



TRAINING MANUAL FOR COMMUNITY TELEMEDICINE COORDINATORS

Community Telemedicine Coordinator_____

Telemedicine Informatics Educator_____

Acknowledgements

This Manual has been compiled and written by the Keewaytinook Okimakanak Telemedicine team under the direction of the Telemedicine Informatics Educator.

The Keewaytinook Okimakanak Telemedicine team would like to thank the Community Telemedicine Coordinators and the Community Health Directors of the region for their input and support.

Special acknowledgement goes to the Medical Co-Directors for their contribution.

Many thanks to the Ontario Telemedicine Network for their assistance in the development of this manual.

We appreciate the contribution of everyone who played or plays a role in the creation, development, and ongoing revision of this manual.

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Published and distributed by:
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1 Introduction

This manual was developed by the Keewaytinook Okimakanak Telemedicine staff for use in training Community Telemedicine Coordinators (CTCs) in First Nations Communities. The manual is designed to assist the Telemedicine Informatics Educator to work through the many skills required to certify CTCs. Many CTCs will have little or no health care background and will need to become familiar with both the technical aspects of Telemedicine and the communication skills necessary to work with Health Professionals in urban areas. It is expected that the Telemedicine Informatics Educator who works through the training manual with the CTC will be a Registered Nurse with a strong clinical background who is experienced with the technical aspects of the Telemedicine equipment. Please refer to the Ontario Telemedicine Network's ABC Manual for reference to training expectations for CTCs. All aspects of training are incorporated into this manual, and upon completion, will certify CTCs in providing Telemedicine services.

The training component will outline the technical skills and background knowledge required to implement a Telemedicine program. Use of video conferencing is encouraged for delivery of the training. These sessions can be individual or group sessions, depending on logistics and trainer preference. The manual consists of checklists that can be used to ensure that the CTCs receive the skills required for Telemedicine. It will be up to the Telemedicine Informatics Educator (TIE) to determine how the skills will be developed. It is also the Educator's responsibility to ensure that the CTCs have demonstrated their proficiency in all the skills.

The manual includes the following training outlines to assist the TIE with training the CTCs.

- Job Descriptions: It is recommended that the job description be reviewed with the CTC at the onset of training.
- Certification Criteria for the Community Telemedicine Coordinator and Backups: The certification criteria for CTCs ensure that all training needs are met for the coordinators.
- Computer Skills: Computer skills are very important to ensure that the CTCs can communicate and deliver Telemedicine services seamlessly. The skills checklist will ensure that the CTCs have the basic skills necessary to operate a computer. The CTC Technical Team will provide assistance with this training.
- Privacy and Confidentiality Training: Confidentiality is essential for Telemedicine sessions. Reviewing the expectations at the onset of training will reinforce this concept.
- Clinical Training Protocols: It is essential that the CTCs have the knowledge to successfully facilitate a clinical consult. As the CTCs work through the skills checklist, they will become familiar with some protocols and know where to locate others when required. The CTCs who have little Health background will gain the knowledge and understanding of common health terms.

- Technical Training for the Telemedicine Workstation: This skills checklist focuses on providing the CTC with the skills required to operate the Telemedicine equipment. It is recommended that this training take place in a face-to-face environment with ongoing support provided by videoconferencing.
- Mock Sessions: Mock session training allows the CTC to utilize the training they have learned in a role-playing atmosphere. It is recommended that the CTC complete one successful mock session utilizing the various peripherals. This document outlines the expectations and steps that need to be followed for a mock session to occur. In addition to the mock session checklist, there is a checklist for the Telemedicine informatics educator to use during the session to ensure that the mock session meets the expectations required for an actual Telemedicine session. The Checklist for the Telemedicine Informatics Educator can be kept in the CTCs file for quick reference
- Education Session Training: This checklist is a tool to ensure that CTCs can demonstrate use of the equipment required and identify protocol and required forms.
- Community Promotion: An important component of the CTC's role is the promotion of Telemedicine within their communities. This training module will include concepts of Telemedicine promotion and building strategies for local community support.
- Aboriginal Language Translation Component: An important aspect of providing Telemedicine support is translation services. As noted in the job description, CTCs are expected to be bilingual and provide translation services during Telemedicine sessions. Although the CTC may be bilingual, additional training is necessary in order for the CTC to acquire the skills necessary for translation. The CTC will need to work with local health translators to interpret a list of common words into language that will be accepted by the community.
- CPR and First Aid Training: (recommended)

Appendices

- Appendix A. Some teaching suggestions that can help when training First Nations clients in the north. Included are strategies for working with the unique culture and language barriers that trainers may encounter during the training.
- Appendix B. Three mock session scenarios that can be used during training.
- Appendix C. This evaluation will ensure that training needs are met and future training needs identified.
- Appendix D. A sample newsletter to help with community promotion of Telemedicine.
- Appendix E. A sample Press Release to help with community promotion of Telemedicine.
- Appendix F. A sample poster format that can be used to advertise the Telemedicine open houses in each community.

2 Job Descriptions

Job Description: Community Telemedicine Coordinator

Job Summary:

Accountable to the Community Health Director and receiving program-related direction from a KO Telemedicine Team Leader, the CTC is the principal point of contact for the day-to-day delivery for Telemedicine in the community.

The CTC ensures the delivery of high quality Telemedicine services to community members and acts as a program champion by identifying and facilitating the development of Telemedicine initiatives required within the community.

Immediate Supervisor: Community Health Director

Telemedicine Supervisor: KO Telemedicine Team Leader

Duties And Responsibilities

1. Attend staff training as required to achieve certification as Community Telemedicine Coordinator;
2. Plan, initiate, implement, and provide support for maximum local usage of Telemedicine;
3. Promotes the use of telemedicine for patient consultations by talking about Telemedicine with healthcare professionals, patients, and the community at large;
4. Provide the principal point of contact for KO Telemedicine to manage the day-to-day delivery of Telemedicine;
5. Liaise with Nursing Station Health staff (nurses, Community Health Representatives (CHRs), mental health workers, etc.) to ensure a high comfort level in using telemedicine equipment;
6. Communicate with other CTCs to provide support, share knowledge and best practices;
7. Create and implement confidentiality guidelines for telemedicine usage;

8. Liaise with Administration staff to ensure that provision for, and usage of telemedicine and videoconferencing is maximized;
9. Liaise with relevant organizations, funders and agencies such as, but not limited to Industry Canada, Health Canada etc;
10. Perform other related duties as required by the supervisor, and all duties assigned by the Chief and Council.

Knowledge And Skills

1. Post secondary education in health services, computer technology or equivalent experience;
2. An understanding of, or willingness to learn extensive computer technology skills;
3. High comfort level in working with and supporting other people to use telemedicine equipment;
4. Strong English oral and written communication skills;
5. Program implementation and problem solving skills;
6. Oral fluency in Ojibway, Oji-Cree, or Cree is essential, with written fluency in Aboriginal language an asset;
7. Demonstrated ability to treat confidential information in a mature and professional manner.

Job Description: Community Telemedicine Coordinator Backup

Job Summary:

The Community Telemedicine Coordinator Backup (CTC Backup) will provide Telemedicine coverage during CTC absence. This coverage will ensure uninterrupted Telemedicine service. In addition, the CTC Backup will act as a Telemedicine advocate and supporter to develop telemedicine initiatives within the community.

Immediate Supervisor: Community Health Director

Telemedicine Supervisor: Regional Telemedicine Coordinator

Duties And Responsibilities

1. Attend staff training as required to achieve certification as Community Telemedicine Coordinator;
2. Plan, initiate, implement, and provide support for maximum local usage of Telemedicine;
3. Promotes the use of telemedicine for patient consultations by talking about Telemedicine with healthcare professionals, patients and the community at large;
4. Provide the principal point of contact for KO Telemedicine to manage the day-to-day delivery of Telemedicine;
5. Liaise with Nursing Station Health staff (nurses, CHRs, mental health workers, etc.) to ensure a high comfort level in using telemedicine equipment;
6. Communicate with other CTCs and Backups to provide support, share knowledge and best practices;
7. Create and implement confidentiality guidelines for telemedicine usage;
8. Liaise with Administration staff to ensure that provision for, and usage of telemedicine and videoconferencing is maximized;
9. Liaise with relevant organizations, funders, and agencies such as, but not limited to Industry Canada, Health Canada etc;

10. Perform other related duties as required by the supervisor, and all duties assigned by the Chief and Council.

Knowledge And Skills

1. Post secondary education in health services, computer technology or equivalent experience;
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5. Program implementation and problem solving skills;
6. Oral fluency in Ojibway, Oji-Cree, or Cree is essential, with written fluency in Aboriginal language an asset;
7. Demonstrated ability to treat confidential information in a mature and professional manner.

3 Certification Criteria for Community Telemedicine Coordinator

To receive certification the Community Telemedicine Coordinator will demonstrate to the Educator or designate that she/he is able to complete the following modules:

CTC Name: _____

Community: _____

Module Component:	Date:	Signed off by:
Computer Skills		
Privacy and Confidentiality Training		
Clinical Training Protocols		
Technical Training for the Telemedicine Workstation		
Complete one successful mock Telemedicine session with Team Leader or designate.		
Education Session Training		
Community Promotion		
Aboriginal language Translation		
CPR and First Aid Training (recommended)		

4 Computer Skills Training Module

It is essential that CTCs become proficient at the computer skills required for Telemedicine operations. The CTC with the Computer Skills portfolio (Computer Skills CTC) will be taking care of the checklists for the certification process. Contact this CTC when you have questions as you work through this checklist. Send all documents to this CTC.

CTC Name: _____

Community: _____

Module Component:		Date:	Signed off by:
Sign and return Computer Use Agreement			
Go to http://www.fnihis.org/fnhis/icdl/asp/index.asp and obtain a password. Complete the Computer training modules over the next 2 weeks. Initial and send the completed module completion form.			
Set up an Outlook express account using KNet address			
Install Adobe acrobat reader			
Take a picture with digital camera and save it			
Open attachments	1 Microsoft Word Document		
	2 Adobe Reader		
	3 Power Point		
	4 Picture		
Save attachments into MS Word			
Create MS Word Document			
Open and save changes to MS Word Document			
Save original MS Word Document			
Print Document			
Insert picture into document			
Block and delete portions of document			
Send created document to Telemedicine Informatics Educator			
Send and receive FAX			
Set up IP phone and voice message			

Computer Use Agreement

The KOTM program depends on the reliability and professional use of technology to ensure the delivery of a reliable Telemedicine service. It is essential that all CTCs are aware of the appropriate use of computers and agree to the following terms as a condition of hire.

1. The KOTM computer is considered for Telemedicine work-related use only with an exception for recreational use after working hours and/or during lunch breaks.
2. No programs and/or applications will be downloaded without the approval of the Regional Telemedicine Coordinator. That includes any programs and/or applications related to P2P Shared Files, music, chat lines, or e-messaging.
3. Avoid websites related to pornography, gambling or dating services. These websites are inappropriate for the work environment and contain downloads that can harm a computer over time.
4. Do not allow anyone who is not employed in Telemedicine to have access to your computer.
5. Computer Protection:
 - Ensure virus protection is updated and scanned weekly.
 - Maintenance check is essential on a regular basis (Disk Cleanup, Error Scan and Defragmentation).
 - Each computer will need to have the following programs:
 - *Essential:* Norton Antivirus and Spybot Search & Destroy.
 - Other programs as recommended by the Telemedicine Technical Team
6. Ensure computer is password protected to avoid unauthorized usage. Submit password to Regional Telemedicine Coordinator for safekeeping purposes.
7. Any failure to adhere to this agreement will result in disciplinary action.

I agree to the conditions in this agreement as a condition of my employment as a Community Telemedicine Coordinator.

Signature of Community Telemedicine Coordinator Date

Signature of Regional Telemedicine Coordinator Date

Computer Skills Training Modules Completion Form

Initial each section as you complete it and submit to CSC.

ICDL v4 Modules:	Date:	Signed off by:
ICDL v4 - Concepts of IT		
ICDL v4 - File Management and your Computer		
ICDL v4 - Word Processing		
ICDL v4 - Spreadsheets		
ICDL v4 - Database		
ICDL v4 - Presentation		
ICDL v4 - Information and Communication		
Office Modules: Choose only the Office program you have on your computer.		
1) Office XP Modules	Date:	Signed off by:
Access XP		
Excel XP		
Outlook XP		
PowerPoint XP		
Word XP		
Windows XP		
2) Office 2003 Modules		
Access 2003		
Excel 2003		
Outlook 2003		
PowerPoint 2003		
Word 2003		
Internet Explorer 6		
PC Skills		
3) Office 2000 Modules		
Access 2000		
Excel 2000		
Outlook 2000		
PowerPoint 2000		
Word 2000		
Windows 2000		
Ready4Work Office Skills	Date:	Signed off by:
Health and Safety / Time & Stress Management		
People Skills		
Personal Skills		

Adobe Reader Software Lesson Plan

Adobe Reader is often used when emailing education session handouts. CTCs must have this software in their computer to permit opening of these emailed files.

- Download Adobe Reader by entering the following link in your internet address box
<http://www.adobe.com/products/acrobat/readstep2.html>
- Choose your Language - English (checkmark this box)
Choose your Platform - Windows XP (checkmark this box)
Choose your Connection Speed - Broadband (checkmark this box)
- Press Continue
- Choose Download
- Choose RUN (not Save as)
- Follow the download instructions.

Computer Skills Assignment # 1

1. Create a new folder titled, “Computer Skills Checklist” to store your Computer Skills assignments.
2. Please write a brief story about your work as a CTC in MSWord.
3. Save it in the new folder you created under the file name "Assignment # 1”.
4. Send the Computer Skills CTC an email with this file as an attachment.
5. Print a copy of the story.
6. Fax the copy to the Computer Skills CTC.

Computer Skills Assignment # 2

1. Receive “Assignment # 1” as an attachment from the computer skills CTC.
2. Open the attachment and insert a picture you have taken and saved from your digital camera.
3. Change the title of your story by blocking, deleting and rewriting it.
4. Rename and save this copy of the file as “Assignment # 2”.
5. Send this new file to the Computer Skills CTC.

Computer Skills Assignment # 3

1. Send an email to the CTC requesting a response email containing 2 attachments; a power point presentation and an Adobe Reader document.
2. Once you receive the email with these documents attached, open each attachment.
3. Send a final email to the Computer Skills Coordinator indicating you have successfully opened the 2 attachments.

(If you have any questions, please contact the Computer Skills CTC.)

5 Privacy and Confidentiality Training Module

Introduction

Patients have rights to privacy protection and to confidential treatment of their health information. This is especially true in remote First Nations communities where everyone knows everyone and many people are related. Community Telemedicine Coordinators are responsible for handling sensitive health information and must be aware of the importance of respecting a patient's right to privacy and confidentiality. Therefore, to receive certification the Community Telemedicine Coordinator will demonstrate to the Regional Telemedicine Coordinator or designate the following:

CTC Name: _____

Community: _____


Module Component:	Date:	Signed off by:
Complete Health Canada online course "Protecting Personal Information" and fax certificate to Regional Telemedicine Coordinator (see attachment)		
Review KOTM Policies: <ul style="list-style-type: none">• Confidentiality Policy• Guidelines for Patient's Physical Privacy• Transmission of Personal Health Information by Fax Machine• Protecting your Personal Health Information Poster		
Review KOTM Soundproofing Protocol		
Sign "Privacy and Confidentiality Agreement" with Regional Telemedicine Coordinator		
Demonstrate respect for client privacy during mock session		
Review Ontario Telemedicine Network privacy policies at http://www.otn.ca		

Instructions for Protecting Personal Information Course

1. Call Health Canada Helpdesk # 1-800-241-2751 and ask for a “code number”. If you get an answering machine, leave your fax number and a code number will be faxed to you.
2. Once you have your 20 digit code, go to www.fnihis.org.
 - Click on “Education”
 - Click on “Protecting Personal Information”
 - Click on “Link to Course”
3. Register for course by
 - Type name as you wish to have it appear on certificate
 - Email address (user name)
 - Click on “Paul Dupuis” as supervisor. Region is Ontario. (no need to put in employee number)
 - Create password
 - Log in using username and password
4. Certificate produced automatically when course is completed. It will take 3-4 hours to complete the course.
5. Once your course is completed, fax your certificate to the Regional Telemedicine Coordinator at 807-735-1089.
6. Miigwetch!

If any problems call Health Canada Helpdesk at 1-800-241-2751

4.2 CONFIDENTIALITY POLICY

Policy Section: Privacy and Confidentiality		
Policy Subject: Confidentiality Policy	Policy No: 4.2	
Program Director signature:		Effective Date:
KO Director of Health Services signature:		Last Revised: 14/03/08

4.2.1 Introduction

This policy ensures that information practices are in place to protect the confidentiality of corporate, proprietary, personal and personal health information as well as other sensitive information (referred to as confidential information throughout this policy) available to persons employed by or associated with KOTM.

4.2.2 Confidentiality Statement


1. KOTM employees, consultants, students or other individuals working with KOTM have a responsibility to safeguard confidential information whether verbal, written or electronic and are required to read and sign the *Privacy and Confidentiality Agreement* (see [Appendix A.14](#)) prior to having access to any confidential information.
2. Access and use of confidential information, including personal health information, is associated with and restricted by the job duties of the person working at KOTM. Confidential information must only be used as required to perform the responsibilities of the job. Access to, use and disclosure of this information is on an as needed basis.
3. Personal Health Information as defined in this Policy may only be collected, used, disclosed, retained and disposed of in accordance with the requirements set out in 4.7 *Data Retention and Sanitization*.
4. Staff are prohibited from:

- (a) sharing, lending or borrowing access codes: users must immediately change passwords if they suspect voluntary or involuntary detection by others;
 - (b) sharing or trading electronic mailboxes on any system;
 - (c) leaving a computer monitor unattended with confidential information displayed or accessible;
 - (d) using the computer system to search for any patient or personal health information that is not required to do their job; and
 - (e) searching for their family/friend's personal health information in systems to which they may have access.
5. The removal of confidential information in any form from KOTM must be authorized by the Program Manager. Anyone removing confidential information is accountable for protecting such information until it is safely returned to KOTM.
 6. Confidential information must be disposed of in a secure manner (i.e. shredding) as outlined in the *4.7 Data Retention and Sanitation Policy*.
 7. Violation of this policy may result in disciplinary action including dismissal/legal action. The employee may also be reported to his or her respective professional body.

4.2.3 Procedures

1. The employee's immediate supervisor or the Team Leader provides the Privacy and Confidentiality Policy to new KOTM employees, consultants and students hired by KOTM.
2. The employee's immediate supervisor or the Team Leader ensures the *Privacy and Confidentiality Agreement* (see [Appendix A.14](#)) is signed.
3. The signed *Privacy and Confidentiality Agreement* becomes part of the employee's personnel file.
4. The employee's immediate supervisor or the Team Leader ensures that employees receive orientation which includes orientation to the Privacy and Confidentiality Policy.
5. Each employee is responsible for ensuring they understand the Privacy and Confidentiality Policy and the *Privacy and Confidentiality Agreement* and for obtaining answers to any questions they have from their Team Leader/immediate supervisor.

4.3 GUIDELINES FOR PATIENT'S PHYSICAL PRIVACY

Policy Section: Privacy and Confidentiality		
Policy Subject: Guidelines for Patient's Physical Privacy	Policy No: 4.3	
Program Director signature:		Effective Date:
KO Director of Health Services signature:		Last Revised: 14/03/08

4.3.1 Introduction

1. Reasonable steps are taken to provide for the physical privacy of a person participating in a clinical telemedicine consultation.
2. When establishing a new telemedicine studio, provisions for patient physical privacy are taken into consideration.

4.3.2 New Telemedicine Studios

1. The following guidelines are followed when a new telemedicine studio is established:
 - (a) When a room for a telemedicine studio is being chosen, it should if possible be located in an area away from high traffic so that the possibility of a breach of patient privacy is minimized;
 - (b) The room should be soundproof if possible, to prevent unauthorized individuals from hearing the consultation;
 - (c) If possible, the room should not have windows. If there are windows, there should be window coverings available to provide for privacy; and
 - (d) If possible, locate the patient examination table in such a way that the patient would not be seen if the door was open inadvertently.

4.3.3 Before and During the Clinical Consultation


1. The following physical privacy strategies are used before and during the clinical consultation:
 - (a) A "Session in Progress" sign is displayed on the door of the telemedicine room during clinical consultations;
 - (b) The door should be locked during the videoconference to prevent unplanned interruptions;
 - (c) If the telemedicine room adjoins the patient waiting room, the TV or radio should be turned on in the waiting room. This background noise decreases the chance of personal information being accidentally overheard;
 - (d) Loitering is not permitted around the telemedicine room;
 - (e) The microphone pod is placed directly in front of the patient. The patient is reminded to speak in a regular speaking voice;
 - (f) No patient information is discussed outside the studio and no information is discussed inside the studio when the door is open;
 - (g) Both sites should pan the camera around the room to assure all participants that only those they can see are participating. Everyone present is introduced in the studios at both sites;
 - (h) Both patients and consultants must be informed and give their verbal consent to have anyone else attend the session;

4.3.4 After the Telemedicine Session

1. The following physical privacy strategies are used after the telemedicine session, or when the telemedicine session is not in use:
 - (a) Make sure the room is locked and access is limited to authorized individuals only (with keys or passwords);
 - (b) For any telemedicine rooms that are located in multi-use rooms, the telemedicine workstation must be turned off when unit is not in use and the remote is secured in a location with limited access;
 - (c) The "Mic-off" setting should be enabled;
 - (d) The camera should be focused on a view that will not compromise privacy, i.e. the community telemedicine sign (a camera preset can be stored for this);
 - (e) Employees telephone the telemedicine studio prior to calling in spontaneously by video, in case a patient is in the telemedicine room; and

- (f) CTCs refer to the *Training Manual for Community Telemedicine Coordinators* (see the [KOTM website](#)). For further information refer to the *Soundproofing Protocol for Telemedicine Sessions* (see [Appendix A.15](#)).

4.4 TRANSMISSION OF PERSONAL HEALTH INFORMATION BY FAX MACHINE

Policy Section: Privacy and Confidentiality		
Policy Subject: Transmission of Personal Health Information by Fax Machine	Policy No: 4.4	
Program Director signature:		Effective Date:
KO Director of Health Services signature:		Last Revised: 14/03/08

4.4.1 Introduction

Patients have rights to privacy protection and to confidential treatment of their health information. As there are risks associated with faxing personal health information the following guidelines have been developed to reduce the chance of errors occurring during the process. While it may be impractical to implement these guidelines fully at some sites, every reasonable effort should be made to ensure compliance.

4.4.2 Use of Fax Machines to Transmit Personal Health Information

1. Fax machines are used to transmit personal health information under the following circumstances:
 - (a) Community Telemedicine Coordinators (CTCs) send referral forms to the Scheduling office;
 - (b) Scheduling sends referral forms to partner telemedicine networks (i.e. OTN and Manitoba Telehealth); and
 - (c) Information is required about a patient, and there is not sufficient time to mail it.

4.4.2 General Considerations for Fax Machines

1. KOTM uses fax machines that can be programmed to store a list of frequently used fax numbers (a "master list").
2. Fax machines are to be located in an area of restricted access.
3. One fax machine is designated for transmitting and receiving personal health information only; a second fax machine is used for day-to-day operations.
4. Only authorized individuals send or receive personal health information from the designated fax machine.

4.4.3 Sending Faxes

1. Frequently used faxed numbers are maintained on a master list. The list is checked regularly to ensure the numbers are working and correct.
2. Fax numbers from a master list are programmed into the fax machine. This ensures faxes are not sent to unknown sites by accident.
3. Before dialing fax numbers that are not on a master list, the number is checked for accuracy. Before sending, the number that appears on the fax machine's display window is checked for keying errors.
4. In the following cases, the intended recipient is called by telephone before faxing. This is used as an opportunity to confirm the fax number, and to ask the recipient to notify the sender if the fax does not arrive.
 - (a) Sending to recipients that are not called frequently; and
 - (b) Sending to recipients that are not on a master list.
5. The first page that is sent in each case is a cover sheet containing:

- (a) The name, address, and phone number of the sender;
- (b) The name, address, and fax number of the recipient;
- (c) The number of pages being faxed including the cover sheet;
- (d) The following statement: "This information is confidential and may be subject to the Personal Health Information Protection Act (PHIPA). This fax should not be distributed, copied or disclosed to any unauthorized persons;" and
- (e) Instructions for the recipient to follow when a fax has been sent to the wrong location.

The *Fax Cover Sheet* used by KOTM is found in [Appendix A.16](#).

- 6. A fax activity confirmation report is printed after each fax is sent. This is retained as proof that the fax was sent to the intended location.
- 7. When a fax has been sent to an incorrect location, the immediate supervisor is notified immediately.

4.4.4 Receiving Faxes

- 1. If the fax contains a cover page, the number of pages listed on the cover page is checked against the number of pages received. If the cover page or the number of pages is not provided, the number of pages listed on the fax activity confirmation report is checked against the number of pages received.
- 2. If pages are missing, the sender of the fax is contacted immediately.
- 3. If the sender has requested a confirmation of fax receipt, this is done as soon as possible following the fax transmission.
- 4. When a misdirected fax is received, the recipient should contact the sender immediately and confirm with the sender whether the fax should be returned to the sender (by means other than fax) or destroyed in accordance with the *4.7 Data Retention and Sanitization Policy*. The recipient should not forward the fax to the intended recipient.

PROTECTING YOUR PERSONAL HEALTH INFORMATION

Personal Health Information is information that can identify and link you to health care services you have received.

Collection of Personal Health Information:

KOTM collects personal health information such as your name, date of birth, address, telephone number, health card number, band/status card number, reason for referral (suggestion to see a specialist), and referral health care provider, and, in some cases, test and/or examination results are provided by your referring doctor or health care provider.

Use and Disclosure of Personal Health Information:

KOTM uses and discloses your personal health information to:

- Book your Telemedicine appointment
- Inform you of your appointment
- See the doctor or health care provider
- Plan, administer, and manage KOTM operations
- Ensure patient safety
- Ensure the needs of the patient are met
- Gain on-going information on how telemedicine can improve health care services
- Compile statistics
- Receive payment for treatment and care
- Follow the requirements of the law
- Submit reports to funders as required

You can:

- Decide not to share your personal health information prior to, or while you are seeing a health care provider
- See and correct your personal health information
- File a complaint with the KOTM Privacy Officer

How to contact us:

For more information about our privacy protection policies, or to ask questions you have about our practices, please contact our Privacy Officer at:

privacy@knet.ca or call

1-800-387-3740 and leave your name & number with the KOTM receptionist who will ask the Privacy Officer to return your call.

Important Information:

- We take steps to protect your personal health information from theft, loss, unlawful access, copy, change, use, sharing, and disposal
- We perform checks to ensure the protection of your personal health information
- Your shared information is protected according to federal and provincial legislation, and only used for what you consent to

You can also file a privacy complaint to the Information and Privacy Commission/Ontario if you think you have been wronged.

The Commissioner can be reached at:
 Information & Privacy Commissioner/Ontario
 2 Bloor Street East, Suite 1400
 Toronto, ON
 M4W 1A8
 1-800-387-0073
info@ipc.on.ca

Soundproofing Protocol for Telemedicine Sessions

It is important for clients who access Telemedicine services to be comfortable and feel like they can express their concerns in a confidential manner. It is the responsibility of the Community Telemedicine Coordinator to ensure that privacy and confidentiality are maintained at all times. To ensure optimum privacy it is recommended the Community Telemedicine Coordinators do the following:

- ☐ Turn the TV and/or Radio on in any adjoining waiting room so that it is loud enough to provide background noise.
- ☐ Ensure there is no loitering around the Telemedicine suite.
- ☐ Keep the doors closed and phones turned off at all times during the sessions.
- ☐ Make sure “Session in Progress” signs are posted.
- ☐ Place the microphone pod directly in front of patient. Instruct the client to talk in a regular voice.
- ☐ Once contact with the consulting health professional has been established, adjust the volume using the remote control. The transmitted voice should be of medium volume and not audible outside the Telemedicine suite.
- ☐ The use of Headphones with appropriate instruction will be offered to all Clients.
- ☐ During mock sessions, soundproofing levels will be monitored and reported to the Telemedicine Informatics Educator. Concerns will then be brought to the attention of the Regional Coordinator and Project Manager.

If these suggestions do not ensure privacy for Telemedicine sessions, notify the Regional Coordinator immediately.

PRIVACY AND CONFIDENTIALITY AGREEMENT



12 Dexter Road, Box 340
Balmertown, ON P0V 1C0

Phone: (807) 735-1381
Toll Free: (800) 387-3740

I acknowledge that I have read and understand KOTM's Privacy and Confidentiality Policy.

I understand that:

- KOTM personnel, corporate, proprietary and personal health information that I have access to or learn through my employment or affiliation with KOTM is confidential
- As a condition of my employment or affiliation with KOTM, I must ensure that I am aware of and comply with all privacy related policies and procedures as outlined in section 4.0 *Privacy and Confidentiality* of the *KOTM Policies and Procedures* manual, and
- My failure to comply may result in the termination of my employment/affiliation with KOTM and may also result in legal action being taken by KOTM, member sites and/or patients

I agree that I will not access, use or disclose any confidential and /or personal health information that I learn of or possess because of my affiliation with KOTM, unless it is required by law or necessary for me to do so in order to perform my job responsibilities. I also understand that under no circumstances may confidential and or personal health information be communicated either within or outside of KOTM, except to other persons who are authorized by KOTM to receive such information.

I agree to not remove, alter, destroy or copy confidential and or personal health information, except with authorization and in compliance with KOTM policies and procedures.

I agree to keep my computer access codes (i.e. passwords) confidential and secure. I will protect physical assess devices (i.e. keys) and the confidentiality of any information being accessed.

I will not lend/share my access codes or devices to anyone, nor will I use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I believe that my access codes or devices may have been comprised or stolen, I will immediately contact my supervisor and KOTM privacy officer

I understand that this agreement will be in place for the duration of employment with KOTM.

Name (Please Print)

Signature

Date

Witness (Please Print)

Signature

Date

Supervisor (Please Print)

Signature

Date

Revised 14/03/08

Review of Ontario Telemedicine Network Policies

As Community Telemedicine Coordinators, it is important to have an understanding of the Provincial network and the work that has been done with regards to privacy policy. As our Telemedicine partner, Ontario Telemedicine Network is dedicated to addressing privacy issues through policy development.

1. Go to www.otn.ca
2. Ensure you are on the home page.
3. Click on Privacy Link (top left side of screen)
4. Click on "Privacy Best Practice Toolkit for Members"
5. Review the following documents:
 - a. Privacy Policy
 - b. Guidelines for Physical Privacy of Patients During a Telemedicine Session

6 Clinical Training Protocols Module

To receive certification the Community Telemedicine Coordinator will demonstrate to the Informatics Educator or the CTC with the Training Portfolio or designate that she/he is able to perform the following:

CTC Name: _____

Community: _____

Module Component:	Date:	Signed off by:
Demonstrates use of Consult Checklist and accurately completes all required forms		
Demonstrates ability to locate Protocols		
Demonstrates ability to ensure comfort for all patients – adults and children		
Demonstrates knowledge of Diabetes Protocol		
Demonstrates knowledge of Telepsychiatry Protocol		
Demonstrates Appropriate gowning or Draping and positioning of patients		
Demonstrates Knowledge of Scheduling		

Protocols

- ☐ Keeps originals of all protocols in separate binder, and copies of each in file folder
- ☐ Demonstrates knowledge of required protocols

Tips to Increase Comfort for all Patients

- ☐ Explain what you are going to do before you do it
- ☐ Make sure child understands what is going to happen
- ☐ Reassure child, talk slowly and quietly
- ☐ Ask parent for help
- ☐ Allow child to ask questions
- ☐ Have child bring a favourite animal or doll to practice using ENT scope (otoscope) or Stethoscope on
- ☐ Give child something to play with to distract and occupy
- ☐ Do not continue if child remains uncooperative

Protocol for Diabetes Clinics

- Start preparing for this clinic 5 working days in advance.
- You will need a list of patients. Contact The Telemedicine Scheduler at the Scheduling Office for referrals she may have received to add to your list.
- If there are none or only a few referrals from The Telemedicine Scheduler, arrange to meet with the nurse, CHR or the Diabetes worker to come up with a list of patients. The clinics are 3 hours; 3 – 6 patients may be seen. The initial visit is 1 hour and follow up visits are 1/2 hour.
- When you confirm (**minimum of 2 days before**) that each patient will attend:
 - Complete a **Referral Form** for each patient (include DOB, Health Card No. and Band No.)
 - Assign each an appointment time (found at top of referral form)
 - Fax the list of patients (which includes any referrals from The Telemedicine Scheduler) and the referral forms with the time of their appointment to the Scheduling Office at **1-807-735-1089**. The Telemedicine Scheduler will forward the list to the Diabetes office in Sioux Lookout.
- Start filling out a **Diabetes Information Sheet**, (one for each patient), then ask the nurse or CHR to complete. When completed, fax to Sioux Lookout Diabetes at **1-807-737-2603 prior** to the consult.

Please note:

Blood Sugar	-must be done the day of the clinic -could be done by patient, CHR or nurse
Other Blood Work	-completed within 3 months
Blood Pressure	-must be done the day of the clinic

- Complete **Patient Feedback Form** and **Activity Log** for each patient and fax to the Scheduling Office at **1-807-735-1089**.
- You may have your backup assist with these clinics

Protocol for Telepsychiatry Consults

- Follow Telemedicine Consult Checklist
- Follow Soundproofing Protocol
- Sign “Oath of Confidentiality” in front of the patient and have patient witness your signature (following explanation of the form). Confidentiality must be maintained at all times and for all consults. It is important that patients attending these appointments have extra reassurance that their medical information is private and confidential.
- Complete the Consent to Disclose Personal Health Information form. You will sign as the witness. This is faxed to the Psychiatrist so that information will be sent to the patient’s chart after the session.
- Mental Health Worker or designate must be available during and after the consult in case the patient needs additional mental health support.

Proper Gowning or Draping and Positioning of Patient for Exam

It is important for patients to feel comfortable during their consult. It is the responsibility of the Community Telemedicine Coordinator to respect and protect the patient's modesty. To ensure the patient is comfortable and the specialist has the ability to examine the patient, the following is recommended:

- During transmission of lung or heart sounds the Specialist must see where the stethoscope is being placed
- Ensure the patient's bare back is facing the camera before placing stethoscope to transmit lung sounds. The stethoscope must be placed directly on the skin.
- Give patients control of the gown or drape to minimize exposing themselves
- Patient can be instructed on displacing her breast herself, either by the nurse or consultant.
- Suggest patient wear appropriate clothing for consult. For example, wear sleeveless shirt if upper arm to be examined.

Coordinating and Scheduling Telemedicine Sessions

In order to ensure Telemedicine sessions are a reliable and scheduled service, each Telemedicine session will need to be coordinated by the CTC. It is important that the CTC do what ever is necessary to ensure that the Telemedicine session is successful. To facilitate Telemedicine sessions, the CTC will ensure that copies of the KO Referral are available to the health professionals in the community.

- ☐ Completed referral forms will be faxed to KO Scheduler.
- ☐ The KO Scheduler will book a date for the Telemedicine appointment.
- ☐ Confirm with the patient that they will be available for the appointment. If the patient is unavailable, notify the KO Scheduler to schedule a different date.
- ☐ Book the appointment on your calendar.
- ☐ Initiate and complete a “Telemedicine Consult Checklist” form for each patient.

7 Technical Training for the Telemedicine Workstation Module

To receive certification the Community Telemedicine Coordinator will demonstrate to the Team Leader or the CTC with the Training Portfolio or designate that she/he is able to perform the following:

CTC Name: _____

Community: _____

Refer to ADCOM training manual for this segment

Module Component:	Date:	Signed off by:
Workstation Features and Benefits		
System On/Off button		
Remote Control		
Camera Control		
Contact Help Desk		
Troubleshooting Tips		
How to make a Videoconferencing Call		
Address book		
Weekly checking of equipment function is required		
Medical Peripherals		
ENT Scope		
Patient Camera		
Stethoscope		

8 Mock Sessions Training Module

Mock sessions will be arranged with the CTCs. Mock sessions will be completed utilizing the scenarios (see appendix B). Each mock session will follow the “Criteria for Mock Session Training” and will be evaluated by the Team Leader or designate, utilizing the “Mock Session Evaluation” document.

One successful Mock Session will be completed by each CTC. This session will include a psychiatric, cardiac or dermatology consult.

Criteria for Mock Session Training

Purpose:

To ensure the CTCs have the skills required to conduct Telemedicine sessions.

Prior to Session:

- ☐ A referral form will be made for each session.
- ☐ The CTC will fill out Telemedicine Consult Checklist
- ☐ Introduce patient to the Telemedicine suite by showing the patient the equipment. For example, “This is the ENT scope (otoscope) and it is used to examine the ear drum. It is inserted in your ear and a picture is sent to the doctor”.
- ☐ Be sure to explain how Telemedicine works, “We are connected by video with Dr. Chase in Sioux Lookout”.
- ☐ Review the etiquette of Telemedicine conferencing, ie. keeping the patient in view at all times, talking in a normal tone of voice, one person speaking at a time; minimize disruptions by turning off the phone and hanging “Session in Progress” sign up.

During the Session

- ☐ Consultant’s site will establish connection, be ready for the scheduled time
- ☐ Introduce everyone in the room to the physician
- ☐ Present patient information and translate as required
- ☐ Before logging off, check if patient has any further questions

After the Session

- ☐ Complete Patient Feedback Form with the patient
- ☐ Fill out Activity Log
- ☐ Fax Activity log and Patient Feedback Form to the Balmertown office.
- ☐ File in the locked cabinet: Consent, Patient Feedback Form and Consult Checklist
- ☐ Give activity Log to nurse for Patient's chart
- ☐ Take "Session in Progress" sign down and turn on ringer on phone

See appendix B for Mock Session scenarios

Mock Session Evaluation

Each mock session will be evaluated by the Team Leader or designate to ensure the learning needs of the CTC are met.

Date and Time of Session: _____

Participants: _____

Prior to Session

- ☐ Consult checklist has been completed up to “When Patient Arrives” and faxed to Informatics Educator
 - ☐ Peripheral devices checked prior to session according to AMD Manual
 - ☐ Furniture has been arranged for ideal viewing of patient
 - ☐ Patient has knowledge of remote control use*
 - ☐ Patient is oriented to Telemedicine suite and equipment
 - ☐ Telemedicine is explained and consent checklist is reviewed
 - ☐ Prior to psychiatric consults, the Community Telemedicine Coordinator will sign the oath of confidentiality in front of the patient.
 - ☐ “Session in Progress” sign has been hung and ringer on phone turned down
- * Depending on patient ability

During the Session

- ☐ Consultant’s site will establish connection **Be ready for the scheduled time**
- ☐ Introduce everyone in the room to the physician
- ☐ Present patient information and translate as required
- ☐ Before logging off, check if patient has any further questions

After the Session

- ☐ Complete Patient Feedback Form with the patient
- ☐ Fill out Activity Log
- ☐ Fax Activity log and patient feedback form to the Balmertown office.
- ☐ File in the locked cabinet: Patient Feedback Form and Consent and Consult Checklists
- ☐ Give Activity Log to nurse for Patient’s chart
- ☐ Take “Session in Progress” sign down and turn on ringer on phone

9 Education Session Training Module

Community Telemedicine Coordinators are essential in communicating, promoting, and coordinating the delivery of education opportunities for the community health staff. It is the CTC who assists health staff with accessing education events and then creating an optimal learning environment for participants. This module orientates the CTC to their role and responsibilities in supporting capacity building within their community.

To receive certification the Community Telemedicine Coordinator will demonstrate to the CTC/CTCs with Education Portfolio or designate that she/he is able to perform the following:

CTC Name: _____

Community: _____

Module Component:	Date:	Signed off by:
Identifies video-conference etiquette		
Identifies role of CTC for education events and required forms		
Identifies role of Education Moderator		
Demonstrates camera technique which promotes visual presence for groups and individuals		
Demonstrates use of Document Camera		
Demonstrates use of VCR		
Demonstrates use of Webstreaming		
Demonstrates use of KNet video-conference system.		
Ensures Adobe Reader software is available on the Computer		

Video-conference Etiquette

- Introduce yourself and anyone accompanying you.
- **Use the “mute” control when you are not speaking to the presenter.**
- Take your site off mute and identify yourself and your location when you want to make a comment or ask a question.
- Don't move the microphone as this interferes with system sound settings.
- Keep the microphone unobstructed by papers, etc.
- Avoid unnecessary tapping, rustling of papers or side conversations when your site is speaking, as this will add audio noise at the receiving sites.
- Speak at a normal volume. There is no need to shout!
- Look into the camera and monitor when you are speaking.
- **Assume that you can always be seen and heard.** Avoid negative facial expressions (for example, frowning or rolling the eyes) and side conversations. Remain professional.
- Remember only one person can speak at a time! Pause and wait if you want to be able to hear comments from other sites due to the audio delay.
- Remember that privacy and confidentiality applies to education sessions. Always remember to protect personal information.
- During video-conference sessions always stay in the room or near the closed door in order to offer assistance.
- Enjoy yourself!

Protocol for KOTM Education Sessions

Education Coordinator

- Posters are developed by the KOTM Education Coordinator with the topic, date, time, logo, and presenter name. The target audience will be identified for distribution.
- The poster is forwarded with a Video-Conference Request Form to Scheduling.
- The Video-Conference Request Form will identify the preferred connections as KNet or Ontario Telemedicine Network
- Web-casting requests will also be forwarded to scheduling.
- The handouts are forwarded to scheduling as received by the Education Coordinator.
- A listing of all registered sites is reviewed and sites not yet registered will be reminded about the education session.
- Education sessions are moderated by the Education Coordinator or designate.
- The Education Coordinator or designate compiles all participant evaluations into one document.
- A copy of the compiled evaluation results is forwarded to the presenter.
- Completed attendance and evaluation forms are kept on file.
- A Certificate of Attendance is forwarded by email for participants who have requested this service on the attendance sheet.

Education Scheduler

- Two weeks prior to the education session, the Education Scheduler distributes the poster to the CTCs, Health Directors and program administrators, as identified by the Education Coordinator. The Education Coordinator will be copied on distribution
- Scheduling also posts all education sessions on the KOTM Web-page.
- Upon receiving the Videoconference Request Form, the Education Scheduler books the presenter site in TSM or KNet.
- The Education Scheduler forwards the TSM notification to both the registered sites and the Education Coordinator 1 week before the session. The Education Scheduler will include both the CST and EST times for the session.
- Late registrations may occur up to 48 hours prior to the scheduled event.
- If any changes are made to the TSM, the Education Scheduler forwards the revised TSM to the Education Coordinator.
- If handout has not been received by Education Scheduler 48 hours prior to event, Education Program Coordinator is contacted to determine availability.
- The Education Scheduler forwards the handout, the attendance sheet, and the evaluation form to all participating sites 48 hours prior to the scheduled event.
- The completed forms are faxed to the Education Coordinator or Moderator for compiling of stats and the evaluation report.

CTCs

- CTC will be sent education session posters from the KOTM Education Scheduler (usually Wesley McKay).
- CTCs promote the event in their community by notifying the target audience of the educational event. Posters are distributed to the target audience. Posters will be displayed in a prominent location for all community health staff. Other methods of promoting education events occur through radio, phone calls or any other means that is appropriate for that community.
- CTCs confirm with the target audience and register their site one week before the session.
- CTCs schedule the education in either the Telemedicine room, Public Health room or other locations as needed. In multiuse use rooms, the nurses are notified and the room booked.
- CTC documents session (date, time, topic and presenter) on desk calendar
- On the day of the event, the CTC prints and distributes handouts for all registered participants.
- The CTC ensures the equipment is turned on ½ hour before the scheduled event. Ontario Telemedicine Network or KNet Helpdesks auto connect all registered sites to the session.
- If the auto-connect is not made 10 minutes before the session, CTC calls helpdesk and requests to be connected. (refer to event number)
- The CTC ensures all participants record themselves on the attendance sheet and submit an evaluation form.
- CTC ensures that roll call and Q and A is answered by the CTC or designate.
- CTC ensures that all participants are visible to the presenter.
- If CTC not present during entire session, designate will be instructed re: use of remote
- The Education Coordinator will be notified of any “No shows”.
- All evaluation forms are collected by the CTC before the participants leave the site.
- The CTC will FAX all completed attendance and evaluation forms to the moderator site.

Role of KOTM Education Moderator

With the increasing numbers of sites being involved in video-conference presentations, there is a need to have structure to each session. Each KO Telemedicine education session is moderated by a CTC with the education portfolio or a designate.

Moderator Role:

- The moderator ensures all registered sites are on-line and have QOS (quality of service – audio & visual)
- Gives instructions regarding the video-conference
- Identifies the education topic
- Ensures the presenter is acknowledges and thanked
- Ensures the session is presented within the required time-schedule
- Ensures all sites have opportunity for involvement
- Provides translation assistance as required
- Receives all faxed Attendance and Evaluation Forms
- Compiles an Evaluation Report
- Forwards Certificates of Attendance as requested on the Attendance Forms.

Telemedicine Education Visual Presence Training Lesson Plan

The objective of this lesson is to recreate the in-person experience over Tele-health Technology.

Visual Framing Techniques

- Ensure the individual speaking is framed so that the distant site can see the upper body only.
- If more than one individual is speaking, frame the individuals only, eliminate showing any extra background or room
- Use presets on your remote control to switch between speakers with ease.
- During education sessions when the participants are not speaking, frame all participants.
- The community sign should not be framed during sessions.

Lighting Technique

- Ensure the over-head lights are on in the room so that the distant site can see the face of the participants/speaker
- Avoid having windows beside or behind the participants/speaker as the light from windows interferes with the brightness settings on your video-conference camera. If there are windows in your room, pull the blinds. It will take the video-conference camera a few moments to readjust the brightness settings. By pressing the “NEAR” button on your remote the camera will also be prompted to readjust the lighting settings.
- If inadequate lighting, turn on BACKLIGHT COMPENSATION on User Setup.

Audio Settings

- If your voice echoes, decrease the volume setting on your remote.
- Use the “mute” control when you are not speaking to the presenter.
- Take your site off mute and identify yourself and your location when you want to make a comment or ask a question.
- Don’t move the microphone as this interferes with system sound settings.
- Keep the microphone unobstructed by papers, etc.
- Avoid unnecessary tapping, rustling of papers or side conversations when your site is speaking, as this will add audio noise at the receiving sites.
- Speak at a normal volume. There is no need to shout!

Telemedicine Education Peripherals Training Lesson Plan: The Document Camera (Elmo)

- Turn on Document Camera
- Press the “near” button on the remote control. Using the right arrow key, scroll to the second visual clue (document camera) and press the SELECT button on the remote control. (The image from the document camera will now appear on the monitor at the far end site.)
- Establish number 3 on remote as peripheral “preset”. Press ENTER on the remote control and then Press “3”. (Each time you press 3, the peripheral which is turned on will appear on the monitor). If using iDOC remote press PRESET button rather than ENTER.
- Focus on written document.
- Focus on x-ray – use both positive & negative imaging.
- Review “shut-down” procedure (Press the “near” button on the remote control. Using the left arrow key, scroll to the first visual clue (Main) and press the SELECT button on the remote control. Monitor will now show view from the Main Camera).
- In the event that there is no access to a document camera but you must display a document, the patient camera may be used in the following manner:
 - place the document horizontal on an easel or in a clear document holder (Printing the document horizontal rather than vertical fits into camera sights better.)
 - zoom the camera so that you see only the paper.
 - PRESET this setting to move easily between the speaker and the document.
- In the event that you must show a PowerPoint from a laptop during an education session, the document camera may be used in the following manner:
 - place the flattened laptop directly on the document camera
 - use no additional lighting (upper lights create a glare on the laptop screen)
 - bring the laptop screen into focus so that only the image shows and not the laptop.
 - proceed with showing the PowerPoint images.
 - Please Note: this same procedure may be used to show “live web-surfing” resulting in a larger image for the distant sites as compared to the conventional display.

Telemedicine Education Peripherals Training Lesson Plan:

The VCR

- Turn on VCR
- Insert tape into VCR
- Press the input selector button until it displays LINE 1

To Record

- Select Record

To Play

- Push Play on the VCR
- Press the “near” button on the remote control. Using the right arrow key, scroll to the third visual clue (VCR) and press the SELECT button on the remote control. (The image from the VCR will now appear on the monitor at the far end site.)

To Stop a Tape

- Press the “near” button on the remote control. Using the left arrow key, scroll to the first visual clue (Main) and press the SELECT button on the remote control
- Push STOP on the VCR (*Please note that if you do not stop the tape in this order, a very loud screeching noise will disturb your session*)

Webstreaming Lesson Plan

Webstreaming of education events permits KOTM sites who do not have access to video-conference connectivity to view the session live and conduct chat through an internet connected computer. Archiving of these webstreamed events permits health staff who have missed an education event to view the “taped” event at a later date.

- On an internet connected computer go to the Telemedicine homepage.
<http://www.telemedicine.knet.ca>
- Click on the webstreaming link at the top of the page
- Review the “user agreement”
- Providing your computer has “Windows Media Player” or “Quick Time Player” installed you may now proceed to enter the “live” or “archived” session events. Live events are in “real time” which allows participants to “chat” with other participants and the webstream moderator or instructor. Archived events permit participants to review an education session that occurred at an earlier point in time.
- Live webstreamed events can be found by selecting the “Please Click Here to Enter in the Live Education Session”. Then click on the Windows Media Player icon (multi-coloured circle with arrow in centre) in the “LIVE KO Telemedicine Education” box. Following this a box requesting you name will appear. Type your name in the box and you are now entered into the live education session. Please remember that everything you type will be archived.
- Archived webstreamed events can be found by scrolling down the page and selecting the appropriate “theme or category” title. You will now have listings of topics which may be sorted by “creation date, title, description or duration”. Scroll through the listing, choose a title, then click on the Windows Media Player icon (multi-coloured circle with arrow in centre) by the chosen topic. Your computer is now loading your selected archived event. You will be able to hear and see the video-conference as well as see all chat that occurred during the event.
- **To Install “Windows Media Player”** ensure that your MSN/Yahoo, Antivirus, and Windows pop-up blockers are disabled. These blockers will not permit you to download the necessary files. Next enter the link below in your internet address box and download the latest version of “Windows Media Player”
<http://www.microsoft.com/windows/windowsmedia/mp10/default.aspx>

Now enter into the “KNet Services Webcast Client Setup Utility” and follow the instructions to ensure the codecs are installed. This Utility link is found at the top of the KOTM Webstreaming page.

- **To install “Quick Time Player”** ensure your pop-up blockers are disabled as described above. Next enter the link below in your internet address box and download the latest version of “Quick Time Player” with “iTunes”
<http://www.apple.com/quicktime/download/win.html>
Then enter into the “KNet Services Webcast Client Setup Utility” and follow the instructions to ensure the codecs are installed.

Orientation to KNet Video-conference System

The KNet Video-conference System is a non-encrypted (non-confidential) system. It is an ideal system for use in education sessions and training as it uses a separate delivery pipe to your community.

There is a KNet video-conference system located in each community. Generally these systems are located in the “Public Health Room” in the Nursing Station, or in the Community E-Centre or the Band-office.

The equipment includes a 29” television on a metal stand, with a polycom camera situated on top of the television. The equipment operates much the same as the Telemedicine suite. Please review section 7 in this manual “Technical Training for the Telemedicine Workstation” to review remote control use.

Please note the Help Desk for KNet video-conferencing units is the KNet Technical Team – Systems Support Technician.

- From IP phones please call for systems support (Lyle) @ extension **1387**.
- From non-IP phones, please call **1-800-387-3740** and ask for the KNet Systems Support Technician or extension 1387.

10 Community Promotion of Telemedicine Training Module

An important component of CTC responsibilities is the promotion of Telemedicine within their communities. The following training piece includes concepts of Telemedicine promotion and building strategies for local community support.

For this portion of the CTC certification, complete the following items and send documentation to the CTC with the Community Promotion portfolio (Community Promotion CTC) who will complete this checklist.

To receive certification the Community Telemedicine Coordinator will demonstrate to the Team Leader or the CTC with the Training Portfolio or designate that she/he is able to perform the following:

CTC Name: _____

Community: _____

Module Component:	Date:	Signed off by:
Meet with Community Leaders to discuss Telemedicine		
Hold an Open House		
Invite the school classes to visit the Telemedicine unit for a tour		
Submit news about the Open House/school event to Web site		
Submit news article to newspaper or newsletter		
Talk about Telemedicine on the local radio or TV		

Submit “Activity Report” (see attached form in section 13) to your Team Leader after each item completed. Include details like date, time, attendance, description of event, as well as a copy of any promotional posters and photos. Contact this CTC with any questions concerning Community Promotions.

Building Community Support

Building community support will involve several components.

1. Awareness of local health issues, for example, diabetes, heart disease, arthritis, and obesity
2. Identifying Key Members in your community to promote Telemedicine
3. Planning for Local Telemedicine Launches

Working With Key Community Members

- To identify key community members, you will need to know your local Chief, Council, Health Directors, Elders, Youth, Health Promoters, Nurses, Community Doctors, and any other prominent community figures. It is helpful to call and set up a meeting to talk about Telemedicine. From these meetings, identify those individuals who would like to help promote Telemedicine in your community
- Make sure you know who your local, provincial and federal government contacts are. Make a list. These may include your local MP, local MPP, Minister of Health, Minister of Northern Development and Mines, key ministry staff, and other municipal councillors.
- Ask key community members if you can send them copies of the Ontario Telemedicine Network newsletters and any other Telemedicine promotional material.
- Schedule a presentation with the Chief and council at a council meeting to promote Telemedicine. Offer to demonstrate the equipment.
- Frequent contacts are important. Elected officials must be contacted over and over again so that when they see your face, hear your voice, or see your name on a letter, they know who it is from and will react to it immediately.
- Include elected officials on the invitation list for various functions. If it is appropriate, provide them with an opportunity to speak during the special event. They may or may not be able to attend, but always ensure that they are invited.

Planning for Local Telemedicine Launches

Each community will plan a “Telemedicine Launch” to announce and promote Telemedicine services in the community. The launches will consist of the following:

- An article in the community newsletter
- An article in the Aboriginal Newspaper
- A radio announcement
- One big “Launch” event
- Follow up with two Open Houses

Write An Article For A Newsletter, Local Community Paper or Web site

When writing the article, consider the following:

- Make it important for your community
- Add a human-interest aspect to the story
- Is there an entertainment aspect?
- Use quotes from your Key Community Member
- Always include a picture

See attached example, (Appendix D).

Contact the Technical team lead to learn how to post News on the Telemedicine web site.

Write A Press Release For The Aboriginal Newspaper

- Print “FOR IMMEDIATE RELEASE” in the left hand margin. Always boldface your headline.
- Insert your community and date
- The first paragraph will contain all the relevant information (the five w’s – who, what, when, where and why?)
- Back up the first paragraph with additional details
- Include contact information at the bottom of your release for further information.

See attached example (Appendix E).

Radio Announcements

When doing radio announcements, there are two kinds of encounters

1. Pitching a story (going to them with your story)
 2. Reacting to a call (receiving a call following your issue of a news release)
- Keep your message short. Plan messages that are important to your community and repeat over and over again. Use your key messages in the opening statement
 - Write out what you will say in advance and rehearse

- Have a call in and answer period
- Time your radio announcement for when most people will be listening to the radio

Email Messages

Remember that when using email as a way to promote Telemedicine that the message can get lost or may not be read. Written invites and telephone calls are better ways of contacting Key Community Members, especially in the initial stages.

*Media promotion strategies adapted from Paula Ashley, Communication Officer for Ontario Telemedicine Network

Telemedicine Open House

Every Keewaytinook Okimakanak Community will host two Telemedicine open houses. The open house will give the community an opportunity to see the Telemedicine equipment in action.

- Create list of people to invite
- Have materials prepared to hand out or even send out in advance (news release, organization's newsletter, recent articles, backgrounders or bios)
- Give out freebies (pens on a rope, pads of paper etc)
- Ask Key Community Member to make a presentation
- Invite local Multimedia producer to post pictures on the K-Net website.

To prepare for the open house do the following:

1. Talk to charge nurse and choose a date that is mutually agreeable to host the open house
2. Inform your Team Leader so a video connection with another Community can be arranged and booked
3. Make a poster (see attached sample, Appendix G) and put copies around community and on the local TV channel
4. Make an announcement and have it read on the radio
5. Arrange to have a volunteer to assist with the session
6. During the open house, do two Telemedicine demonstrations

Telemedicine Demonstrations

Telemedicine Demonstrations are an effective way of showing how Telemedicine works. It allows community members and potential patients to have a visual awareness of the Telemedicine equipment.

The following include the steps for a successful Telemedicine session. Prior to the session, have workstation turned on with the ENT scope (otoscope), patient exam camera, and document camera ready for use. The instructions are in the burgundy AMD Manual. Arrange for another CTC in their community to connect for the demo.

1. Arrange seating so that viewers are comfortable and have a good view of the workstation.
2. Introduce yourself and what your position is within the organization.
3. Mention the benefits of Telemedicine.
4. Ask for volunteers to use the equipment. Make sure the patients know what they are volunteering for. Not everybody likes to have their ear drum shown on camera.
5. Demonstrate the ENT scope (otoscope) on an eardrum, using volunteers.
6. Demonstrate the patient exam camera. Ask if there are any volunteers with rashes or injuries that wouldn't mind showing it on the monitor.
7. Dial up a connection with another community or with Balmertown. Explain the process of dialling the communities. This is also a good time to mention the benefits of Telepsychiatry and how the sessions are conducted.
8. Have a question and answer period.

11 Aboriginal Language Translation Training Module

Translation Service is an important aspect of Telemedicine in remote First Nations Communities.

The Community Telemedicine Coordinators will:

- ☐ Receive a Sioux Lookout Zone Hospital Interpreter's Manual for reference.
- ☐ The local translator is a community representative who routinely provides health translation services for the community. The local translator's services will be contracted to review medical terminology, as it is understood within the community.
- ☐ The CTCs in each community will review a list of words that are important for Telemedicine session translation. To promote consistency, the CTCs will then discuss through videoconferencing or face to face and agree on the appropriate terms for each community. An individual experienced in Aboriginal language translation will be present to facilitate the discussion.

Medical Terminology: List One

Term	Meaning	Translation
Asymmetry	unevenness in 2 opposite but corresponding parts	ekaamaayaam e'shinaakwak
Symmetry	when opposite sides of a part are equal in size & shape	maayaam ishinaakwan
Bilateral	both sides	kwekwekiyaa'i
Flexion	bending motion that decreases the angle between a joint and the body	e'babiskitaayaan
Extension	an unbending or stretching movement that increases the angle between a joint and the body	chi kwaayakotaayaan
Supine	to lay on the back with face-up	ashikitakoshinin ataawashinin (Ojibwe)
Prone	to lay face-down with the back up	onishaakoshinin animikoshinin (Ojibwe)
Peripheral	located at the edge or outer surface of the body or a body part	waanakoyaa'i
Lateral	located at the side of the body or body part	pimichiyaa'i
Medial	located in the middle of the body or a body part	nenaawiyaa'i
Proximal	located near the center of the body or body part	nenaawiyaa'i
Distal	located at the far end of the body or body part	waanakoyaa'i
Dorsal surface	the back surface of a body part	kiwanakakizidaanik kiwanakakinichaanik
Volar surface	the palm of the hand or the sole of the foot	
Plantar flexion	bending the sole of the foot	Naashakizidetaan
Dorsi flexion	bending backwards	Naashaakaakotaan
Quadrants	dividing the body or a body part into 4 intersecting sections	

Epigastric	located above the stomach area	ishpimiing kimisadaag
Suprapubic	located above the pubis	
Inspect	to look carefully at the body or body part during examination	kwayak chi-naakachi'ich chinaanaakachichi- kaadeg
Elevate	to raise	ishpi ayaan
Lung Bases	the base or bottom of the lungs	naashiyaa'I opahnaank
Supra-clavicular	located above the clavicle (curved bone connecting the shoulder to the chest)	
Apex	the point or tip of a body organ	waanakoya'ing waanashoch (Cree)
Intercostal Space	the space between the ribs of the chest	nasawiiyaa'i-owaakikanik
Sternal Border	the edge of the sternum (bone in mid-centre of the chest)	okaan nasawiiyaa'i owaakikanik ka'ayaak
Turgor	the fullness or elasticity of tissue	
Extremity	the farthest part of the body (an arm or leg)	waanakoyaa'i
Malleolus)	a projection or bump on a bone (the ankle)	Opokookanezidaan
Epigastric	located above the stomach area	
Cardiac	relating to the heart	mide -o'de
Fontanel	a space between bones covered by a membrane (found on a baby's head)	onoosokitikwaanan onoonipaan (Ojibwe)
Pulmonary	relating to the lungs	opaaniyaa'ing opaaniik
Umbilicus	a depressed area in the abdominal wall (the navel or belly-button)	Otis
Stethoscope	an instrument used to listen to sounds produced in the body	aadawimiiwewin naantochikanaabik
ENT scope (otoscope)	an instrument used to see inside the ear	otawagi-adawich kanaabik otawagi-nanakatijikanaabik
Acute		giichi-aakoziwin gichi-inaabinewin
Encourage		Mashkawendan

Recommendation		kashi-wiindamakoyan
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Medical Terminology: List Two

This translation was provided by Margaret Lawson with Phyllis Chowaniec as a resource. It was coordinated by the Telemedicine Informatics Educator, Cheryl Klassen, and was provided in October and November of 2003. In addition, the following Community Telemedicine Coordinators who were in attendance gave their feedback: Ida Fiddler, Jessie Matthews, Julie Meekis, LeeRoy Meekis, Thomas Meekis, and Georgina Suggashie.

For each medical word, the Oji-Cree translation is given. There are alternate translations for some of the words, but the most accurate translation is bolded.

Term	Meaning	Translation
Diaphoresis	excessive sweating	e'gichi nanishahbwezisech misiwe egichi aya-abwesech
Cyanosis	a bluish or purplish skin colour due to lack of oxygen	e'oshawashkosech ozaam ekaa kipahkitanamoch e'oshawaskosech odoonik
Accessory Muscle Breathing	using the muscles of the abdomen and chest to assist with breathing rather than relying on diaphragm	omisatang chi-ochi waakahwich chochi- pahkitanamoch
Indrawing	occurs mostly in children when air flow is restricted; the skin and muscle between the ribs is sucked in on inspiration instead of expanding with the ribs/chest	Nepitanamoch
Normal Respiratory Rate for Adults	12 – 16 per minute	
Crackles	bubbling or paper crackling sound heard where there is fluid in lungs	e'kakapitakwanining opaan ekakapitakwan opanik
Wheezes	high-pitched whistle, due to swollen airway	e'chiiwenannoch
Normal Reading for Oxygen Saturation	96-100%; shows amount of oxygen in the blood	
Percussion	tapping the surface of a body part to learn the condition of the parts beneath by the resulting sound	e'pahpahwatawindch

Normal Heart Rate for Adults	72-90 beats per minute	
Tachycardia	rapid heart rate	kishiweseni ote e kishe sek ode
Bradycardia	slow heart rate	pechiseni ote papechise ode
Edema	excess accumulation of serous fluid in body tissue	<u>enibiiwisech</u> baakise
Pitting edema	a depression made in swollen tissue which disappears only slowly	epahkisech, bekaa dash ani atepahkizi
Murmur	an abnormal sound of the heart	machi-wesinini ote
Bruit	an abnormal sound heard over an artery	kaawin mino-takwasinini ote yaab
Pulmonary Edema	abnormal accumulation of fluid in the lungs	nibiiwiseni opahan
Cholecystectomy	surgical removal of the gallbladder	chi-maachishoch owiisoping
Appendectomy	surgical removal of the appendix	chi-maachishoch opahkenagishaning
Spleenectomy	surgical removal of the spleen	chi-maachishoch gimiskwiin gaa-izhi- ozhi'oomagag
Auscultation	listening to body/organ sounds to learn of their condition	e'bizindaman miyaw e'newetakwak cho-chi kikendaman e'shi-ayaag
Palpation	using hand pressure on the body surface to determine the condition of the body part beneath	e'makonikaade miyaaw cho-chi kikentevhikaadeg e'shi-ayaag anaaming miyaawing
Perforated Bowel	a rupture of the bowel	e'pahkochiisenik omoo kashi-atening
Guarding	a spontaneous reaction to protect a painful area of the body	e'manachitooch imaa mawaach kashi-wiisakendag
Rebound tenderness	pain felt when pressure is suddenly removed	e'wiisakendag giishipin e'pakitinikaadenik kamaakonich
Megally	a suffix added to a word to indicate enlarged organ	e'mishaanik
Meningitis	inflammation of the linings around the brain	e'miskonsenik kwiwiita'i wiintipiing

Dehydration	an abnormal loss of body fluids	e'chakiseg nibi <u>e'pahsich</u>
Anemia	a condition where the blood doesn't have enough red blood cells	ekwaa e'oshi'omaganinik omiskim
Failure to Thrive	failure to thrive is a description applied to children whose current weight or rate of weight gain is significantly below that of other children of similar age and sex	ani-bakiiwe awaashis kaawin chipiichinikich abinoojish
Epiglottitis	inflammation of the cartilage behind the tongue(epiglottis) which helps with swallowing food	e'miskosenik imaa ka-ochi zakisininik otenan, kaa-ochi konswebanichiked e'miskosenik biichi oko new kaochi kosweb anichiked
Ischemia	a condition where inadequate blood reaches tissue due to narrowing of blood vessel due to obstruction or disease	misko-kashi bimiya ekaadash eni-shaboseg osaam e'ni-ahkachabi keyaak misko-yaab misko-yaab e'ahkachabi keyak ekadash ekishaboosheg
Coronary Arteries	the large blood vessels which transport the blood away from the heart	kitchi-misko-yaab ote'ing ka-ochi zakising
Heart Attack	death of heart muscle due to inadequate blood supply	e'kipichite'ezech
Pneumonia	an infection or irritation of the lung tissue which results in inflammation and fluid accumulation in the lung	e'miniwisech opahnik
Pneumothorax	an abnormal condition where air gets trapped in the linings of the chest which puts pressure on the lungs and may cause them to collapse	piinchi-waakiganik eshi- ikwaanamoch, ekaa opanik e'ishaama-ganiniki
CXR	chest x-ray; shows lungs, heart & ribs	gikaakigan bawaateshin
MVA	motor vehicle accident	
EKG	electrocardiogram; map of the heart's electrical impulses	o'de ganagajjiigatek

MI	myocardial infarction; heart attack; heart muscle has stopped working	
CHD	Coronary Heart Disease; a narrowing of the small blood vessels that supply blood and oxygen to the heart (coronary arteries). As the coronary arteries narrow, the flow of blood to the heart can slow or stop.	gide' gichi-miskweyaab ahkaasabikeyaa
Leukocytes	white blood cells, which fight infection	
Erythrocyte	red blood cells; carries iron and oxygen	
Hemoglobin	the part of the red blood cell that carries oxygen from the lungs to the body	
MCV	Mean Corpuscular Volume; the volume of living blood cells, may be used to determine anemia	
Platelets	part of the blood that makes the blood clot	ka-ochi watowiseg miskwi
ESR	Erythrocyte Sedimentation Rate; the speed at which red blood cells separate from the rest of the blood by settling to the bottom of a laboratory test tube	
Fasting Glucose	blood sugar taken after 8 hour fast	ka-otapinich ki-shokam, nishwaasa wakase ekaa wiisiniyan
Urea	the end product after protein is broken down by the body and is the main component of urine	
Creatinine	an end product of metabolism and is released through the kidneys/urine	
Sodium, Potassium, Chloride	electrolytes found in the blood	
CK, LDH, AST	cardiac enzymes found in the body after a heart attack	
LDH, AST, ALT,	liver enzymes, if elevated it	

GGT	indicates damage to the liver	
Jaundice	a yellowish colour of the skin caused by interference of bile discharge from the liver or excessive breakdown of red blood cells	Ozaawanzhe

Technical Terminology

Term	Translation
Telemedicine	oshki mashkikiwi-nanakachi'iwewin
ENT scope (otoscope)	otawagi-nanakatijikanaabik otawagi-adawich kanaabik
Exam Camera	andawimiwewi-jikatesijikan
Document Camera	pahwateshinoowi-jikatesijikan
Internet	mamatawaapik jakapikesijikan -- Ojibwe
Email	mamatawaapik oshibii'amatiwin -- Ojibwe
Privacy	wiin eta jikikendang -- Ojibwe
Confidentiality	kaawin awiia tawiintamaawaasiin
Band Width	e'piijisek kakidowin (this might change)
Conference Call	mamawi'aayaami'dowi-maajiikidowin -- Ojibwe mawaji'itowin-katitowin -- Oji-Cree

12 Appendices

Appendix A – Teaching Tips for Telemedicine Informatics Educators

1. Limit the number of words used in the clinical teaching. For example, “Great question, good job, etc” are extra words that may not be necessary. The Telemedicine coordinators all speak English as a second language and get confused if there are long sentences or extra words in teaching sessions.
2. The Telemedicine coordinators learn by doing or demonstrating. When you ask if they understand a concept, they will likely say yes, even if they don’t understand. Always get them to demonstrate a skill or repeat verbally a concept to show understanding.
3. Don’t expect chitchat or easy banter. The coordinators want to know who you are, where you are from, and what you do, and then get down to business. They respond to short, direct commands, for example “Rita, pick up the remote” not “Would someone mind picking up the remote for a trial session of video conferencing”.
4. The CTCs are shy and will hesitate to volunteer. Take turns picking the coordinators to participate.
5. Traditionally, Aboriginal People learned from watching and doing. They expect that others learn in similar ways. They may expect health professionals will learn by doing and that their advice is not needed. They may require your permission to give advice and feedback.
6. Another traditional belief is that people did not make mistakes; they simply needed to learn and would be provided with opportunities to do so. If they see a physician struggling with a piece of equipment, they may feel it unnecessary to correct him/her. They may think, “They will eventually learn”. Others often see this as withholding information. Let them know that it is expected that they will direct the use of the equipment when training health professionals.
7. Aboriginal people may be uncomfortable with praise. In traditional culture, doing one’s job was not considered cause for praise or gratitude and they can be uncomfortable with such. A simple thank you is sufficient.

*Suggestions adapted from discussion with Margaret Fiddler, former principal of Keewaytinook Internet High School and Rupert Ross’s Book, Dancing With A Ghost, 1997

Appendix B – Scenarios for Mock Sessions

Scenario # 1 – Psychiatric

History

This 15-year-old female was admitted to Sioux Lookout Zone Hospital last month for depression. She had seen Dr. Edye in consult but was admitted under the care of Dr. Chase. She has been home for 2 weeks. She is complaining of weight loss and fatigue. She was started on Paxil 3 weeks ago while in hospital and has been taking her medication while at home. While in the hospital, there were disclosures of sexual abuse by an uncle.

The family is very concerned and has accompanied the patient to the Telemedicine appointment. The family appears agitated and states they would like to talk to the psychiatrist as well.

The mental health worker in the community has been following up with the patient and would like to discuss ongoing concerns with the psychiatrist.

Blood work

The CBC done shows a hg of 96. The LKCS is 14.7. The MCV is low at 65. The remaining blood tests fall into the normal range. Kidney and liver function tests are in the normal range.

The urinalysis shows cloudy urine with a 3+ count of bacteria. Positive ketones, nitrites are also evident.

No x-rays or EKGs have been required.

Issues

Room set up

1. Patient set up in front of large screen TV.
2. Psychiatrist is life size and centred on the screen.
3. Patient is life size and centred on the screen.

During session

1. Soundproofing protocol has been followed
2. Oath of confidentiality signed in front of patient.
3. Consent to Disclose Personal Health Information form has been signed in front of doctor.

Post session

1. Doctor's orders faxed to Telemedicine suite.
2. Any information that is to be passed on must have written consent of patient (Consent to Disclose Personal Health Information form)
3. Patient Feedback form and Activity log faxed to Balmertown office.

Scenario # 2 – Cardiology

History

This 52 year-old male had heart bypass surgery 6 weeks ago. His recovery up to now has been uneventful. He returned to his community 2 weeks ago and is being monitored by a Community Health Nurse 3 times a week. His cardiologist has requested a follow up consult. His only medication is Aspirin 80mg daily. His only complaint is shortness of breath. His incision appears well healed.

Vital Signs

Temperature	37.4
Respirations	22
Pulse	104 and irregular
Blood Pressure	140/90 (L sitting)

Blood work

The CBC done shows a hgb of 140. The wbc is 6.8. Prothrombin time is 12 secs. Potassium is 5.5 and sodium is 130. Cardiac enzymes are within normal limits.

A chest xray, 2 views has been ordered.

Cardiac protocol including EKG has been completed and faxed to specialist.

Special Considerations

Room set up

1. Patient set up for optimal viewing.
2. Patient wearing gown.

During session

1. History given.
2. Peripherals ready for use (stethoscope function checked)

Post Session

1. Doctor's orders have been faxed.
2. Report given to charge nurse.
3. Telemedicine session has been documented.
4. Activity log and patient feedback form faxed to Balmertown office

Scenario # 3 – Dermatology

History

This 24-year-old female is complaining of acne to her upper arms, back and neck. The acne is cystic in nature. Her face is relatively clear.

Ms. M has had this condition since she was 17 and has found no permanent remedy. Various lotions, creams, and antibiotics have all been ineffective.

Vital Signs

All normal Range

Blood work

The CBC is normal. The remaining blood tests fall into the normal range. Kidney and liver function tests are in the normal range. The urinalysis is negative for blood, bacteria, leukocytes, and nitrites.

Considerations

Room set up

1. Make sure patient is in view at all times.

Patient Preparation

1. Have patient in gown to view back
2. Have peripherals ready for use.

During Session

1. Obtain consent for Accutane.
2. Translate any questions from the client.

Post Session

1. Any doctor's orders will need to be faxed to Telemedicine room.
2. Document session and report to charge nurse.
3. Fax activity log and patient feedback form to Balmertown office.

Appendix C – Evaluation

Please respond to how helpful the following curriculum items were in helping you to perform the job of Community Telemedicine Coordinator. Please respond by circling a number between 1 and 10, with 1 being the lowest rating and 10 being the highest.

Written material	1	2	3	4	5	6	7	8	9	10
Audiovisual sessions with the Educator	1	2	3	4	5	6	7	8	9	10
Audiovisual sessions with other members of the health care team	1	2	3	4	5	6	7	8	9	10
Teleconference calls with other CTCs	1	2	3	4	5	6	7	8	9	10
Effectiveness of Mock Sessions	1	2	3	4	5	6	7	8	9	10
Weekly Education Sessions	1	2	3	4	5	6	7	8	9	10

Please complete the following questions:

1. Was there any other information you wish you had?

2. What education did you find the most helpful?

3. Was there any training that was not particularly helpful? Please identify:

4. Do you have any further educational needs that haven't been identified in your training as a Community Telemedicine Coordinator? If yes, please list:

Appendix D –Newsletter Sample

Telemedicine in Deer Lake

Hello, My name is Lily Sawanas and I am your Telemedicine Co-ordinator. I have been working for over a year now. Our Telemedicine is up and running.

Come and find out if it would be possible to see your doctor through our video-conferencing unit. The number is (807) 775-9448. The video-unit can also be used for visiting family and friends, who are in the hospital or live in town.

I have also been using the video-unit for group education. The nurses have education sessions with other medical personnel in different hospitals. The mental health workers, NNADAP workers and other health workers have been having educational sessions too. So if you think you would benefit from our Telemedicine equipment, please, phone or come by.

Thank you,

Appendix E - Press Release Sample

FOR IMMEDIATE RELEASE

First Nations Council Marks A Ten-Year Milestone With A Celebration And Telemedicine Launch In Balmertown

(Balmertown, August 22, 2002)

Keewaytinook Okimakanak (Northern Chiefs Council) welcomes chiefs and elders, former staff, partners and friends to an open-air traditional feast here today to mark its tenth anniversary of operations.

The Council which began with a staff of three in Sioux Lookout in 1992 serves the six First Nations of Keewayin, Poplar Hill, Fort Severn, Deer Lake, North Spirit Lake and McDowell Lake. Northern Chiefs now operates offices in Fort Severn, Balmertown and Sioux Lookout. The staff has expanded to almost one hundred people working from these three offices and from these northern Communities.

Keewaytinook Okimakanak will also be launching its Telemedicine program as part of the tenth anniversary celebrations. The KO Telemedicine team will be showcasing Telemedicine services – a new way to deliver and support health care at sites within the KO region. Keewaytinook Okimakanak staff will be making a video connection with the Community Telemedicine Coordinator at the North Spirit Lake nursing station to show how this new clinical service is working for remote First Nations.

Keewaytinook Okimakanak and its partner, Ontario Telemedicine Network, are linking the most remote clinics in Ontario with regional referral centres such as the Sioux Lookout Zone Hospital, Winnipeg Health Sciences Centre, Thunder Bay Regional and tertiary and quaternary facilities like Sunnybrook and Women's College Hospital, Sick Children's Hospital and the University Health Network. During the past year, Keewaytinook Okimakanak Health Services has installed Telemedicine workstations and trained local staff to operate this equipment in each of its member communities.

For further information, please go to Keewaytinook Okimakanak's Tenth anniversary website or contact:

Geordi Kakepetum, Executive Director
1 -800- 387-3740
geordikakeptum@knet.ca

Telemedicine

Connecting With Doctors And Other Health
Professionals Through Video



An Open House will be held on March 10, 2002 from 2:00-3:30. The
Telemedicine room is located at the nursing station.

Come see a Telemedicine demonstration with:

Ear Assessment

Skin Assessment

X-ray

Live connection with Balmertown - Question and Answer Period

For further information contact:

Daisy Kabestra, Health Coordinator, 807-478-2560

*Jordina Skunk, Community Telemedicine Coordinator, 807-478-
2584*

13 Forms:

1. Referral Form
2. Telemedicine Consent Checklist
3. Oath of Confidentiality
4. Consent to Disclose Personal Health Information
5. Telemedicine Consult Checklist
6. Patient Feedback Consent Letter
7. Activity Log
8. NIC (nurse-in-charge) letter
9. Activity Report
10. Time Sheet
11. Application for Leave