

Frequently Asked Questions for Volunteer Physicians

General/Background

1. Am I at risk for malpractice liability if I do not have my own malpractice insurance that covers telemedicine?

- Each local organization is responsible for ensuring the applicable laws and regulations regarding medical care by the in-country provider and in connection with our remote consultations are met for the applicable location. The in-country provider remains ultimately responsible for patients and is the diagnosing and treating provider of record. The risk of malpractice liability for volunteer physicians is found to be negligible by our legal counsel.

2. Is this work sanctioned by the U.S. and foreign government?

- The U.S. government does not require approval since recommendations are provided to healthcare providers outside of their jurisdiction. If you would like a full summary of telemedicine research for each location this information can be provided to you.

3. Do I need to have a foreign country medical license?

- No, the in-country provider remains ultimately responsible for patients and is the diagnosing and treating provider of record.

4. Is this defined as true medical care that is liable for lawsuit?

- The Addis Clinic provides support to in-country providers through virtual clinical mentorship and clinically-oriented consultations utilizing asynchronous technologies. We do not provide direct patient consultations or medical care.

5. What is my responsibility to the patient as the advisor in this scenario?

- As the volunteer physician, your responsibility is to provide the highest possible quality of remote support to the in-country provider, resulting in improved care to the patient.

6. What if I will not be available to volunteer for an extended period because of travel, work, etc.?

- You can mark yourself “unavailable” in our telemedicine platform by selecting “main menu” and “availability.” The function allows you to choose a start and end date for a set time and will ensure you are not assigned cases during that period.

7. Do I need to get approval for this work from my current job?

- Prior approval for volunteering is necessary only if your supervisor or employer requires approval for outside activities. It is not a requirement of The Addis Clinic.

8. What are the roles of Resident Physicians and Advanced Practice Providers in this work?

- Resident Physicians and Advanced Practice Providers (APP) assist in the triaging and initial recommendations given in select cases. Our Attending level physicians are occasionally asked to review and submit a final recommendation that has been assisted on by a Resident Physician or APP.

9. Who do I contact if I have problems with my Collegium account?

- If you have problems with your Collegium account or any technology related issues, please inform the Clinical Case Manager at mmoretti@addisclinic.org or Executive Director at mturner@addisclinic.org.

10. What is asynchronous telemedicine?

- Asynchronous or store-and-forward telemedicine involves the exchange of recorded health history (i.e. digital images) through a secure electronic communication platform between healthcare providers (or

healthcare provider and patient) who use the information to diagnose a case outside of real-time or in person interaction.

Remote Consultations

11. How many cases will I be assigned a month?

- We limit our case assignment to 3 cases per month, per volunteer physician (if needed.) We recognize our volunteers have many responsibilities and attempt to limit the hours required per month to 3-4. We cannot determine exactly when the cases will be assigned, as they are assigned based on specialty, but you can refuse a case, if necessary, by simply communicating with the case assigner through the telemedicine platform.

12. How often will I get contacted about the same case?

- Each case and local organization varies in terms of internet consistency, access to patients, and ability to follow-up. There are cases where we receive follow-up responses in a matter of hours and some that take days/weeks before the patient can be located and additional information gathered. There are many cultural and practical variances in the areas we work and consistency is not always obtainable.

13. What is the turnaround for each case?

- We ask that each volunteer physician provide an initial response within 24-48 hours of case assignment. If you will not be able to respond within this time period, we appreciate you communicating this to the case assigner so it can be immediately re-assigned to another volunteer physician.

14. How do I get information about what is available for medical treatment and diagnostics in each country?

- The information is available on each of our local organization's page within our telemedicine system. When assigned a case, you will log in to our telemedicine platform. After clicking on the case you will see a blue information box which includes the referring "hospital" name (Ex: ACT Ethiopia.) You click on this name to bring you to the organizational page which includes a PDF of available medical resources in that area.

15. How do I know if my recommendations made a difference?

- We encourage our in-country providers to provide follow-up information on the patient status so that our volunteer physicians are aware of the outcome. Unfortunately, this is not always possible due to many factors, but you are able to ask the in-country provider for an update through the telemedicine platform if one is not given. Additionally, we provide a post-case survey to the in-country provider. When completed, this provides valuable information on the impact and effect of the recommendations.

16. What do I do if I believe an assigned case requires an additional specialty?

- There may be times when a patient case requires multiple consults from volunteer physicians of different specialties. A volunteer physician may request the assistance of another specialty to consult on his/her assigned case by informing the Clinical Case Manager.

17. Will I ever meet or speak with the patients directly?

- The Addis Clinic typically does not provide real-time consultations. In unusual circumstances, it is necessary to set up a time for the in-country provider to have a video consultation with the volunteer physician and patient may be present. If the patient is present in a video conference, the recommendations are still to be given directly to the in-country provider and not to the patient.

18. What recommendations are most helpful to the in-country providers?

- Most of our referrals are submitted by in-country providers for whom English is their secondary language. Avoiding heavy medical jargon and acronyms reduces misunderstandings.
- Numbered questions or recommendations are preferred. This ensures the in-country provider does not overlook valuable information. Below is an example of a response from a volunteer physician to an in-country provider:

Given the information you provided, it appears the patient has a common cold. My recommendation would be to advise the patient to get extra rest and refrain from work for the next 2-3 days or until symptoms subside. Additional fluid intake is beneficial. Tylenol can be taken every 4-6 hours, as needed. If the patient does not improve within 3 days, or the symptoms increase additional measures will need to be considered.

Due to the presentation of the example response above (paragraph format), the in-country provider may overlook critical information provided by the volunteer physician. Bullet points or numbered questions/recommendations are preferred to ensure the in-country provider has a clear understanding of next steps. See example below:

Given the information you provided, it appears the patient has a common cold.

- 1. Advise patient to get extra rest*
- 2. Refrain from work for 2-3 days, or until symptoms subside*
- 3. Advise patient to double their fluid intake*
- 4. Tylenol can be recommended every 4-6 hours, as needed, for symptom management*
- 5. If symptoms do not improve in 3 days please respond to discuss further possibilities*

Volunteer physicians are encouraged to have multiple back and forth interactions with referring clinicians to increase the educational value to the local clinician and, ultimately, the accuracy of recommendations to the patient. This may include asking several questions or requesting additional testing, based on local availability.