



GUIDANCE FOR PRACTICE- BASED LEARNING PLACEMENTS USING NEAR ME

THIS DOCUMENT IS INTENDED FOR TRAINERS AND
TRAINEES USING NEAR ME AS PART OF THEIR
PLACEMENT

APRIL 2021

SECTION 1: INTRODUCTION

The purpose of this guidance is to support trainees in all clinical settings participate in placements and remote clinical consultations using Near Me. It supports practitioners to provide a high-quality practice learning environment and experience for trainees undertaking these activities.

The participation in telephone consultations is outwith the scope of this guidance note.

A Trainee would include, but is not limited to, undergraduate students, postgraduate students and all levels of training grade and SAS staff.

A Trainer would include, but is not limited to clinicians, clinical supervisors and other professionals qualified and authorized to undertake patient care and/or teaching involving direct patient interaction. The term 'trainer' is used throughout this document to refer to any clinician supporting a trainee on placement (clinical educator, placement supervisor etc.).

Remote clinical consultations means those patient interactions facilitated or aided by Near Me. This may be in addition to or in place of physical in person attendance by any trainers, patients or trainees. Remote consultations are a choice for patients as an adjunct to face to face interactions.

Remote clinical consultations should reflect in-person care as much as possible. The same standards of professionalism, integrity, consent, record-keeping, information governance and data protection apply to remote clinical consultations as in clinical care within a clinical environment.

Placements may consist of solely virtual working or may offer blended learning methods. This document sets out general guidance for all clinical settings offering Near Me placements. Some services or teams may have guidance specific to their area which should be read in conjunction with this document.

KEY REASONS FOR USING NEAR ME

As service provision evolves and there is increasing use of digital technologies to support and deliver safe, effective, and timely person-centered care, there is a need to ensure that trainees are exposed to and able to work in this way. Remote clinical consultations may also serve to enhance trainee exposure to a clinical environment and reduce footfall in patient care centers.

Key benefits of using Near Me include:

- Ability to undertake student placements during period of lockdown or physical distancing.
- Ability to undertake student placements for this in self-isolation or working from home.

- Ability to develop the trainees skills in remote consulting as part of the training programme.
- Reduction in travel.

SECTION 2 PRE-REQUISITES TO UNDERTAKING A VIRTUAL PRACTICE-BASED PLACEMENT

Higher Education Institution placing trainees within a clinical environment should agree the terms of the placement with the Health Board (or Health and Social Care Partnership). A sample Letter of Agreement is contained in Appendix 1. Virtual placements and remote clinical engagement should be treated in the same way as any placement and the same rules of professionalism apply. Any breach will be managed by the relevant Higher Education Institute (HEI) or Health Board in line with their non-academic misconduct/fitness to practice policies.

Further information from professional registration bodies is available at:

[General Medical Council](#)

[General Dental Council](#)

[Health & Care Professions Council](#)

[Nursing & Midwifery Council](#)

[General Pharmaceutical Society](#)

SECTION 3 PREPARATIONS FOR USING NEAR ME

INFORMATION GOVERNANCE

All trainers and trainees must understand and follow local information security protocols regarding patient confidentiality. Appropriate online training modules must be completed prior to participating in any remote clinical engagement. Information Governance online training may include Learnpro or Turas training. Please refer to your institutions' local arrangements regarding training or contact your line manager for clarification.

A record of completion must be retained for each trainee as part of pre-placement/induction processes. Resources may include:

[TURAS - Do IT Securely](#)

[TURAS - Information Governance; Safe Information Handling](#)

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INFORMATION GOVERNANCE ISSUES (OUTWITH USE OF NEAR ME)

- Only use approved, secure channels to communicate patient information.

- If a situation arises where it is necessary to share patient information via email, this must only be undertaken from an NHS email address to another NHS email address.
- Do not, under any circumstances, store patient information on your device.
- It is recommended that you:
 - keep your device up to date with the latest operating system and software updates;
 - don't use public wifi (coffee shops etc) for anything confidential, unless your connection is secured using a VPN (virtual private network) or you are sure the data stream is encrypted;
 - use a strong password;
 - if your password is compromised, change it immediately.

EQUIPMENT SET UP AND CONNECTIVITY FOR NEAR ME

Video consulting equipment should be available for all Trainers and Trainees using Near Me:

- Internet connection (minimum requirement: download 1.1Mbps, upload 0.7 Mbps, ping under 150ms).
- Check connection at: <https://nhs.attendanywhere.com/webtctest>
- Window or MacOS computer with – webcam, headset or speakers/ microphone (essential), and second screen (optimal). Laptops, tablets or smartphones can also be used.
- Google Chrome, Safari or Microsoft Edge (Chromium only) browser.
- For technical specifications, click [here](#)

As Near Me does not store any information locally, it is acceptable for Trainees to use their own equipment.

A 20 minute video consultation uses about 230 MB on a mobile device or 450 MB on a PC. If using mobile data, ensure this is covered by your data allowance. The placement provider along with your training institution are not responsible for any data charges incurred.

Check your equipment before each session to ensure the camera, microphone and audio are working. Ensure the device has enough battery/power or is plugged into an electricity source to avoid disconnection during the consultation.

INDIVIDUAL TRAINING

- Trainers and Trainees should be confident in their use of the Near Me platform before starting to use it with the people who access their service.
- A short video showing how the service is used is available [here](#)
- Live Training sessions are also available from the National VC team, for available dates click [here](#).
- Additional training material (primarily focused on clinical use of the platform) is available on the NES TURAS platform, click [here](#).
- Providers are also encouraged to also undertake the [NES shared decision making training](#).

- Ensure all trainers and trainees understand the need to consult from a confidential space with good lighting. If homeworking, take into consideration if any background pictures/landscapes will make the worker's location identifiable.
- To build confidence in using Near Me, and to help understanding of the caller experience, all providers should take turns to:
 - enter as a caller;
 - set up an appointment;
 - pick up callers from the Waiting Area;
 - invite people into a call in real time;
 - and pick up an additional participant from the Waiting Area.

Ensure any concerns have been discussed and addressed, and that all staff are comfortable with using Near Me. See Appendix 2 for further links to training and resources.

SECTION 4 PARTICIPATING IN A REMOTE CONSULTATION

PRIVACY DURING THE VIDEO CALL

Any remote clinical consultation (or patient discussion with a supervisor) must be conducted in a private, well-lit area where you cannot be overheard.

You must take all appropriate steps to ensure privacy.

- Close and put a notice on the door if required.
- Make any other people in the vicinity aware that video consultations are underway and you must not be disturbed.
- Use a headset or earbuds.
- If a group of trainees are observing a clinic remotely using a speaker, the remote engagement must be carried out within a suitable area in the University or Hospital, where the conversation cannot be overheard.
- Try to use a neutral background for the call, ensuring that personal information and items are not on display.
- If undertaking the call from home, ensure that no identifiers of your address or contact information are visible.
- Do not answer any other calls during the video consultation.
- Login details for the Near Me platform must not be shared.

CONSENT

A patient, with capacity, entering a video consultation, or treatment in a teaching institution is considered to have given consent. However, the patient must give explicit consent for other people to be present (trainee, interpreter etc). It should be documented whether consent is written or verbal. As with any face to face patient care, consent must be obtained for either the trainee to lead the care, or for the trainee to observe if the practicing supervisor is to undertake the consultation, whichever is appropriate to that particular interaction. Consent is an ongoing process and may change at any point during the call. There may be information provided to patients regarding student observation/ interaction

with their appointment correspondence. Refer to your local institution for clarification of this.

CONFIDENTIALITY

Patient confidentiality is paramount. Take all steps necessary to reduce any risks to patient confidentiality. A remote consultation must be treated as any other consultation in which sensitive or confidential information is always safeguarded and Professional Body and Caldicott Principles are adhered to. <https://www.ukcgc.uk/manual/principles> .

Patients should also be informed that the consultation will not be recorded without their prior consent but that clinical outcomes from the consultation will be noted and stored in the patient record in the same way as a face to face consultation.

Patients should be given a brief explanation of how the remote training will work in relation to their personal data before being asked to consent, i.e., a live video feed, no recording, and none of their personal data shared electronically or otherwise. If the student and supervisor are in different locations, you should confirm for both locations that there is no one else in the room off screen prior to asking for consent.

Treat 'display name' and 'username' in the same way as any other information you hold about a patient that could identify them.

Any notes that are made (either digitally or on paper) during a remote clinical consultation that are considered part of the patient record must be transferred securely to the appropriate clinical record via the NHS email network as directed by your supervisor as soon as practically possible. Paper or digital copies must be securely destroyed immediately upon transfer to the clinical record.

Any personal notes made (e.g. for reflective learning) must contain no patient identifiable information.

TECHNICAL FAILURE

If the patient is unable to connect to the remote clinical consultation, the trainer leading the patient care should follow the local backup arrangements in place. This will normally involve the trainer contacting the patient by telephone to proceed with a telephone consultation. If possible, the trainee may be connected into the conference call where appropriate. Otherwise, the patient consultation should go ahead without the trainee present.

The Trainee must be aware of the specifics of all training contingencies and that some activities may be subject to short notice cancellation.

SECTION 5 REMOTE CLINICAL CONSULTATION TRAINING SCENARIOS.

FOR ALL SCENARIOS.

- Additional trainees can remotely engage in observing roles, or contribute to the assessment/ provide verbal intervention, depending on the level of training or complexity of the case. The maximum number of people on the call is dictated by the quality of devices used and the available bandwidth. As a general rule, the maximum number of call participants is between 4 and 6. If the call quality is poor, it may be necessary to disconnect some or all trainees and undertake a one to one consultation.
- Where two or more people are taking part in a video call in the same room a suitable external speaker (and potentially a microphone) will be required. If the patient is attending remotely, ensure the sound quality is adequate. If not, continue the consultation on a one-to-one basis and switch to using a headset.
- Care should be taken to ensure that if using a speaker, patient confidentiality is maintained and that the consultation cannot be overheard from outside the room.
- Everyone on the call should be introduced.
- Trainees and trainers should be visible on screen at all times. No-one should sit off-camera.
- Where two or more people are in the same room, current guidance regarding physical distancing, use of personal protective equipment, sharing devices etc must be followed. Consideration should be given to how this may impact communication with the patient.
- Trainees must not be added to a call until the patient has given explicit consent.
- If training is being undertaken on an open clinic floor or ward round, care must be taken to ensure that other patient identifiable information is not visible during a session. In shared spaces, careful consideration should be given to minimising being overheard and picking up background noise. Careful choice of equipment may provide some mitigation.

TRAINEE CONNECTION TO NEAR ME

Where the Trainee connects to the consultation in the same way as a patient, they must identify themselves to the Trainer via the information provided when joining the call.

To demarcate them from patients in the waiting room. We recommend:

- First Name: "Trainee [Insert trainee name here]"
- Last Name: "For [Insert trainer name]"
- Date of Birth: "01/01/2001"
- Phone: [Insert trainee phone number]

SCENARIO 1 – TRAINER LEADING CONSULTATION. PATIENT AND TRAINEE IN REMOTE LOCATIONS

Trainee does NOT require a Near Me account. Trainee should be given the relevant waiting area URL and access in the same way as the patient. Trainer can manage the flow of patient and trainee into consultations.

- Trainees can either be in observing roles, or contribute to the assessment/ provide verbal intervention, depending on the level of training or complexity of the case.

- Trainees can be added to the call from the waiting room, if they have previously been given a link such <https://nhsattend.vc/myclinic>. Alternatively, a link can be sent to them during the call from the waiting area.
- It will be the responsibility of the trainer to complete patient notes in accordance with the appropriate protocol.
- Students may be asked to remain on the call to discuss the case further. It is the trainer's responsibility to end the session.

SCENARIO 2: TRAINER AND TRAINEE IN SAME LOCATION. PATIENT IN REMOTE LOCATION

Trainee does NOT require a Near Me account. Trainer can manage the flow of patient and trainee into consultations. This scenario must only be used where physical distancing can be managed whilst maintaining onscreen presence.

- Trainees can either be in observing roles, or contribute to the assessment/ provide verbal intervention, depending on the level of training or complexity of the case.
- The patient is asked to consent to the presence of the trainee and the consultation proceeds.
- It is responsibility of the trainer to complete patient notes in accordance with the appropriate protocol. The trainer may ask the trainee to complete the patient notes as they would on a training clinic. It will ultimately be the responsibility of the trainer to verify accuracy.

SCENARIO 3: TRAINEE LEADING CONSULTATION. PATIENT IN REMOTE LOCATION

Trainee MAY require a Near Me account, depend on the training level.

The trainee may be in the same location as the trainer, or the trainer may join remotely. If the trainee leads the treatment following an introduction from trainer, the guidance contained in scenarios 1 and 2 will suffice.

If the trainee is more advanced (postgraduate/staff member for example), then please apply guidance from Scenario 5.

- It will be the responsibility of the lead trainee to complete patient notes in accordance with the appropriate protocol.

SCENARIO 4: PATIENT AND TRAINER IN A FACE TO FACE CONSULTATION, TRAINEE ATTENDS REMOTELY

Trainee does NOT require a Near Me account. Trainee requires URL for Near Me waiting room.

A trainer may see many patients whilst the link with the trainees remains unbroken, effectively having one link covering a full clinic. Trainees may also be shown imaging including radiographs depending on the set up. It is also possible to have cameras mounted on/operated by trainers, allowing mobility and rapid changes of camera points of view. This can be used on a ward or in a designated side surgery. However:

- All patients must be aware that trainees are observing and have given consent prior to engagement. It may be that the trainer's camera and microphone are turned off whilst they introduce themselves and obtain consent.
- The trainer will set up a session as per Scenario 1, with the trainees provided a link to the waiting room. The trainer will start the call with a trainee rather than a patient.
- It is the responsibility of the trainer to complete patient notes in accordance with the appropriate protocol.

SCENARIO 5: TRAINEE AND PATIENT IN A FACE TO FACE CONSULTATION. TRAINER ATTENDS REMOTELY

Trainee DOES require a Near Me account.

The trainee should request access to Near Me through the standard process, usually via a call to the IT service desk. At the end of their placement, access should be removed.

A trainee may see many patients whilst the link with the trainer remains unbroken, effectively having one link covering a full clinic. The trainer may also be shown imaging including radiographs depending on the set up. It is also possible to have cameras mounted on/operated by the trainee, allowing mobility and rapid changes of camera points of view. This can be used on a ward or in a designated side surgery. However:

- All patients must be aware that the trainer is observing and have given consent prior to engagement. It may be that the clinician's camera and microphone are turned off whilst they introduce themselves and explain to the patient the situation
- As the trainer is remotely engaging, this scenario should only be used with skilled trainees, usually those who are already qualified and are engaging in further training.
- The trainee will set up a session as per Scenario 1, with the trainer remotely located. The trainee will start the call with a trainer. The call participants will then observe the actions of the trainee in the clinical environment.

OTHER SCENARIOS

There may be situations not covered by the specific scenarios listed. Supervisors should agree within their service how to facilitate those. The Near Me project team are available to discuss individual circumstances, for example larger clinic multi staff scenarios.

This guidance was based on original documents created by NHS Grampian plus Aberdeen and Robert Gordon Universities then adapted by NHS Tayside and Dundee University.

APPENDIX 1 LETTER OF AGREEMENT

The following letter of agreement was developed by NHS Grampian, with support from the Central Legal Office. It forms a useful template to establish local agreements.



Remote student
Near Me Letter of

APPENDIX 2 USEFUL RESOURCES

[Near Me Staff Resources](#)

[Near Me Public Information and Support Resources](#)

[TURAS Remote Consulting Resources](#)

[Near Me Provider Training Videos](#)

[Guiding Principles for Virtually/Digitally Enhanced Practice Placement Experiences for NMAHP Students](#)

[Additional Practice Placement Recovery Guidance](#)

For more information on NHS Near Me please visit [About Near Me - NHSS National Video Conferencing Service](#)

[GMC COVID FAQ's](#)