POSTGRADUATE MEDICAL EDUCATION
SCHULICH SCHOOL OF MEDICINE & DENTISTRY

POLICY ON PHONE CALLS FROM PATIENTS TO RESIDENTS

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Preamble

Residents may be called through hospital or clinic switchboard by patients, either patients who have been previously seen by an attending service, or new patients who may be seeking advice without a prior MRP relationship. The concerns with respect to patient phone calls include the potential medical legal liability of providing phone advice, privacy and security issues, disruption of resident clinical work and academic time, lack of consistent follow up, and the potential for lack of appropriate supervision and documentation.

This policy applies to phone calls from patients as well as parents, guardians, and patient family members.

Purpose

This policy provides direction to departments, administrators, programs, and residents regarding responding to patient phone calls. Residents must not be required to respond to patient phone calls that come through hospital switchboard; mechanisms must be in place to prevent residents in hospital from being paged by patients, and a process should exist to redirect patients who call hospital switchboard to either their attending physician's office (if such a relationship exists) or the emergency department.

This policy does not apply to the provision of virtual care in patient clinics (for example after hours on-call provided to patients of Family Medicine clinics who have pre-existing patient-provider relationships and where residents are working in a supervised setting).

This policy does not apply to circumstances in which residents have planned arrangements with a patient or for follow-up; the Most Responsible Physician (MRP) should be informed that a phone encounter has occurred, and the encounter must be documented in the patient record.

Resources

- PGME Guidelines for Delivery of Virtual Care
- CPSO Obligations in Practice: Documenting Patient Encounters
- CPSO Obligations in Practice: Providing Virtual Care Safely and Appropriately
- CMPA Medical Legal Handbook
- Virtual Care Playbook

Definitions

Duty of Care: Duty of care arises from the physician patient relationship and requires the physician to treat the patient in accordance with the current and accepted standards of practice. A telephone call from a patient (or parent or guardian) creates a duty of care. See the CMPA Medical Legal Handbook.

Virtual Care: "any interaction between patients and/or members of their circle of care that occurs remotely, using any form of communication or information technology, including telephone, video conferencing, and digital messaging (e.g., secure messaging, emails, and text messaging), with the aim of facilitating or providing patient care." A telephone call from a patient is a form of virtual care. See the CPSO Virtual Care Information.

Requirements and Responsibilities

Requirements for the provision of virtual care

Requirements for provision of virtual care are outlined in the College of Physicians and Surgeons of Ontario Virtual Care and Medical Documentation obligations in practice. The requirements include, but are not limited to:

i. Authentication of the patient identity, for example by confirming address and birth date (with video availability this would include asking for a valid photo identification).
ii. A physician providing virtual care has a legal duty of care.
iii. The physician must meet the standard of care and the legal and professional obligations that apply to care that is provided in person.
iv. Physicians providing virtual care must use technology that is fit for purpose, and facilitate a quality encounter, and enables the standard of care to be met.
v. Physicians must obtain informed consent during the initial and subsequent virtual encounters which includes informing the patient of the benefits, limitations, and potential risks of a virtual encounter including the potential for privacy breaches.
vi. The physician must use secure information and communication technology, and if using less secure technology (such as unencrypted platforms) the physician must obtain and document the patients express consent to do so.
vii. The encounter must be documented in the medical record. If a patient does not have a medical record (not previously seen) then a registration code or hospital or clinic equivalent must be created.

Residents responding to patient phone calls

i. Residents must not be expected to respond to patient phone calls. The responsibilities and requirements for this form of virtual care cannot be consistently provided by a resident in the hospital or on-call environment.
ii. Furthermore, requiring residents to respond to patient phone calls entails a medical legal risk due to the duty of care that the resident has assumed, the difficulty of authentication of patient identity and review of the medical record, and inability to fully assess the patient given the constraints of both available time and the virtual nature of the encounter.

Departmental responsibilities

Departments must ensure that patient phone calls are directed to the office of the physician responsible for the patient's care if a pre-existing relationship is in place. Patients who call in to the hospital without a prior physician relationship should be asked to see their primary care physician.

Departments must ensure that hospital or clinic switchboards and/or answering services have specific directions that do not allow for transfer of patient calls to residents.

Administrative staff must have phone messages that direct patients to leave a message for a return call or provide some other form of advice. Phone messages must not direct patients to page a resident.

Program responsibilities

Residents must be informed that they are not expected to, required to, or allowed to accept patient phone calls unless this is a supervised component of the program (for example Family Medicine virtual clinics and after hour clinics).

All residents should be aware of the Virtual Care Policy of CPSO, as well as the legal definition of 'Duty of Care'.

Resident responsibilities

If residents receive a phone call from a patient, they should direct the patient to the staff physician's office, the emergency department, or their family physician (as specified by the program).