

Facilitator Guide: Supervision in Virtual Care Setting – Teaching Case

In order to qualify your event for MainPro credits you need to do the following:

1. Let us know the date, time and location (virtual or in person) of your event.
2. Complete the Conflict of Interest Form as a facilitator (see attached)
 - a. Return the form to fmfacdev@dal.ca or via fax at 902.473.4760
3. Take attendance at the event with emails for attendees.
 - a. Send that attendance list to fmfacdev@dal.ca or via fax at 902.473.4760
4. Declare any conflicts at the beginning of your session.
5. Remind your participants complete the evaluation which will be distributed via email.

This version of the module is streamlined in case you find that easier to use to moderate.

You will want to be familiar with the complete version that has all the info points expanded and the appendices attached. The complete version is the version attendees should receive.

Available for use is a ppt version of the module. This can be used if presenting via zoom or similar format. Please feel free to adapt this presentation to suit your needs for facilitating. This powerpoint is a simpler version of the module with less of the details. This will help the group visually follow along if meeting over a video conferencing format.

The module has a simple case to spur discussion. Please encourage participants to discuss the questions and share ideas from their personal experiences. You may find that some of the key teaching points are discussed earlier in the case than is written. This is okay and it is best to follow the natural flow and interests of the group. Often the richest discussions in faculty development are when people share their best practices as well as challenges in teaching and learn from each other.

The info points can serve as details to round out any teaching points or provide content for discussions. You do not need to review each one as a group, but rather they can serve as reference points. You may want to highlight the points that you think are most important so you can raise them if they are not identified organically during the discussion.

Plan to spend 90 minutes as a group discussing the module. Smaller groups may be done in less time. Keep in mind that larger group sizes can be challenging to facilitate, especially over video conferencing. You may want to limit your group to about 8 participants if meeting virtually.

Please let me know if you have any questions, concerns or feedback at alacas@dal.ca

Supervision in Virtual Care Setting – Teaching Case

Objectives:

1. Identify how supervision both differs and is the same in a virtual care setting compared to traditional face to face settings
2. Develop an approach to supervising learners who are providing care in a virtual care environment
3. Develop an approach to providing feedback to learners in a virtual care environment
4. Identify best practices for providing virtual care that can be communicated with your learners

Case: Marcia R1, Providing Care in the Virtual Care Setting

Case Part 1

During the covid-19 pandemic you pivoted your family medicine clinic to exclusively virtual care during the height of public health restrictions. Now you are offering a mixture of virtual care appointments to your patients as well as in-person appointments. You have gained some comfort with virtual care and can appreciate the benefit for both you as a provider and for your patients. Next week you will have a learner with you for the first time since offering virtual care appointments. You have been thinking about how to set this up and are feeling quite anxious about making it work.

Q 1 How is virtual care both similar and different from traditional in-person care?

Virtual Care encounters have more in common than they are different from traditional in-person appointments. The fundamentals of the patient-physician relationship remain the same and the goals for the visit remain intact. The primary means of communication are still usually verbal, but the medium through which it is communicated is different. There are fewer non-verbal cues to use and less physical exam data, both of which contribute to certain limitations and risks involved in the delivery of care from a distance.

Info Point 1: Virtual Care encounters are still, at their core, similar to an in-person office encounter.

Info Point 2: Virtual Care encounters have some key differences.

See Appendix 1: *Virtual Care Playbook for Canadian Physicians*

http://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

See Appendix 2: *Doctors Nova Scotia Virtual Care Tool Kit*

<https://doctorsns.com/sites/default/files/2020-05/toolkit-virtual-care.pdf>

Q 2 What are possible benefits of virtual care and virtual supervision?

Virtual care visits have the potential to improve access for patients, can improve both patient and provider satisfaction and may force improved communication skills and history taking. Virtual care provides opportunities for learners to develop new skills and for supervisors to directly observe interactions through technology, such as shared video visits or conference calls.

Info Point 3: There are unintended benefits of virtual care and virtual supervision.

Q 3 What best practices for virtual care have you been following?

In the growing field of virtual care there has been a development of guidelines and best practices for working in a virtual care setting. There is an increased understanding of certain standards for communicating via telephone with patients as well as establishing a professional environment for video conferences. Many provincial and national colleges as well as licensing bodies have published telehealth best practice guides.

Info Point 4: You should become familiar with best practices for virtual care and ensure your learner is provided some teaching around this.

See Appendix 2: *Doctors Nova Scotia Virtual Care Tool Kit*

<https://doctorsns.com/sites/default/files/2020-05/toolkit-virtual-care.pdf>

See Appendix 1: *Virtual Care Playbook for Canadian Physicians*

http://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Appendix 4: Handouts for your learner:

Virtual Visit Guidelines for Residents

https://medicine.usask.ca/facultydev/clinical_resources/documents/virtual-visit-guidelines-for-residents---for-web1.pdf

Step by Step Visit Guide for Learner (see attached below)

Telemedicine: The Essentials

https://www.cfp.ca/sites/default/files/pubfiles/PDF%20Documents/Blog/telehealth_tool_eng.pdf

Info Point 5: Be aware of the any unique medico-legal risks associated with providing and supervising in the virtual care setting.

Q 4 What technical considerations do you need to keep in mind to be successful integrating a learner into a virtual care environment?

To include a learner in a virtual care environment you will need to ensure that the learner has adequate access to any required technology to be able to deliver care effectively and safely. You will also need to address any technical barriers to you providing both supervision and feedback while working in the virtual care setting.

Info Point 7: You will need to ensure that the learner has adequate access to and comfort with required technology.

Case Part 2

In a blur the week passes and Sunday evening, when looking at your calendar you realize that your new learner starts the next morning. Your learner is Marcia, a 1st year resident just starting her Foundation's Month. Her 4th year was cut short due to the pandemic and you suspect she has very little in the way of virtual care experience. You want to make sure she will be prepared and safe while adjusting to virtual care. You also realize your opportunities to observe her will be limited.

Q 5 How will you assess Marcia's comfort with virtual care?

Similar to how you would review a procedure with a learner prior to performing it you might consider virtual care a procedure to review. Ask the learner about their prior experience working in a virtual care setting and explore what they enjoyed and found challenging. Then, especially if it is a junior or an unfamiliar learner who reports having experience and/or comfort with virtual care, have them describe the important components of how they will conduct a virtual care visit with a patient.

Q 6 What are key parts of an orientation to virtual care that you should review with Marcia?

You want to ensure that you provide an orientation that touches on the unique aspects of working in a virtual care setting. Both the safety issues as well as the importance of a clear communication plan between preceptor and learner.

Info Point 8: Orientation is paramount to working and supervising in a virtual care environment.

See Appendix 5: *Orientation Checklist*

See Appendix 6: *Best Practices Supervising Learners While Providing Virtual Care*

<https://www.nosm.ca/wp-content/uploads/2020/04/CEPD-SUPERVISING-LEARNERS-WHILE-PROVIDING-VIRTUAL-CARE-Tips-Best-Practice-April-22-2020.pdf>

Q 7 How might you set up your supervision and the flow of delivery of care with her?

You will need to take into consideration factors such as if you are co-located, is the learner located at home or in clinic setting, what is the stage of training, how familiar are you with the learner's skills and reliability and who the patients are.

Info Point 9: Consider adaptations to the schedule to allow for technical challenges and extra time to connect virtually with learner and patient.

Info Point 10: Ensure that you have a clear plan for communicating with the patient how the visit with a learner will be conducted.

Info Point 11: Develop a clear plan for how the learner and preceptor will communicate with each other and how to involve the preceptor in the patient encounter both for direct observation of the learner and patient care.

See Appendix 7: *How to merge calls on iPhone or Android.*

See Appendix 8: *Tips for Supervising Family Medicine Learners Providing Virtual Care*

<https://portal.cfpc.ca/resourcesdocs/en/Supervision-of-FM-Learners-for-Virtual-Visits-final.pdf>

Q 8 How will your discussion around feedback and supervision change because of the virtual care setting?

It cannot be stressed enough that because the clinical encounter and supervision occurs in a virtual care setting does not change the fundamentals of supervision or providing feedback. We still need to supervise our learners and we still need to give them feedback. The how we do this might look different, but the need to do so and the qualities of useful feedback remain the same.

See info point 11 above for suggestions of how to be directly involved in a patient encounter to observe your learner who is providing care in a virtual care setting.

Info Point 12: Feedback to learners is still a vital part of supervising learners, even while working in a virtual care environment

See Appendix 3: *Pearls for Writing a Virtual Care Field Note*

https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Education/For_Teacher/Emerging-Writing-ENG-v4.pdf

See Appendix 9: *Direct Observation Remote/Virtual Patient Encounter Assessment Form*

https://medicine.usask.ca/facultydev/clinical_resources/virtual-care.php#Resources

Q 9 What are some unique teachable moments in the virtual care setting?

There are unique opportunities to provide teaching while delivering care in the virtual setting. This might address the technical aspects of the delivery of care, safety issues unique to virtual care, competencies that the learner is developing such as communication via a new format or increased skills in selectivity or professionalism, as well as teaching around what is being missed or not done due to the virtual setting. For example, you may have to discuss what would be included as part of a physical exam if the patient were physically in front of you.

Info Point 13: Look for and act on unique teaching moments in the virtual care environment.

See Appendix 10: *Tips for Teaching in a Busy Family Practice in the Time of Covid*

https://medicine.usask.ca/facultydev/clinical_resources/documents/tips-for-teaching-in-a-busy-family-practice-in-the-time-of-covid.pdf

Optional case for further discussion:

Case 2 – Rick is a 3rd year medical student being placed with you for his 3-week family medicine rotation. You are providing a significant amount of patient care via virtual care platforms. The first three days of Rick’s rotation are all virtual patient encounters.

- i. What will be different about setting up the patient encounter with an undergraduate learner?
- ii. Are there medico-legal requirements that are unique to supervising an undergraduate learner?
- iii. What will you include in your orientation with Rick today?

Appendix 1 – The Essentials of Virtual Care

From Virtual Care Handbook for Canadian Physicians, March 2020

http://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Key Recommendations:

1. Place your workstation in a location that protects the patient exchange from being seen, overheard or interrupted by others.
2. Use a professional/neutral backdrop and good lighting and wear a white coat. While many doctors resist wearing white coats, research shows that patients of all ages prefer their doctors to wear white coats and it reinforces for them that you are a health professional.
3. If you use a separate web camera, position it so that the camera is directly above the computer window with the patient's video image. This allows you to always be looking directly at the patient.
4. Eliminate all distractions from your computer and surroundings. In particular, turn off all visible and audible computer notifications, which create noticeable distraction.
5. Make extra effort to engage with the patient at all times and assure them that they have your full attention. This includes eye contact, body language and attentiveness.
6. Collect/create patient education texts and weblinks to share after the encounter to replace what you can show to patients when you are seated in the same room.

Appendix 5 – Orientation Checklist for Learner Providing Virtual Care

Background

- Have they ever provided virtual care before?
- What did their prior experience with virtual care look like?
- Have they had teaching with how to deliver virtual care?

Technical Issues

- What platform are you going to use? Does the learner have familiarity with it?
- If using their own cell phones, do they have adequate data plan?
- Is their phone number blocked?
- Do they have internet bandwidth to support video?
- How do they access the patient chart?
- Are they somewhere private where they can have confidential conversations?
- Do they have a set of headphones they can wear?
- If using video, check what is visible in their background and ensure their own appearance is professional as it would be in the office.

Communication plan with preceptor

- How to communicate when ready to review?
- When does the supervisor want to be contacted?
- What to do if you can't contact each other? (Backup plan)

Best Practices of Virtual Care

- Ensure they have had an orientation/teaching or given handout about virtual care
- Review risks and limitations of virtual care

- Review what you can appreciate about physical exam via phone or video, the importance of documenting what can and what cannot be ascertained virtually

Flow of patient encounters and direct supervision

- How to get consent for encounter and how to explain to patient what will happen with supervision.
- When during the encounter does the learner contact the preceptor?
- When and how will preceptor be involved in the visit?
- What to do if learner is concerned about the safety of a patient?

Documentation

- Is there a template or macro to use?
- Are there certain points of information you want the learner to include in the note?
- How will the learner dispose of any confidential notes that they make off site?

Feedback

- When will it be done? How will it be done? How will it be documented?

Learning Objectives

- Does the learner have any concerns or questions about providing virtual care?
- What are the learner's own learning objectives for virtual care?
- How is the learner coping with the new work from home requirements? (if applicable)

Handouts and Teaching Materials

- Consider giving your learner copies of resources to help with virtual care etiquette


Ongoing Orientation

Consider doing mini-orientations or check-ins on a frequent (daily or before each clinical session) to review any technical issues, the plan for the day and also to review the patient list for appropriateness and if a change in plan visit flow or supervision may need to happen.

Appendix 7a – How to Merge Calls on i-Phone

How to start a conference call

Dial the first person and wait for the call to connect.

Tap add call .

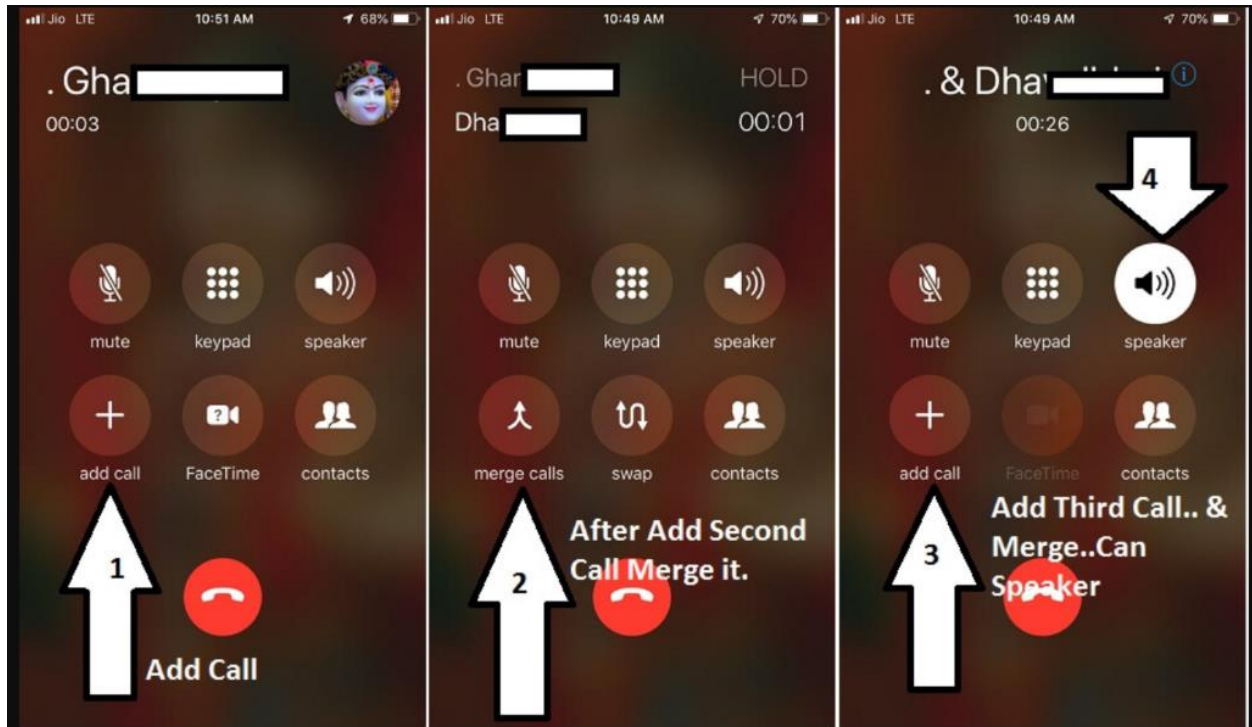
Dial the second person, and wait for the call to connect.

Tap merge calls .

The two calls merge into a conference call. To add additional people, repeat steps 2-4.

If you don't see the option to add another call, you might have reached the limit of participants for your carrier.

<https://support.apple.com/en-ca/HT211110>




<https://www.howtoisolve.com/add-and-merge-call-or-do-confernece-call-on-iphone/make-conference-call-between-three-iphone-then-add-and-merge-call/>

Appendix 7b – How to Merge Calls on Android

Phone the first person.

After the call connects and you complete a few pleasantries, touch the Add Call icon:



1. After touching that icon, or a similar icon, the first person is put on hold.
2. Dial the second person.
3. You can use the dialpad or choose the second person from the phone's address book or the recent calls log.
4. Say your pleasantries and inform the party that the call is about to be merged.
5. Touch the Merge or Merge Calls icon: 
6. The two calls are now joined: The touchscreen says *Conference Call*, and the End Last Call icon appears. Everyone you've dialed can talk to and hear everyone else.
7. Touch the End Call icon to end the conference call. All calls are disconnected.

<https://www.dummies.com/consumer-electronics/smartphones/droid/how-to-make-a-conference-call-on-an-android-phone/>

Appendix 9: Direct Observation Virtual Patient Encounter Form

https://medicine.usask.ca/facultydev/clinical_resources/virtual-care.php#Resources

References

References can all be found at www.dfmfacdev.ca and were last accessed on July 16th 2020.

Completion of this module fulfills the criteria of an elective for the Dalhousie Family Medicine Teaching Certificate Program, either Fundamental or Advanced. For more information go to: <https://dfmfacdev.ca/teaching-certificates>

Completion of this module in accordance with CPD requirements may be considered for MainPro credits if completed during an organized group learning event with a facilitator. For more information or to request this as a group learning event, please contact fmfacdev@dal.ca

Module version July 2020.

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With thanks to Dr Karen McNeil for contributions towards development of this module, as well as to Drs Lisa Searle and Lisa Bonang and Ms Angela Hogan and Ms Susan Love from Dalhousie's CPD Department who helped prepare the module.

Thank you as well to all the family medicine teachers and faculty development leaders from across Canada who created and shared materials and tools that are used in this module. Learning to supervise in the virtual care setting has truly been a group effort.

Please contact alacas@dal.ca with any feedback or comments pertaining to this module.