STATEMENT 3.3.5 – Use of Electronic Communication Devices in clinical learning

Approved by:	**Curriculum Committee**
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I.   PURPOSE

The Doctor of Medicine or Undergraduate Medical Education (UME) Program (the Program) at the Schulich School of Medicine & Dentistry at Western University supports the use of technology for learners and faculty to access information, communicate and advance patient care as important in delivering and understanding patient care.

The proliferation of personal digital assistants (PDA's) and mobile computer devices allow caregivers access to a broad body of information that has been cited as improving clinical decision-making and access to patient and clinical care guideline information. With this come certain risks and cautions for the privacy, safety and professional nature of the clinical encounter impacted when a PDA or MCD is used in the actual moment of clinical encounter.

This statement will advise all Program learners and faculty in the learning environment (actual or simulated) on the accepted and proper use of and access to PDA's/MCD's while in face to face contact with patients or families in actual or simulated clinical learning environments or case conferences.

This policy augments and is consistent with other Schulich Medicine policies:
1. Code of Conduct
2. Student Professionalism
3. Patient Privacy

II.   DEFINITIONS

Mobile Computer Device

"A mobile device is a small computing device, typically small enough to be handheld (and hence also commonly known as a handheld computer or simply handheld) having a display screen with touch input and/or a miniature keyboard and weighing less than 2 pounds (0.91 kg)

Personal Digital Assistants: Definition:

"PDA (personal digital assistant) is a term for any small mobile hand-held device that provides computing and information storage and retrieval capabilities for personal or business use".

These are commonly known as: tablets; cellular telephone; iPads; laptop computers.

Clinical Learning Environment: A formal component of the UME Program curriculum where there is direct face to face contact with patients and families. This will include hospital in and out patent care areas; Outpatient clinics; Clinician Offices and therapy delivering locations.

Patient: This will apply to any patients (real or simulated – including Standardized Patients) who participates directly in faciltiating the clinical learning of medical students in the UME Program.

III.   STATEMENT

While the Program supports the abilty of learners to access information in a timely fashion that may improve or guide the delivery of care and clinical decision making to patients, we acknowledge there are risks with this that include:

1. **Security:** While the use of PDA's/MCD's is pervasive in our socielty and has grown to become common place to improve personal lifestyles and communication, the clinical patient interviewing and assessment learning environment entails verbal and non-verbal exchange/disclosure of personal information and a relevant health examination in a sensitive manner. This encounter requires that personal dignity and respect for privacy is paramount. Use of a PDA/MCD while in face to face contact with a patient or family/caregiver in the context of a clinical encounter, regardless of disclosure by the user, can signal an opportunity (regardless of real or imagined) to record or directly transmit the actual content and proceedings of parts or the whole of the encounter. This signals (to the patient and family) a potential of a breach in confidentiality. For this reason the use of these devices must be used with caution and full disclosure.

2. **Professionalism, Respect and Communication:** The purpose of a face to face patient encounter is, through active listening, observation and data gathering, clarify the issues that lead the patient to seek care and communicate a plan to investigate and treat the presenting problem(s). This act requires the full attention of the caregiver and the patient/patient advocate/alternative declsion maker. The use of a PDA/MCD has been documented as diminishing caregiver attention to task similar to the scenario of driving a motor vehicle. Given the complex nature of communication and decision making inherent in a clinical encounter, it is felt there is a real risk of missing critical information which made lead to medical error due to omission of fact.

   Patients who are engaged in a clinical learning scenario are donating a valuable gift to learners – the gift of self, and in the actual clinical environment seeking care for an acute or a chronic health issue. In so doing, learners should repay with respect whiler in an interview or assessment formal room. Attending to PDA/MCD signals – ragardless of the learner disclosure – a lack of attention to the patient and learning environment. This can be interpreted as a lack of respect and loss of relationship leading to a cited issue of professionalism.

3. **Infection:** Literature supports the potential that PDA/MCD devices carry bacteria and viruses into clinical care situations. While this has been documented regarding clinical tools (stethoscopes, thermometers, Point of Care devises), there is literarure supporting this as an issue for MRSA and VRE in clinical care for PDA's. For this reason, when accessing a PDA/MCD the learner should recuse themselves and follow proper patient care/environmental hygiene.

While in a clincal encounter, patients and families demand and deserve our full attention. While it can be said that informaition accessed on PDA/MCD's is critical to clinical decision making, the message sent to the patient/ family/caregiver with the risk entailed when actively using a devise in an interviewing scenario, is not acceptable in the UME Program.

Therefore, it is excpected that all learners, when in the actual physical presence of a patient, family, patient advocate, alternative decision maker in a direct face to face clinical encounter (real or simulated) or while partaking in a clincal care meeting, will not access or use their PDA/MCD unless directed by faculty or residents to advise on case decision making. This will also apply to simulated sessions in UME in courses such as PCCM.

To allow for learners to access information necessary to formulate clinical decision making in a non-urgent patient care assessment or encounter, it is expected that learners will excuse themselves from the clinical encounter for a"PDA/MCD Time Out". This will mean the movement of the learner to an area that is patient care neutral (work station, lounge or private area to allow time and ability to access data bases or communicate in a safe, respectful and professional manner.

Exemptions

It is established that PDA/MCD's serve many purposes and one is access in a critical moment to point of care tools and applications//web based tools that drive and improve clinical decision making. With this has come an improvement through standardization, decreased medical error and communication.

The use of a PDA /MCD in the care of a critically ill patient offers supports and access to on-line tools and local point of care computing software that happens to be lifesaving.

It is accepted, therefore, that this statement will not apply to situations that involve delivery of care to a critically ill patient such as: arrest, code, trauma or sedation.

In a similar fashion, there will be events where faculty direct learners to search for or clarify information for decision making and patient advisement. At such time if requested by their faculty, learners will search with the PCA /MCD.

Violations

This policy is accepted with a zero tolerance for learner non-adherance. The consequences will be determined by the nature of the event, past history of the learner, complaint of the patient/family/care-giver/faculty/supervisor disclosure by other health professionals and the documentation of faculty or residents in the actual learning environment at that moment.

Consequences can include:

- A formative meeting with the Course Chair/Coordinator or Rotation/Elective Director
- A request for an apology to the patient/ family/caregivers and/or other affected parties
- Consideration of documentation in the learner's academic record as a professionalism issue

- Formal complaint to the Associate Dean UME to be investigated and treated as a professionalism issue. This would involve action under the School and Program Professionalism Policy at: https://www.schulich.uwo.ca/medicine/undergraduate/docs/policies_statements/linked/1-1-0-Policy-UME-Student-Professionalism.pdf

Works Cited

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