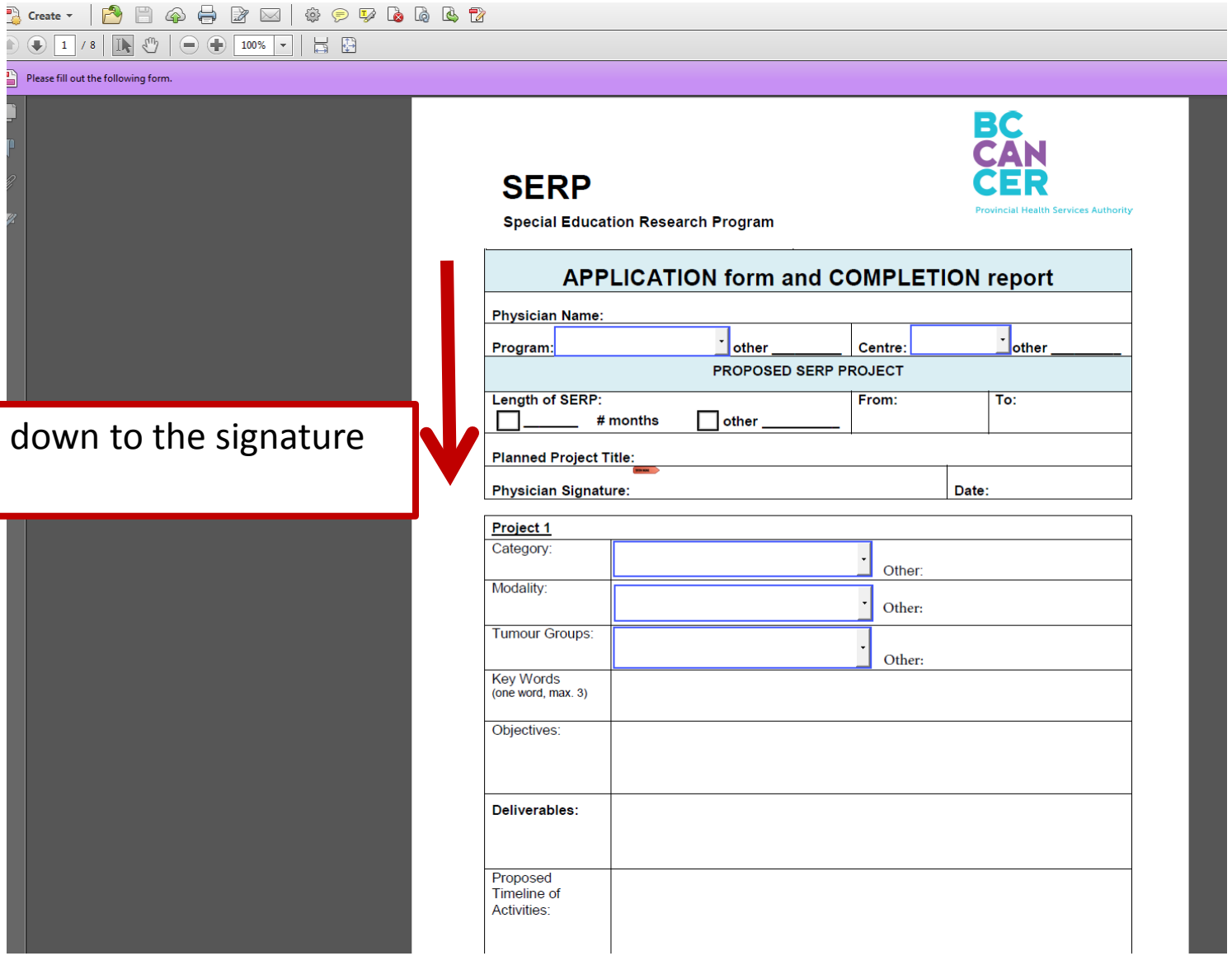
IMPORTANT MESSAGE

- Please use this guide only after you complete the application form in Acrobat Reader or Pro. If you have not, please refer to “How to Download the PDF Application and Template” guide.

- **You must be in Acrobat Reader or Pro** to create a signature.

STEP 1

- Scroll down to the signature line.

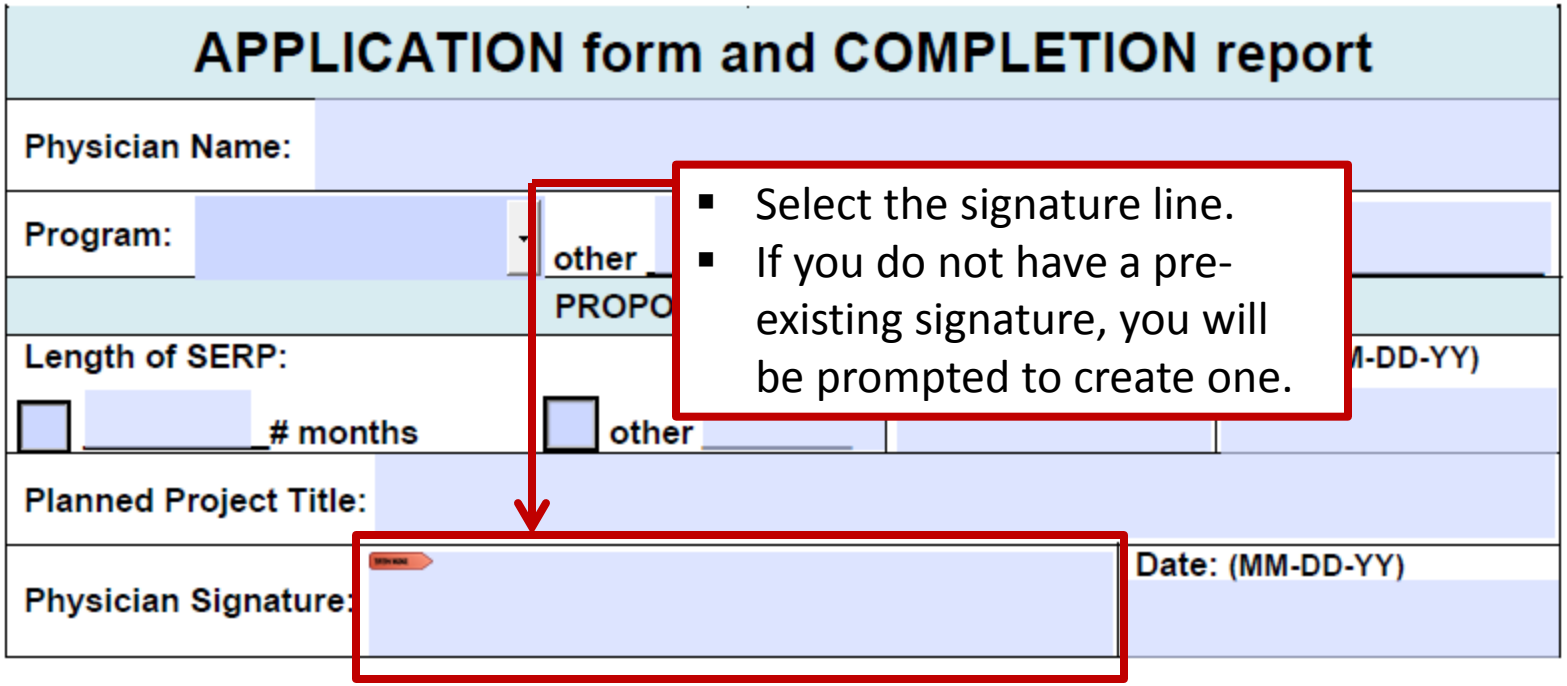


Step 2

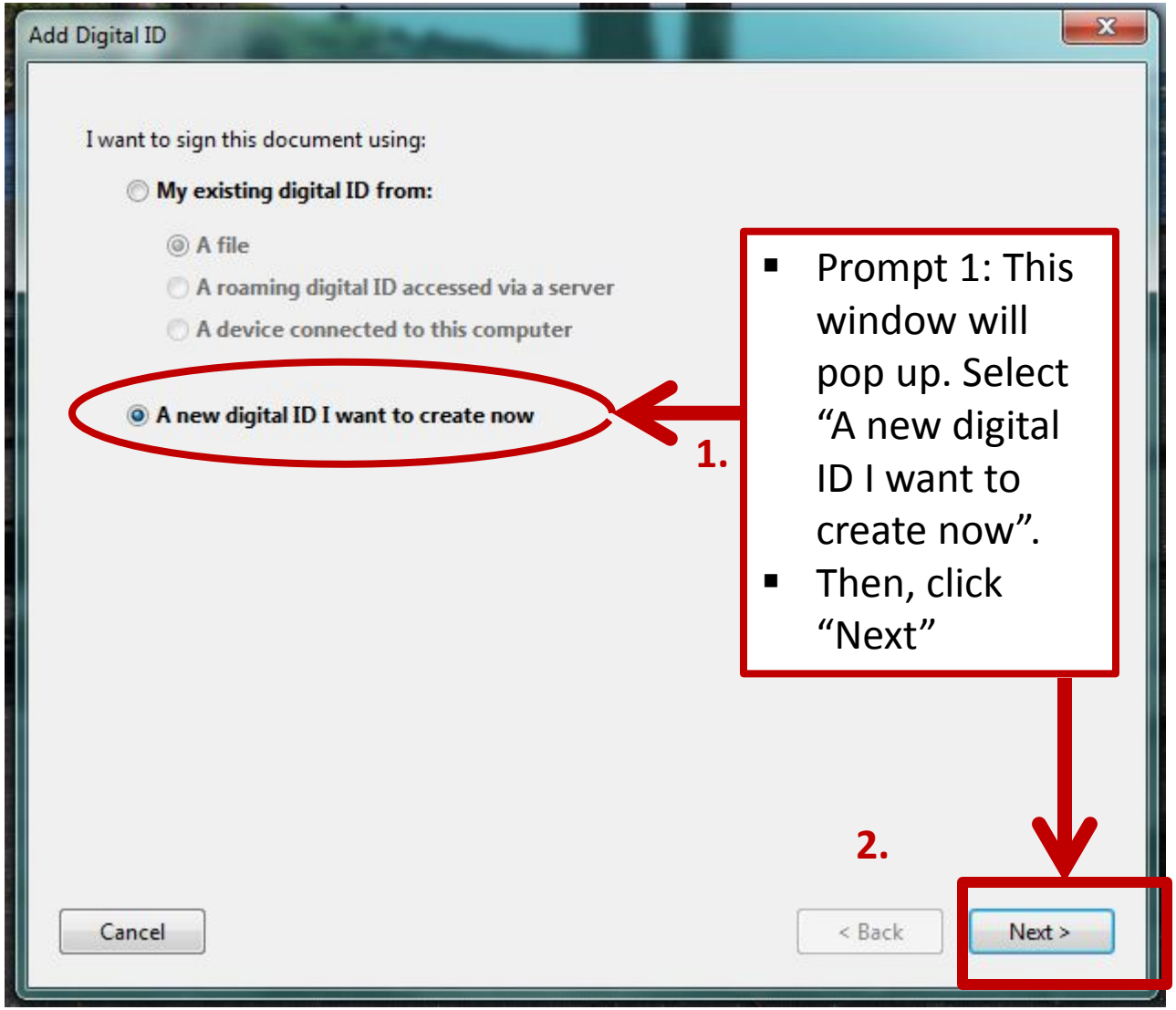
SERP

Special Education Research Program

BC CANCER
Provincial Health Services Authority

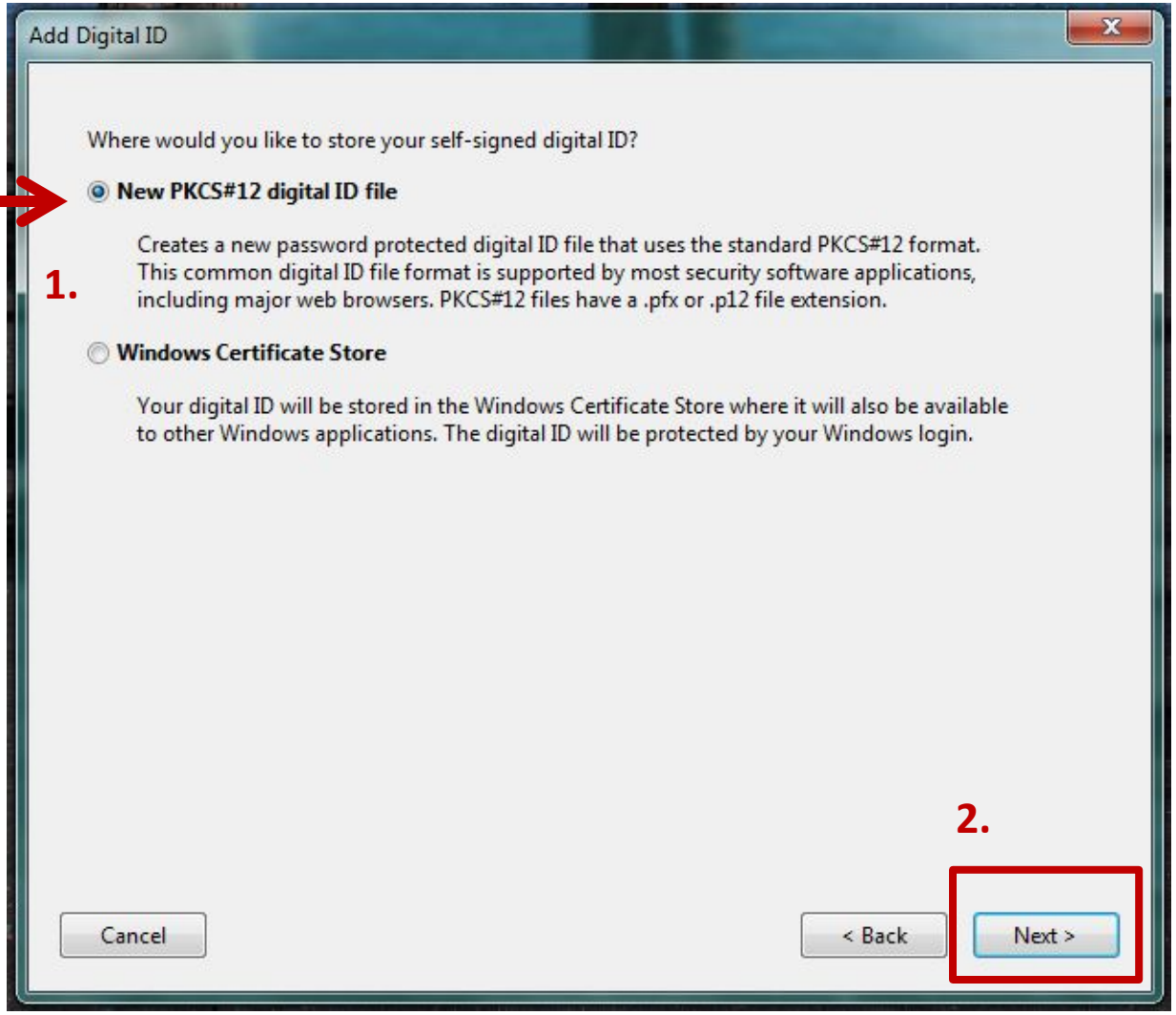


Step 3

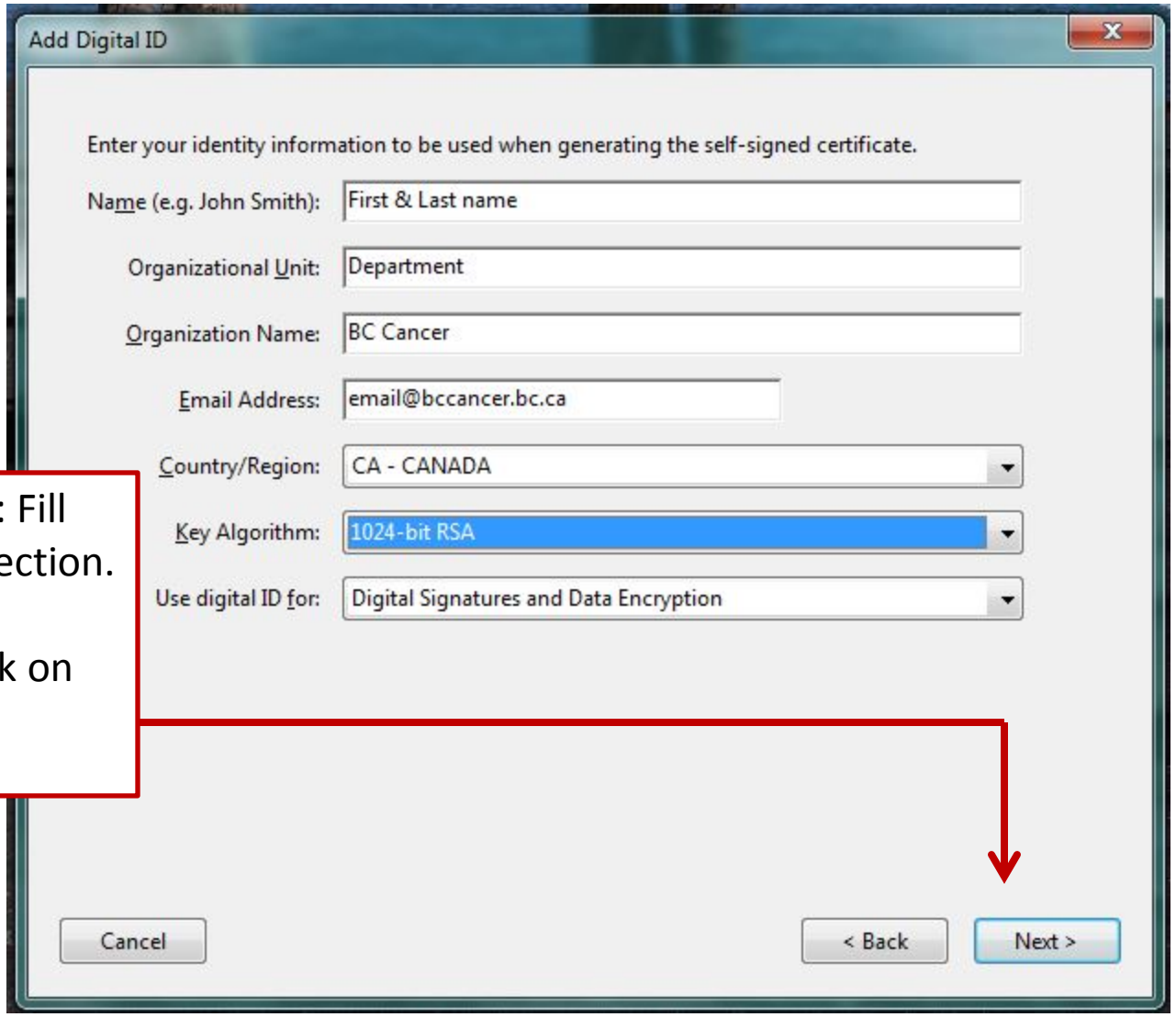

Add Digital ID
I want to sign this document using:
My existing digital ID from:
A file
A roaming digital ID accessed via a server
A device connected to this computer
A new digital ID I want to create now
1.
Prompt 1: This window will pop up. Select "A new digital ID I want to create now".
Then, click "Next"
2.
Cancel
< Back
Next >

Step 4

- Prompt 2: Select the first option “New PKCS#12 digital ID file.
- Then, click on “Next”.

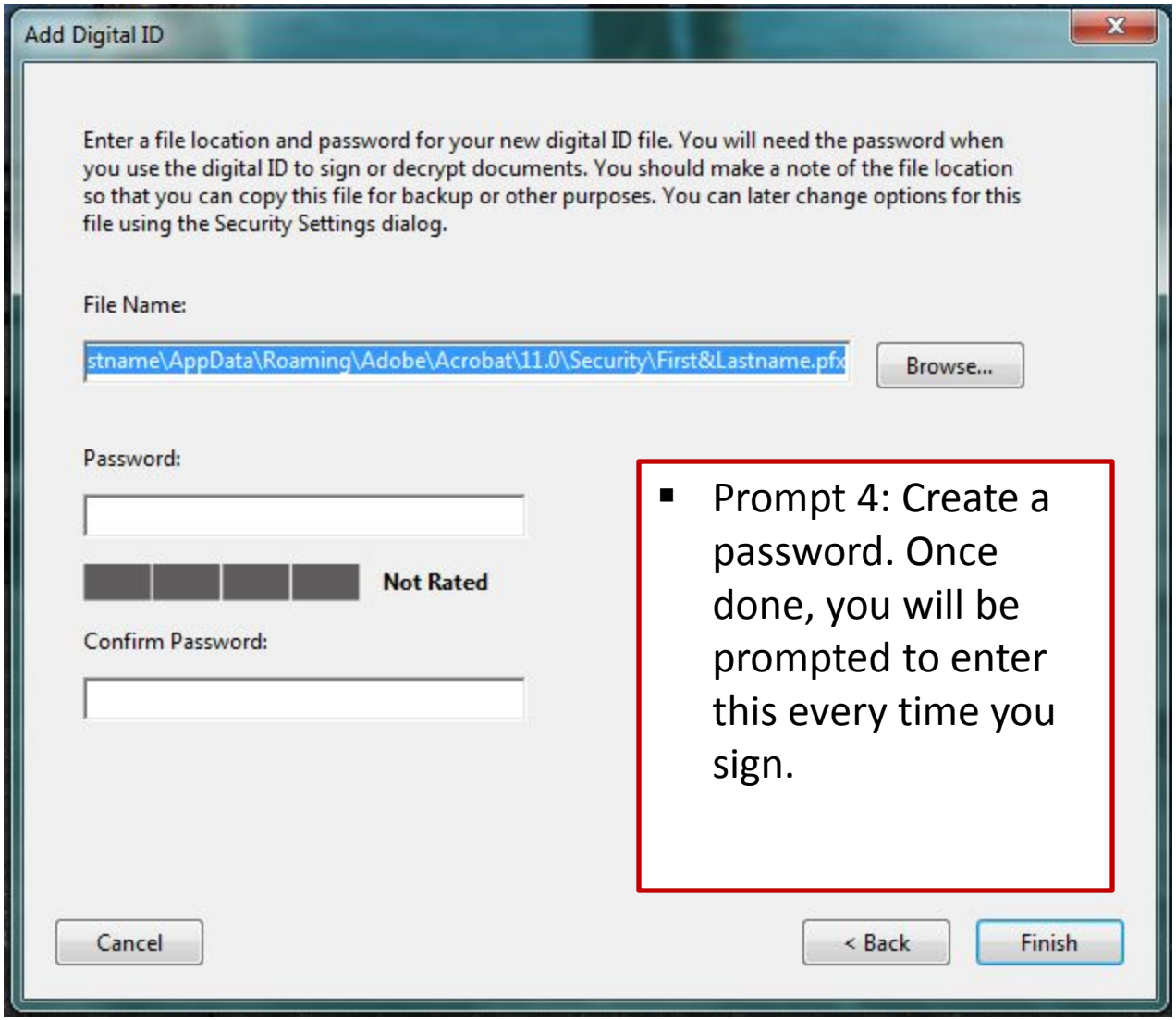


Step 5



- Prompt 3: Fill out this section.
- Then, click on “Next”.

Step 6



- Prompt 4: Create a password. Once done, you will be prompted to enter this every time you sign.

Step 7

- You will be prompted to save the new PDF document now that it has your signature. **Accept.** Save it temporarily on you desktop.
- After you accept, your signature will appear on the signature line.
- After signing and saving, Click the button on the form labelled **"click here to submit directly to Medical Affairs Administration."** This will prompt you to send it by email with a pre-populated email with the form attached.