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.

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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.

a. The patient encounter still involves the assessment of patients and development of a differential diagnosis and management plan.
b. The encounter requires communication skills to gather a history and to communicate a management plan.
c. Communication and the history are the key to a successful encounter. This is even more heightened in a virtual setting as there are fewer non-verbal cues or physical exam findings.
d. Learners can still be involved in providing care to patients in a virtual setting, and we can provide supervision of our learners in this setting, however the flow of how this happens might be different.

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e. "Accumulating research provides reassuring evidence that patient outcomes and satisfaction after virtual visits are equal to conventional encounters." (http://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf)

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

a. You are using new platforms to communicate (phone or video).
b. The physical exam is more limited (although you can still gather some data from phone encounters and even more through video).
c. The set-up of the visit requires different planning including:
    i. Ensuring the patient and provider(s) have access to required technology.
    ii. Ensuring the patient understands how the visit will flow, especially if there is a learner involved.
    iii. Consent the patient for virtual care.

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

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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.

a. Telemedicine can prove beneficial for some patients who may have better access to care when they do not need to travel to the office.
b. We may have an opportunity to do more direct supervision of our learners via shared phone or video calls.
c. There is the opportunity to strengthen communication and history taking skills.
d. Learners gain new skills and competencies in virtual care

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

e. Learners may gain skills in selectivity and the ability to identify when more information is needed and when a patient needs further assessment.
f. Learners can demonstrate professionalism with working independently while also asking for help when needed.

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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.

a. Telephone visits are still how most virtual visits are delivered,
b. Video visits provide an opportunity to gather more information, however sometimes the technology (hardware, internet) may be a barrier,

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

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

c. Be aware of "webside manner" and review with your learner.

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

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

d. Be aware of your own/learner's privacy and ensure that phone number is private and background for video visits is not overly personal/intimate.

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e. Consider using a template or "macro" for a virtual care visit that includes key documentation prompts.
f. Ensure your learner has had teaching about virtual care basics and consider giving them reference to review.

See Appendix 4a: 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

See Appendix 4b: Handouts for your learner: Step by Step Visit Guide for Learner (see attached below)

See Appendix 4c: Handouts for your learner: 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.

a. Providing care in the virtual setting requires that the physician ensure that they are able to meet all the requirements that would be present in an in-person appointment with respect to limits of care, documentation, consent and privacy.

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b. CMPA provides microlearning about these topics at: https://cmpa.ca1.qualtrics.com/jfe/form/SV_4OS2DoHNUoGnPE1
c. CMPA also recommends: "*Be mindful of the limitations of virtual care and ensure patients are provided the opportunity for in-person care, where appropriate and available.*" *https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2020/providing-virtual-care-during-the-covid-19-pandemic*

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.

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

a. Virtual visits require establishing what hardware is needed and does the learner have access?
b. If using their own cell phones, does their plan have unlimited usage?
c. Does the learner have somewhere private they can participate in patient care virtually?
d. If using video conferencing, do they access to a computer, to adequate internet service, to a private and appropriate physical location?
e. Consider how the student will access the patient chart.
f. Will the student require access to hospital records that require VPN access?
g. How are forms that need to be faxed or printed handled?
h. Discuss with the learner how they will dispose of any confidential notes or papers they may have used or created while working off-site.
i. Remind the learner to put their phone number on private.
j. Ensure patients are aware, at the time of booking the appointment, that they will receive a phone call from a private or no caller ID at the time of the appointment

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.

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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.

a. Consider using a dedicated orientation checklist for virtual care/virtual supervision.

   See Appendix 5: *Orientation Checklist*

b. Ensure learner is aware of how to contact preceptor, when to contact preceptor and what the limits are of what can be handled over the phone.
c. Ensure learner is aware of best practices for providing virtual care.

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d. Ensure the learner is aware of medico-legal requirements around providing virtual care.
e. Ensure learner has appropriate patients for virtual care and the learner's level of training.
f. Ensure that both the learner and the preceptor have contact info for each other and understand how/when they will be in touch throughout the clinic.
g. Review how feedback will be done.

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.

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

a. Consider adding more time to the visits, especially at first, to allow for technical challenges.
b. Some providers have found it is also harder to keep on task and have patients keep on task without the usual reminders of a physical waiting room.
c. Be mindful of the extra household pressures that may exist for both learners and attendings if working from home.

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

a. How the learner is introduced to the patient prior to a virtual visit will vary, just like in face to face clinics.
    i. If it is a resident who has an established relationship with the patient then there is less need to introduce the concept of involving the learner in a virtual visit; the resident can call the patient themselves and after reviewing confidentiality and appropriateness of telephone/video visit, can explain when/how supervisor will be added to the visit.
    ii. If it is an undergraduate learner, or a new resident, it would be best to introduce the learner in the manner you usually would in clinic, either by first speaking with the patient yourself via phone and

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explaining that they will be contacted by the learner and identifying how/when you will be involved in the visit; or have clerical staff review this with the patient when the appointment is booked.

b. It will be important to review at the start of the appointment who is on the call/video and when that changes. Examples:
    i. "Dr Smith will be joining us at the end of the visit, and I will let you know when I invite her to join our call." Then the learner or the preceptor would verbally signal that someone was joining or leaving the encounter.
    ii. If the preceptor is going to be attending the entire visit via phone or video conference they may say hello at the beginning and then state "I am now going to mute myself" or "I am now going to turn off my video to allow you to have your appointment with [the learner's name], but I will be listening in the background and will join in again at the end."

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.

a. If learner and preceptor are not co-located, and visits are via telephone. iPhones and Android allow conference calls.

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

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i. Either the preceptor/learner are both on the call and then add the patient; or the learner/patient are on the call and the learner adds the preceptor when appropriate

b. During a video conference, the preceptor can be in the visit but with their camera "off" so it is less distracting to the patient.

c. If co-located there are ways you can directly participate in the virtual care visit:
    i. Ask the learner to conduct the phone visit while on speaker so you can hear both the patient and the learn.
    ii. Connect via a 3-way teleconference call.

d. Ensure there is a clear plan for how the learner will let the preceptor know to join the conversation or when they are ready to review.
    i. Consider having the learner text or use EMR messaging so the preceptor is not interrupted if also on a phone/video call.

e. Review how will you review with the learner and then review with the patient?
    i. If preceptor present during the visit could be done via phone/video as it would be in person.
    ii. If learner conducting the visit without preceptor on the call/video then could tell the patient they will be speaking with the preceptor and calling the patient back (either together or alone, depending on the learner)

f. If the learner is a medical student, the physician **must** be present for part of the patient encounter.

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

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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

a. Learners still require feedback.
b. Identify when/how you will incorporate feedback into the flow of the virtual clinic.
c. Schedule feedback as you will be lacking the visual cues to give a learner feedback.
d. Identify both typical and novel areas to provide feedback.
e. Decide with your learner how you will connect for feedback, either by phone, video, zoom, facetime, etc.

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f. Identify how you will document the feedback. Will the learner write what was discussed on their feedback tool, do you have a copy, is it done via an electronic tool? Check with your program about what feedback tools are being used during virtual care supervision.

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.

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

a. Identify what areas of the visit might be different in an in-person visit. E.g. if you would normally do a physical exam discuss what that might be.
b. Discuss how your assessment might be impacted by virtual care assessment and what other information might be needed.
c. Can discuss how care is impacted (both negatively or positively) by virtual care
d. Debrief about what it is like to function within a virtual care setting
e. Identify the competencies that are being developed by working within a virtual care setting.
f. Seek feedback from the learner about how they are doing, what is and is not working for them and what they would like to try differently.
g. Wellness check in if virtual care is being done during a time of increased social isolation and turmoil, such as with onset or worsening of pandemic.
h. Develop some supplemental teaching materials (e.g. guidelines, articles, resources) that you might direct a learner to supplement what you are/are not seeing in the virtual care setting.

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

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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?

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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.

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Appendix 2 – Doctors Nova Scotia Virtual Care Toolkit

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

Appendix 3: Pearls for Writing a Virtual Care Field Note

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

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Pearls for Writing a Virtual Care Field Note

Thank you for continuing to supervise and assess your residents during the COVID-19 pandemic. During this crisis, graduating residents will be provided a provisional licence based on their In-Training Assessment, not certification. Your thoughtful assessment is more crucial than ever.

Virtual care (VC) requires many of the same skills as in-person care. Providing learners with the opportunity to provide VC, as well as feedback about optimal VC, is essential for their professional development. As a reminder, ideal feedback is timely, based on observed performance of essential competencies, and ideally focuses on **one** take-home message to continue and/or **one** message to modify so as not to overload the learner (or you!). Feedback is intended to stimulate self-reflection and support learning. This style of care will likely be more a part of our practice after the pandemic, so building skills for VC is essential. Following are unique aspects of VC that are high yield for which you can assess and provide feedback as they are either **critical to do, difficult to do, or frequently missed.** As this is a new way of practising for many of us, they can also be used as ideas for preceptors who are honing their own VC skills.

1. Safe, effective use of technology and local regulations:

a. Uses virtual care platform skillfully (i.e., is sufficiently familiar with the technology used) and assists patient with using platform if required (**communication**)

b. Uses virtual care/telemedicine in alignment with local regulations, especially for prescribing (**professionalism**)

c. Carries out brief, relevant consent discussion with the patient, discussing confidentiality, limitations, and consent for recording if needed (**professionalism, communication**)

d. Clarifies with patient whether others are present when conducting an interview to assure appropriate confidentiality for the patient (**communication, professionalism**)

e. Creatively seeks and uses all available data (e.g., asks patient to send logs, photos; if using video, attends to patient demeanor, patient's background environment; asks patient to perform vitals as able (with/without coaching); asks patient to show relevant areas amenable to external examination (e.g., skin, MSK, throat, etc.)) (**communication, clinical reasoning**)

2. Adaptive communication:

a. Establishes rapport quickly; introduces themselves by name and role, identifies who is supervising them and how; when using video platforms maintains eye contact, is aware of background distractions (**communication**)

b. Listens attentively to verbal cues (especially for telephone consultation) and seeks to clarify ambiguous statements (**communication**)

c. Documents including consent and the rationale for deviation from typical management and/or follow-up plans, weighing the holistic risk to this patient (**communication**)

3. Adaptive clinical reasoning:

a. Assesses whether VC is appropriate for this visit and recognizes when patient safety or the determination of a proper diagnosis requires an in-person assessment (**selectivity**)

b. Asks probing triage questions to gauge severity of symptoms, especially with audio only (**clinical reasoning**)

c. Adapts the encounter to an alternative communication method (audio only, video, or in person) to facilitate safe and effective care (**selectivity**)

d. Attends to the multiple biases that may affect our clinical reasoning especially during a pandemic crisis (e.g., attributing all coughs to COVID-19 without considering another cause) (**selectivity**)

4. Situational awareness:

a. Adapts usual management and follow-up plans to current context (**clinical reasoning**)

b. Plans future care while considering modified clinical operations, and local holistic risk to the patient (**selectivity**)

You will already be familiar with using your formative assessment tools (e.g., field notes) and the **Assessment Objectives**.

Many of these VC skills are adaptations of what you are already used to assessing (e.g., the skill dimensions of **patient-centred care**, **selectivity**, **clinical reasoning skills**, **communication** and **professionalism**). These are unchanged—the information above provides ideas to focus on to optimize safe patient care and residents' growth in the provision of VC.

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

Appendix 4: Handout for Learners on Virtual Visits

Appendix 4a: Virtual Visit Guidelines for Residents:

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

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FACULTY DEVELOPMENT

Virtual Visit Guidelines for Residents

What do we know, what are best practices, where can I learn more, how do I teach this?

We are adapting to a new environment for patient care. Phone calls and videoconferencing with patients has been occurring in the delivery of medicine at increasing levels over the past decade. Telehealth is a tool that can include phone (basics) or video (more advanced). This tool allows us to hear the patient's story and 70% of making a diagnosis is about good history taking and these approaches to care can still be effective using the right skills.

Virtual visits are a common model used for distance care in rural and remote areas but there are also numerous examples of groups of physicians providing virtual care in urban areas, following methadone patients, for follow up, etc. Physicians all across Canada in academic and FFS practices, are now engaging in virtual care visits, developing new skills to continue to provide good care under unusual circumstances. These visits are widely used in SK by many specialties including psychiatry, dermatology, oncology and by pediatric intensivists, etc.

Virtual Care guidelines, workflows and consents

Make sure you are comfortable and have set up your phone/computer/laptop so that you have as ergonomically ideal set up as possible – this may involve creating a standing computer set up. You also need to think about the position of the camera on your computer – you want to be looking at the patient to achieve the best possible eye contact. You may also want to set up your computer so you can see the patient's chart and sometimes this means using two screens if this is an option. Screen management should be considered in advance of the visit.

Use the time between visits to MOVE around; stretch, dance, walk – all can help with your physical and mental health.

In video visits – you need to consider your appearance, your "comport" online and maintain a high level of professionalism. Some suggest wearing a white coat for these visits to establish a clinical tone despite the distance or the informal nature of seeing a patient in their home. During COVID-19 pandemic, many issues might be covered in a virtual visit but we have to remember that not all visits are suitable for this and sometimes we need to arrange to see our patients in clinic. Use this time appropriately and encourage patients to come in for appointments when needed. As a learner, you can discuss this with your supervisor in a 'huddle' before your patient visit starts.

Introduce yourself and confirm that you are connected to the right patient. For virtual visits, it may useful to have a family member present during the meeting.

Consent – Verbal consent is okay. For video visits – you can include the consent in the visit. It's important to clarify if anyone else is able to hear and if it is okay with the patient. This is not dissimilar to when a patient is accompanied in the examining room at an office visit. Consent can also be taken during scheduling the appointment by an admin assistant if it is an option; this will save time.

When first engaging in a virtual visit with a patient who has not done this before, it is important to acknowledge this; to state it explicitly and explain why it is important. "We're in this together." Virtual visits are a means of offering what we can under the current pandemic circumstances. These visits are easier when you/ your supervising physician/ and the clinic have a past relationship with a patient but they can be done even when the physician has no formal previous relationship with the patient.

The visit

What is most suitable for virtual visits?

Mental Health	Derm	STI Screening	Travel med	Some CDM
Contraception Counselling	Simple UTIs	URTI/ usual coughs and colds	Other straight-forward infections	Follow up and monitoring/ routine screening

You need to use active listening skills and convey empathy as appropriate. These visits are not suitable when a physical exam is needed and an in-person visit may be required. We can be upfront about the compromises needed in practice at this time and explain the limitations of virtual visits. In addition most follow-up visits can be done virtually with some exceptions. Document in the EMR as you go as you would with an office based visit.

Objective data you may be able to acquire during a virtual visit include:

Home BP Readings	Temperature	Breathing	Visual Inspection
Weights	Pulse	Glucometer Readings	Facial Expression

(Do not use the Roth score in primary care visits)

It is important to observe closely and carefully and make note of any of the above as well as tone of voice, emotional state, etc. Verbal and nonverbal communication is still important and core aspects of virtual visits. When using video, you can assess mobility/frailty by asking the patient to stand up and walk (if there is enough space in the room). You should explain your rationale before doing this but observing the patient get up and move can be very helpful.

Diagnostic reasoning is important as you think through the history, PE, assessment (including a ddx) and your management – same as any visit. You can also use other tools during the visit – Up To Date, etc. *"Smartphones are the Swiss Army knife of virtual visits."* (John Pawlovich)

In our management, try to provide therapeutic doses of compassion, de-escalate stress and create the trust and rapport needed for a therapeutic alliance. Use empathy and a patient centred approach in finding common ground.

Remember to ensure all scripts are discussed and completed in the EMR. Verify any other issues to address before you disconnect. Time management is important without rushing if there are back to back virtual visits.

If you are working as a resident, ensure you review the visit, and get appropriate feedback. Ensure prescriptions are sent and all forms/ tests/ consults are completed. Arrange follow up as needed.

Your comfort with doing these types of visits will improve over time. It is like learning any new skill, there is a learning curve but it is generally felt to be a short one! Virtual care is an evolving field with applicability in the delivery of primary care in Canada beyond this pandemic so it is a valuable skill to learn as it will have future applications in your practice.

Adapted from the CFPC archived webinar 'The COVID-19 Pivot-Adapting out Practice to Virtual Care, 2020. https://vimeo.com/401360939

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Sharma, Rahul, Sapir Nachum, Karina Davidson, and W. Nochomovitz. "It's Not Just FaceTime: Core Competencies for the Medical Virtualist." International Journal of Emergency Medicine 12.1 (2019): 1-5. Web.

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Resources

Adapting to Virtual Care

- Canadian Family Physician
  - Telehealth and patient-doctor relationships in rural and remote communities
- CMA/ CFPC/ RCPSC
  - Virtual Care Playbook, March, 2020. Med Ed Working Group, page 35-39. Competencies required to deliver virtual care – Appendix II page 46
- Canadian Medical Protective Association
  - Covid-19 Hub; including on Telehealth and virtual care
  - eHealth Recommendations
  - Videoconferencing Guidelines
- College of Family Physicians of Canada
  - Archived Webinar: The COVID 19 Pivot- Adapting our Practice to Virtual Care (start at the 7min 30 sec mark, advice for residents starts at 44 min)
  - Faculty Development Resource Repository
- Doctors of BC - Doctors Technology Office:
  - Virtual Care Quick Start Session for Physicians in British Columbia (webinar recording)
  - Virtual Care Quick Start Session for Physicians in British Columbia (pdf)
  - Virtual Care Toolkit (pdf)
- Northern Medical Services
  - Advice from James Purnell
- bmj
  - Covid-19: a remote assessment in primary care
- Red Whale - UK
  - Remote Consulting: A Survival Guide

Telemedicine Policies & Guidelines

- College of Physicians and Surgeons of Saskatchewan
  - Policy on Telemedicine. Additional guidance and resources, including for delivering virtual care during a pandemic, are available on the College's website.
- Royal College of Physicians and Surgeons of Canada
  - Telemedicine and virtual care guidelines (and other clinical resources for COVID-19) – Saskatchewan information

US Telehealth Planning Guides

- American College of Physicians
  - Telemedicine - A Practical Guide for Incorporation into your Practice (Released March 18, 2020) Free online curriculum, ACP.
- California Telehealth Resource Center
  - CTRC's Telehealth Program Developer Kit

Supervising Residents

- College of Family Physicians of Canada
  - Tips for Supervising Family Medicine Learners Providing Virtual Care
  - Emerging Topics Bulletin for Educators: Pearls for Writing a Virtual Care Field Note
- USask
  - A PowerPoint on the 'Supervision of Residents During Virtual Care'. This presentation was adapted from CFPC guidelines.
- USask Faculty Development
  - Direct Observation Remote Virtual Patient Encounter Form created by Sean Polreis. This form can easily be adapted to fit your programs needs.

For Patients Receiving Virtual Care

- Institute for Safe Medical Practices Canada
  - How to Prepare for a Virtual Meeting with Your Healthcare Provider

Appendix 4b: Step by Step Visit Guide for Learners

This tool has been created by Dr Kathleen Horrey, Dalhousie Family Medicine.

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Virtual Care Visit Guide for Learners

Prepare

- How will you be connnecting with your preceptor?
- Review the paient record
- Are you in a quiet, private location?
- Phone visits - block your number
- Video visits - check your background, lighting

Connect

- Check audio/video

Can you see/hear me?

- Confirm the patient's name, birthdate, health card number
- Confirm the patient's location

Are they in a private place?
Are they located in the province in which you have medical liability coverage?

Types of visits usually appropriate for Virtual Care

Simple URTI, UTI
Some chronic disease management
Follow-up some pre-existing illness, investigations
Skin conditions (with HD camera or photos sent)
Mental health concerns
Sexual health care
Travel medicine

Not appropriate for Virtual Care

Emergent symptoms – chest pain, SOB, loss of neurological function
Any presentation requiring palpation or auscultation
Initiation of opioids or other controlled substances

Consent

I would like to explain a bit about this type of visit. A phone/video visit is a bit different from an in-person visit. (The Health Authority) has approved this as a safe way to communicate with our patients, and while unlikely given that it is a secure system, there is a small chance that someone may be listening to our conversation. Also, we are unable to examine you in the way that we would usually do when we see you in-person. If after our conversation we feel that we need to see you, we will make arrangements to do this. I will be documenting our conversation in your chart as we usually do.

Do you have any questions about how the visit will take place? Do I have your permission to proceed with this type of visit?

Visit

- Conduct the history
- Consider what parts of the physical exam you can do

Vitals
Does patient have a thermometer/BP cuff?
Are they speaking in full sentences? Do you hear a wheeze?
Coach through checking their pulse, tapping out the rate.
Do they appear unwell? in pain?

Can you coach the patient through ROM and palpation, having them describe the findings, or show you on video? This does not replace the need for an in-person visit to properly examine but may assist in triaging.

Review

- Connect with your preceptor

Senior residents may do this step after the completion of the encounter or at the end of the day.

Wrap up

- Ensure patient understanding of the plan
- Acknowledge the limitations of virtual visits, safety net
- Document

Communication skills are more challenged in virtual care visits so ensuring patient understanding is most critical!

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Virtual Care Playbook, CMA CFPC RCPSC. 2020. https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Appendix 4c: Telemedicine the Essentials

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

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TELEMEDICINE : THE ESSENTIALS

WHAT IS IT ?

The practice of medicine at a distance using information and communications technologies

- Phone call
- Video conference

HOW DO YOU DO IT?

A teleconsult (phone or video) is the same as a regular visit. With a few additional key elements. It's the primary way we will be offering care to patients during the COVID 19 Pandemic. Here are the key steps.

1. Introduce yourself:
Tell them who you are and why you're calling. Ensure that you and the patient are in a confidential setting. If it's a video visit, hold your identification badge up to the camera. If you are resident let the patient know who the supervising doctor will be, and that at some point you will review the case with them.

2. Confirm the patient ID:
On the phone ask them for their, Name, DOB and Home Address. If it's a video visit, have them hold their Health Insurance card up to the camera.
! *Confirm their current location in case the patient goes into distress and you need to call emergency services* ***!***

3. Consent the patient:
Its important that the patient understand what a telehealth visit is, and what the limitations are. Here are the key phrases that must be included in an explanation.

- *A phone or video visit is different than in person and has some limitations, if it any point I feel that you need to be seen I will have it arranged.*
- *As we are speaking over phone or video, if you are in a public, there is a chance confidentiality could be breached. However for our video conferencing tools we are only using secure ministry approved solutions.*
- *I will document your visit in your medical chart*
- *Do you agree to this phone or video visit (!document using clickable text in History section of the note!)*

4. **Proceed with the visit:**
Try your best to determine at the beginning of the interview if the visit is appropriate for telemedicine. Here are some examples, but you should always use your clinical judgment

Appropriate

- Coughs and Colds
- Simple UTI
- Dermatology (via his res video only video)
- Contraception Counselling
- STI screening and Counselling
- Mental Health
- Routine screening and DM f/u

! NOT Appropriate !

- New Rx for Narcotics benzodiazepines and stimulants
- Rx changes for unstable or relapsed patients taking Methadone or Suboxone
- Rx for cannabis
- Suspected otitis media that requires treatment (i.e. young infants < 6 months or prolonged fever > 48hours or severe illness)

Version 1.3 March 23, 2020

DOCUMENTING THE VISIT

- Document the visit as normal in the EMR and be sure to use the clickable text for "Telemedicine" the History section of the note. Always be prepared for the visit by reviewing the patient file before the visit.
- Finalize your impression and summarize the diagnosis for the patient
- If you are a resident tell your patient you will review the case with your supervisor and call them back to discuss the treatment plan
- *!Ensure that pharmacy information is up to date in the EMR as all prescriptions should be faxed directly!*

IN CASE OF EMERGENCY

!NEVER HANG UP ON THE PATIENT!

- Even if you are unsure of what to do, if you feel the patient needs urgent medical attention, do not end communication with the patient
- In this case, if needed, call 911 for the patient and provide the location of the patient to emergency services
- Answer all questions 911 may have regarding the situation
- Call your supervisor on another line to discuss the case if possible
- Once the case has been managed, if not done so already, immediately call your supervisor to discuss

Examples of emergencies:

- The patient tells you they are actively suicidal with a plan and you are imminently worried for their safety or the safety of others (call 911)
- The patient starts to have crushing chest pain and feels dizzy during the conversation (call 911, possible myocardial infarction)
- The patient starts to have slurred speech and does not answer questions appropriately and seems confused (call 911 – possible stroke)

ESCALATION

If during a phone call you feel you'd like to schedule a video conference, tell the patient they will receive a phone call to schedule an appointment and an email from the clinic with instructions on how to join a video call. Laptops, iPads and Mobile phones all work.

If during a call you decide you need to see the patient tell them they will receive a phone call to be booked into urgent care.

COVID 19 REMINDERS

Main Symptoms: fever, cough, difficulty breathing, muscle aches, fatigue, headache, sore throat, runny nose. Possibly loss of smell, abdominal pain

If a patient has travelled outside Canada in the last 2 weeks or been exposed to someone who is positive for COVID-19 **AND** they have any viral symptom they cannot be seen in a regular clinic.
Advise them to call: **1-877-644-4545, 811 or go to** https://ca.thrive.health/covid19/en

If they have come in contact with someone who is ill or travelled without any viral symptoms, they can be seen but they and the clinician must wear a yellow mask and gloves during the visit.

*This document was created by **Drs Mylene Arsenault, Barbara Evans, Mark Karanofsky, Juan Gardie and Michael Shulha** based on guidelines from the CMPA,CMQ, College of College of Physicians and Surgeons of British Columbia, College of Physicians and Surgeons of Ontario for the Herzl Family Practice Centre, Jewish General Hospital, Montreal, Qc. McGill University Department of family medicine.*

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Appendix 5 – Orientation Checklist for Learner Providing Virtual Care

Background

- ❑ Have they ever done 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 an adequate data plan?
- ❑ Is their phone number blocked?
- ❑ Do they have internet bandwidth to support video?
- ❑ How do they access the patient chart?
- ❑ Can they work 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 will you 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)

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 will preceptor be involved?
- ❑ How will preceptor be involved?
- ❑ Will the learner have their phone on speaker in the clinic room if co-located so the preceptor can listen?
- ❑ Will it be a conference call?
- ❑ Will they all be on video together?
- ❑ Will the learner take the history and then call the preceptor or if a senior learner, complete the visit and review with the preceptor at the end of the clinic?
- ❑ What to do if learner is concerned about the safety of a patient?

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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

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?
- ❑ Is there anything we have not discussed that the learner would like to bring up?
- ❑ 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.

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Appendix 6: Best Practices for Supervising Learners Providing Care in a Virtual Setting

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

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BEST PRACTICES

April 2020

SUPERVISING LEARNERS WHILE PROVIDING VIRTUAL CARE

With physical-distancing measures in place due to the COVID-19 pandemic, many clinicians are providing care via telephone or video. As a result, clinicians require strategies for effective clinical supervision in the virtual environment. Although teaching while providing virtual care has many parallels to supervising in a regular clinical setting, preceptors must be familiar with the required technology along with tailored approaches to ensure patient safety.

Just as with face-to-face patient care, a small investment of time in planning is perhaps the most effective and efficient strategy for successful supervision while providing virtual care.

1 Determine the learner's familiarity with technology surrounding virtual care. (Communicator, Scholar, Professional)

Effective use of technology associated with virtual care:

- Virtual platforms and corresponding training guides
- Technology requirements: hardware, software
- Troubleshooting: connectivity, bandwidth, screen resolution, audio settings, microphone output
- "Webside" manner

What is "webside" manner?

It is the virtual equivalent of a clinician's bedside manner and includes, among others, workstation location; webcam placement, professional backdrop, lighting and attire; body language, eye-contact, and attentiveness; pop-ups and notifications.

Have a backup plan

Have a contingency plan in the event there is a technical failure during a video session.

Agree on an alternate method of communication (i.e. *cell or home phone, email*) with your learner and patient at the beginning of the session.

- What will you do if you can't reach the patient?
- What will you do if you can't reach your learner?

We value your feedback! If you have comments, suggestions or other best practices to share, please let us know!

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CEPD continuing education and professional development

2 Confirm the learner's understanding of patient safety and risk management directly related to virtual care.

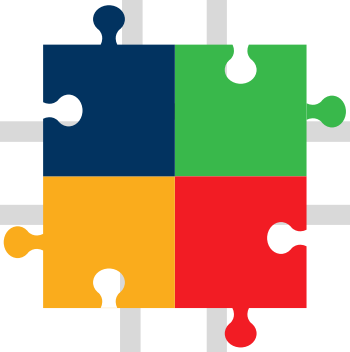
(Communicator, Health Advocate, Scholar, Professional)

Regulatory considerations: CPSO policies & guidance

- Consent to virtual care
- Consent to treatment
- Limitations surrounding prescribing
- Medical records documentation and management
- Telemedicine

Regulatory considerations: Scope of virtual practice

While some issues and ailments can be safely treated during virtual care, certain problems (e.g. *chest pain, shortness of breath, many neurological symptoms*) are currently **not amenable to virtual care**.



Ethical and cultural considerations

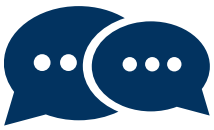
Anticipate and discuss potential dilemmas or barriers (e.g. *language barriers that impede on the ability to give informed consent* or *a patient who refuses to be filmed*) and determine in advance how the learner will handle a situation where he or she is unsure how to proceed.

Patient safety considerations

When supervising in a distributed environment, it is important to consider the geographic location of all parties (i.e. *supervisor and learner face-to-face with patient linked virtually; supervisor, learner and patient linked virtually*) as this can impact the preceptor's ability to oversee patient assessment, care decisions and mitigate risk.

3 **Establish a positive and collaborative learning environment based on mutual respect.** (Collaborator, Scholar)

- Promote and maintain good working relationships by clearly establishing and documenting roles and responsibilities early.
- Identify strategies to communicate with the learner when needed while providing virtual care at the onset to avoid frustrations.
- Describe the flow of activities and the specific procedures related to virtual care.
- Highlight intended priorities and encourage the learner to ask questions to deepen learning.



Good relationships between everyone involved in virtual care are important to prevent misunderstandings, which are more likely to occur without face-to-face communication.

4 **Consider the learner's level of entrustability.** (Collaborator, Scholar, Professional)

Evaluate the learner's characteristics, experience, preparedness, and confidence level to guide your choice of teaching strategies and learning opportunities. Remember that novice learners should initially be assigned to assess patients with straight-forward, typical problems, while more experienced learners can be challenged with more complex cases (Irby and Bowen, 2004). This is even more important when adding the element of virtual care to an already complex, information-intense environment.

5 **Transition from expert to coach.** (Communicator, Collaborator, Scholar, Professional)

Learners also require advanced communication skills when providing virtual care, in part to compensate for lack of visual cues. Since learners highly benefit from observing experienced clinicians, be a professional role model for your learners. Facilitate learning, support competency development, and enable coaching by providing authentic opportunities for direct observation of your virtual physician-patient interactions.

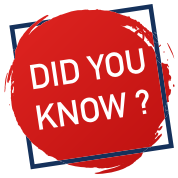
Effective preceptors model lifelong learning and professional growth for learners by sharing their own experiences and best practices. Modeling, observing, direct questioning, thinking aloud, and coaching are important strategies to increase teaching effectiveness.

6 Promote accurate, complete and timely visit notes.
(Communicator, Scholar, Professional)

- Consider having standard documentation for recording that the visit was conducted virtually, which includes confirmation of patient consent and disclosure of associated risks. Take the time to review the key components of this documentation with the learner.
- Have the learner complete the visit note for the virtual visit, following the same standards as for a conventional visit.
- Review and sign off on the learner's visit note within the patient medical record.

7 Give constructive and motivating feedback.
(Communicator, Collaborator, Scholar, Professional)

Whether explicit through oral or written language, or implicit in gestures or tone of voice, feedback is an effective, if not essential, tool for learning optimal virtual care. The impact of effective feedback lies in the learner accepting and assimilating the feedback to improve practice and facilitate professional growth. For this reason, normalize the presence of strengths AND weaknesses among not only the learners, but in all professionals (Ramani et al., 2018). Deliver constructive feedback in a respectful, non-confrontational and non-threatening way so that the learner sees feedback as a learning opportunity for continuous practice improvement.



There may a benefit to providing feedback remotely.
Some learners have shared that they feel more comfortable and receive critical feedback in a more positive manner when preceptors are not physically in the room.

When providing feedback:

- **ASK** – Ask the learner to assess their own performance.
- **TELL** – Comment on what was done well, giving the learner your impressions of strengths and challenges based on your observations with specific examples.
- **ASK** – Invite the learner to reflect and determine how to further their learning. Work together to develop a learning plan.

In order to develop **lifelong learners**, the overarching goal of feedback should be to support the ability of learners to self-assess and self-regulate on their professional journey.

8 **Prioritize timely debriefing, facilitate informed self-assessment & promote self-directed learning.** (Communicator, Collaborator, Scholar, Professional)

Always build learner debriefing into the total time allocated for the clinical encounter, so that feedback is timely and relevant. Your goal is to stimulate thinking to help uncover gaps in knowledge or errors in clinical reasoning and foster the development of a growth mind-set.

Effective feedback is referenced to required competencies, provides specific comments on learner strengths, and offers recommendations for improvement which are linked to further educational opportunities.

9 **Provide formative assessment documentation.** (Communicator, Collaborator, Scholar, Professional)

Documenting feedback during clinical supervision using workplace-based assessments, field notes and observations is a recommended competency-based evaluation strategy. Concentrate on aspects that are unique to virtual care that can impact the overall quality of care, such as:

- Safe and effective use of technology and local regulations
- Effective communication skills
- Cultural sensitivity
- Clinical reasoning
- Management decisions, including investigations, treatment and follow-up

Providing virtual clinical care has accelerated during the COVID-19 pandemic due to the health risks of face to face clinical visits for patients, health care practitioners and learners. Simultaneously, major disruptions in clinical teaching, precepting and supervision are forcing health care professionals to think outside the box. The strategies outlined in this document aim to help clinicians manage teaching opportunities in the current context and perhaps more importantly, adapt to a “new normal”, as providing virtual clinical care will be a key future competency for all students and residents.

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

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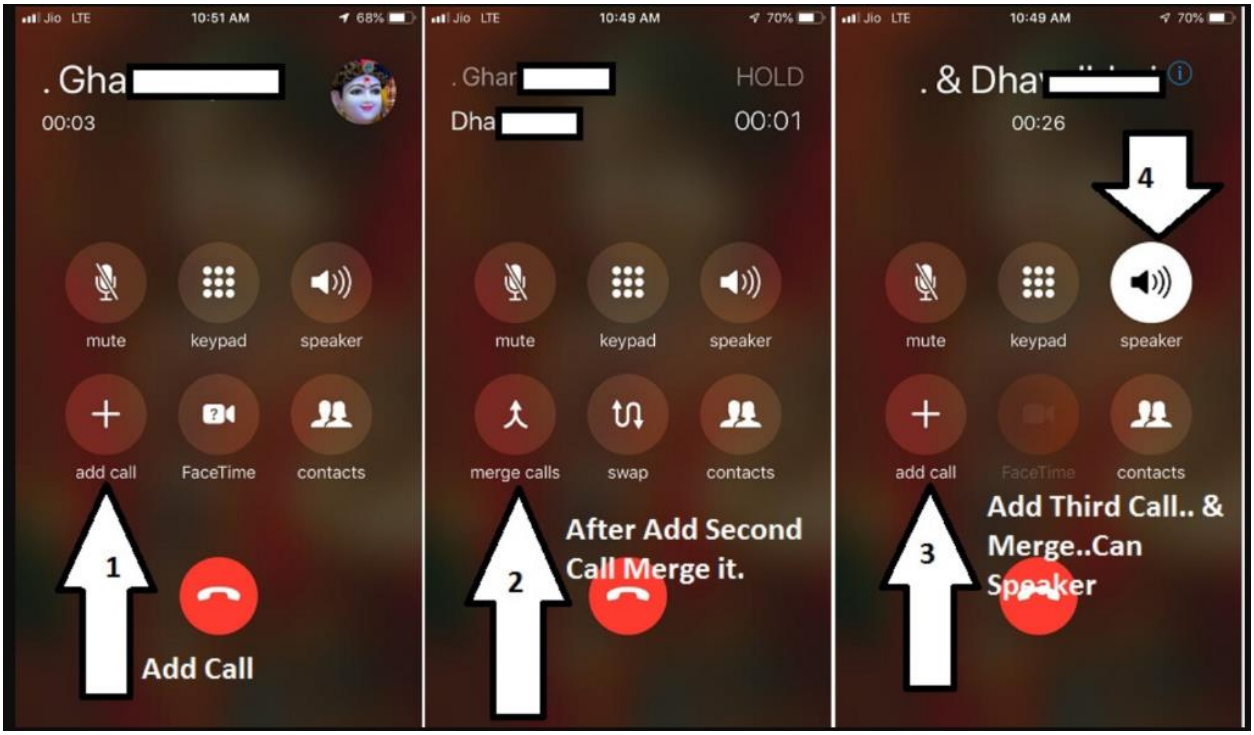

https://www.howtoisolve.com/add-and-merge-call-or-do-confernece-call-on-iphone/make-conference-call-between-three-iphone-then-add-and-merge-call/

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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/

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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

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THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Tips for Supervising Family Medicine Learners Providing Virtual Care

The COVID-19 pandemic has led to the rapid implementation of virtual care across family medicine clinical settings. Excellent resources developed by the Federation of Medical Regulatory Authorities of Canada and the Virtual Care Task Force cover issues related to conducting virtual visits.[1,2,3] This timely guide, however, focuses on the teaching and supervision considerations related to medical students and residents providing virtual care. It also responds to an urgent need that teachers, preceptors, and educational leaders identified in family medicine.

For the purposes of this document virtual care is defined as any interaction between patients and their health care providers "occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care."[4]

Providing guidance for virtual care

1. **Ask about the learner's experience with virtual care and their understanding of its conditions/limitations:** How virtual care is conducted varies based on local contexts and available resources. Telemedicine solutions range from the use of phones to video platforms (standalone or integrated with electronic medical records) to texting and email solutions (e.g., Messenger, Google Duo, WhatsApp). Some platforms may not comply with provincial privacy legislation, although such concerns are generally being waived during the COVID-19 crisis. Preceptors should review the virtual care platforms that are acceptable in their provinces and privacy/confidentiality policies with learners. *Telemedicine: The Essentials* offers a concise summary that can be adapted to your setting.[5]

2. **Determine the level of supervision needed:** Before a learner conducts a virtual visit, it is important to know how much supervision they need. New learners may not have enough clinical experience to assess patients virtually and would need more supervision. Senior residents may require less supervision, but if a supervisor does not know them well a rapid review of the learner's progress to date would guide supervision needs.

3. **Consider the supervision approach:** As with virtual patient care, virtual trainee supervision is likely to become increasingly common due to self-isolation and restrictions in travel, and/or due to the needs of our distributed models of education. If more direct observation of a learner is needed, plan to use approaches that let you hear the learner/patient dialogue. One option is to have the learner use a speaker phone with the patient when you and the learner are in same the room; another is to use a three-way conference call/video call and record the visit for review afterward. Decide how case reviews will be conducted with the learner (i.e., after each patient or at the end of a session, and either in person, by phone, or by videoconference). Patients must be informed if the visit is being recorded and that any recording will be stored securely and destroyed after review.

4. **Ensure the learner obtains patient consent to provide virtual care:** Medical regulatory authorities expect that patients provide consent to virtual care after their confidentiality rights are shared and they are informed of the potential limitations of virtual care. Provide learners with verbal scripts and templates for charting to use with patients. Learners should tell patients at the beginning of visits that information provided during a virtual visit—including photos, videos, or other patient data—will be shared either synchronously (with direct observation) or asynchronously (after the interaction) with a licensed supervising physician.

5. **Review the patient presentation, paying attention to key considerations in virtual visits:** Virtual care provides opportunities for numerous learning and teaching moments. Depending on the technology available, learners may be able to acquire patients' vital signs and conduct a limited physical examination.

These questions may be helpful for supervisors to consider when reviewing virtual cases with learners:

- Is the patient's clinical presentation suitable for a virtual visit?
- Is the learner aware of the limitations of the technology used?
- Did the learner communicate the patient history and physical findings effectively and with enough detail to make a clinical judgment confidently?
- Would an in-person physical examination or clinical investigations conducted within a 48-hour period (e.g. over a weekend) significantly alter the proposed diagnosis and/or management plan?
- Was the learner able to demonstrate the use of selectivity skills to generate a differential diagnosis and management plan appropriate for the virtual visit?
- Did the learner use communication skills to establish rapport and trust? This could include providing effective introductions, asking open-ended questions, clarifying, summarizing, empathizing, etc.
- Does the learner know how to order investigations, medications, referrals, or other treatment options given the current COVID-19 context?
- Is the management plan appropriate given the current COVID-19 context?
- Is the learner able to operationalize the management plan with the patient in the COVID-19 context?
- Was a clear follow-up plan provided with instructions on what to do if the patient's condition worsens?

6. **Review the learner's documentation of the visit:** Ensure the clinical note includes patient consent and that the clinical encounter, diagnosis, and management plan include pertinent information. Co-sign the learner's note.

7. **Consider writing a field note or provide formative documentation to assess the learner:** The COVID-19 pandemic has significantly altered residency programs' abilities to offer required learning experiences. Providing written documentation to include in a learner's portfolio will help program directors and residents track the learner's progress and identify any learning experiences still needed for the successful completion of training.

Conclusion

COVID-19 has escalated the use of virtual care in family medicine, which has driven a demand for resources and best practices. As learners, teachers, preceptors, educational leaders, and patients adapt to this change, we can learn from each other. Please share your tips with us at education@cfpc.ca.

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1. Federation of Medical Regulatory Authorities of Canada. FMRAC Policy on Telemedicine. Ottawa, ON: Federation of Medical Regulatory Authorities of Canada; 2010. Available from: tinyurl.com/uldknvk. Accessed March 28, 2020.
2. Virtual Care Task Force. *Virtual Care: Recommendations for Scaling Up Virtual Medicine Services*. Ottawa, ON: Canadian Medical Association, College of Family Physicians of Canada, and Royal College of Physicians and Surgeons of Canada. Available from: www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf. Accessed March 28, 2020.
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5. Arsenault M, Evans B, Karanofsky M, Gardie J, Shula M. *Telemedicine: The Essentials*. Montreal, QC: McGill University; 2020. Available from: www.cfp.ca/sites/default/files/pubfiles/PDF%20Documents/Blog/telehealth_tool_eng.pdf. Accessed March 28, 2020.

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Appendix 9: Direct Observation Virtual Patient Encounter Form

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

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Direct Observation Remote/Virtual Patient Encounter Assessment Form

Resident: _____ Assessor: _____ Date: _____

Skills	Not observed	Minimally performed	Done well	Comments
Safe, effective use of Technology ▪ Familiar with the technology ▪ Has backup plan if disconnected ▪ Sets up to optimize visual/audio (headset, eye contact if visual) ▪ Access to EMR ▪ Connects with preceptor re: plan for virtual visit				
Introduction/Rapport ▪ Ensures patient can hear/see ▪ Considers patient barriers (language) ▪ Introduces self/supervisor ▪ Confirms identity of patient & if others are in the room with permission ▪ Privacy/disclosure of location(s) ▪ Explicitly obtains consent ▪ Provides reassurance/builds trust				
Early Assessment ▪ Can visit proceed with this technology? Appropriate? Safe? ▪ Do other arrangements need to be made? ▪ Explains limitations of virtual visit ▪ Inquires about patient expectations ▪ Sets agenda (to manage time) ▪ Asks if any other concerns to cover				

Developed by Dr. Christine Pask, Dr. Emily Sullivan, Dr. Cathy MacLean, & Sean Polreis

Communication – Active listening ▪ Uses open-ended questions ▪ Waits for pauses before speaking ▪ Checks frequently for understanding ▪ Uses empathetic statements ▪ Validates observed/heard emotions ▪ Summarizes frequently				
Adaptive Clinical reasoning • History-taking complete and appropriate • Physical exam findings obtained as possible • Creative data gathering (photos, patient obtained vitals) • Differential diagnosis explored • Finds common ground with the patient				
Closure/Follow-up ▪ In person or via phone/video? ▪ Summarizes key points ▪ Ensures understanding & clarifies (uses teach back) ▪ Further steps/scripts sent/forms done.				
Professionalism • Dresses appropriately • Professional background if video or professional phone approach • Explains to patient when needing to look away (i.e. to review EMR chart)				

Faculty Signature:_____ **Resident Signature**:_____

Please submit to your PG site administrator.

Developed by Dr. Christine Pask, Dr. Emily Sullivan, Dr. Cathy MacLean, & Sean Polreis

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

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FACULTY DEVELOPMENT

Tips for Teaching in a Busy Family Practice in the Time of COVID

Case:

Sarah is a community-based family physician who runs a busy family practice that has had to make many changes during the COVID pandemic, including introducing virtual visits. The number of office visits in the clinic are down significantly. Sarah enjoys teaching and has been asked to take medical students into her practice after May 25, 2020 when the clerks are returning to clinical learning environments. At the best of times, when there is a learner in her practice, it is a challenge to keep up and to finish at a reasonable time. Sarah is interested in learning how to organize herself and her practice so she can offer a great learning experience for her clerk during the pandemic.

Objectives for you as a preceptor:

1. Assign meaningful projects to your clerk during any down time in clinic
2. Find 'value added' benefits to your practice when you teach clerks
3. Organize yourself and your practice to include clinical clerks in virtual visits

Family Practice is normally very busy but in the midst of an unprecedented pandemic, it has changed substantially. You are likely spending a lot more time on the phone, on your EMR or now on video visits using platforms like Pexip.

Before a learner arrives in your practice, now is a good time to think about what you could be doing to make this a valuable learning experience, how to be enthusiastic about the opportunities and challenges created by the pandemic and how your practice is adapting to the new normal.

Before you take students at this time, have a huddle with your staff to make sure they are on board and decide on what the student will be doing. Consider the safety protocols you have in place for your staff, yourself, your learner and your patients. Also, discuss how you will schedule patients to accommodate the extra responsibilities and types of appointments needed during COVID.

A good orientation is essential and can be delegated to your staff, if appropriate. Give the student dedicated workspace that has the tools they need for visits, ensures physical distancing and is appropriately disinfected. Engage the student in a daily (or more frequent) schedule for this. The following list includes suggestions for important tasks you can delegate to a learner that help with patient care, are valuable for the clerk's and your learning and ultimately reduce your workload!

Teaching Clinical Clerks - Ideas for Meaningful Work

- Ask learner to review EMR charts and address any deficiencies – fill in areas needed.
- Have the learner review incoming labs; they can use labtestsonline.org as a resource.
- Ask learner to do online search around a complex patient seen or specific patients/diseases you want to learn more about.
- Have learner complete clinical notes on shared visits that include you both. You can go on to do another virtual visit while the clerk types up the last visit in the EMR and then you can review it once you are ready.
- Limit teaching until you have the time – over lunch for instance.
- Be clear about expectations around time so the clerk knows their schedule and when to touch base with you.
- Find out what the clerk wants to learn more about and select specific patients in your practice best suited to meet the learner's needs. The clerk can initiate a virtual visit to meet with the patient.
- Share your learner with a colleague so you get a break from time to time.
- Send the clerk to work with a community pharmacist for a day.
- Have the clerk work with another team member for a day.
- Have the learner tackle a project – get the learner to teach you!
- Have learner spend time with receptionist – this can be very eye opening.
- Open the financial records of your practice to your clinical clerk so they can see the business side of practice.
- Get clerk to fill out forms or create first draft of any letters.
- Have the clerk do a chart review in the EMR and create a progress note that defines some of the issues to be addressed in follow up.
- Your clerk could identify a great journal article and present this to you and your colleagues – practicing appropriate physical distancing of course!
- Your clinical clerk can do detailed family histories or create a genogram when needed for specific families and enter these into the EMR.
- Creating detailed referral notes using the QuRE guidelines for SK is another great means of engaging your clerk and saving you time.
- Under your supervision, clerks can write prescriptions; before they are sent to the pharmacist by you.

- Plan a “Lunch and Learn” and have the clerk do a presentation.
- Have your learner do an EMR Chart Audit – this could be looking at how well you are following specific CPG or Choosing Wisely recommendations.
- Get a literature review on a topic that you need to know about since the pandemic - could be related to practice management such as same day appointments and how this can reduce use of your waiting areas or it could be on COVID related questions – such as dermatology findings in children.
- Patient Education materials that are specific to your practice or finding the best ones online that you want to use in your practice – can all be done by your clerk. Pick the topic and let them do the search and the critical appraisal including the literacy assessment.
- Develop a list of community resources that would be of value to your patients given the new stresses – topics might include new financial assistance available, mental health resources, etc.
- A clinical clerk could do some prep work by calling each one of your booked patients BEFORE you speak to the patient and get a lot of the history recorded. They can ask about home BP measurements, weights, etc. This can all be done in advance so you have less to do when you call the patient.
- If you have in clinic visits, have the clerk involved in each of these.
- Medication reviews, on complex senior patients for instance, can be done by the clerk who can also touch base with community pharmacist and reconcile your EMR list with the pharmacist’s records and can also follow up with patients to make sure the meds are all correct. They can do post hospital d/c reconciliations. Clerks can update EMRs for allergies as well.
- Have clerks find cheaper meds that might help patients who are struggling with drug costs. They can help identify drug substitutions if there are shortages.
- Clerks can use Rx Files resources and post these on your computer desktops or place paper copies in the practice where they would be handy.
- Have a clinical clerk complete the Patients Medical Home (PMH) questionnaire (which you can be paid for!). Check out the website through the SCFP.
- Get learners to identify all your patients over the age of 65 who have not had their Pneumovax. Get them to arrange recalls for these. Get them to investigate the new protocols for both Prevnar and Pneumovax.
- Clerks can create resources you need on your desktop for easy access in the future or information for your staff or patients.
- Have the clerk engage in a Pandemic plan for your office.
- Finding “best practice” resources on Virtual Visits can be another project that would be valuable.

- Do immunization recalls for children who may be missing their current immunizations.
- Do pap recalls but do a periodic heath exam (PHE) history on the phone first. Review all screening and have the learner arrange follow up prn.
- Have your clerk use the Rourke Well Baby Visit Records on the phone before any in clinic visit and enter these notes.
- Review your Advance Care Directives approach and get more of these out to patients. These can be found at the SHA website.
- Clinical clerks can do smoking cessation counselling in virtual visits.
- Reverse the learning: have your clerk review virtual visit best practices and then give you feedback on what you are doing that might help you improve as they observe you. You can then do the same for them.
- Have your clinical clerk do cold calls to those patients who are vulnerable or at risk and screen to see if they need a virtual visit.
- Involve your learners in all your meetings including evening WebEx meetings through CME or the SHA. They can take notes and find areas where you might have to change your practice and then do a project to make sure these changes are implemented in your practice. They can be a great support for helping you make the changes now required.
- Use your learners' expertise! Maybe they know IT platforms to help you engage in new ways of offering care. They may have past lives with amazing areas of expertise that they are willing to share. Ask and get to know their backgrounds.
- Have your clerk do a wellness "intervention" for you and your staff. Learn some of the mindfulness techniques, relaxation training and other approaches that will be useful to you, to them, and to their future patients.

Have fun. Show learners how flexible and adaptable family physicians can be. Engage clerks in different ways and still have amazing learning activities that help you and your patients during these difficult times. This is an amazing opportunity; creatively addressing our current challenges.

With thanks and appreciation to all our wonderful preceptors and our patient and flexible learners!

Cathy MacLean, MD, FCFP, MClSc (Family Medicine), MBA

References

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

Resources for Supervising Learners in a Virtual Care Environment

Tips for supervising Family Medicine Learners providing virtual care:
https://portal.cfpc.ca/resourcesdocs/en/Supervision-of-FM-Learners-for-Virtual-Visits-final.pdf

CFPC Faculty Development Tools repository:
https://communities.cfpc.ca/committees~5/repository

Best practices for supervising learners providing care in a virtual setting:
https://www.nosm.ca/wp-content/uploads/2020/04/CEPD-SUPERVISING-LEARNERS-WHILE-PROVIDING-VIRTUAL-CARE-Tips-Best-Practice-April-22-2020.pdf

Pearls for writing a Virtual Care Field Note:
https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Education/For_Teacher/Emerging-Writing-ENG-v4.pdf

Dalhousie CPD Department's Resources for Teaching During Covid:
https://medicine.dal.ca/departments/core-units/cpd/about/COVID19PhysicianInformation/TeachingResources.html

Webinar on Virtual Supervision of Medical Students in Clinical Settings available at:
Virtual Supervision of Medical Students in Clinical Settings

Society for Teachers in Family Medicine, resources for teaching during the pandemic: https://stfm.org/teachingresources/covid19resources

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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

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

Resources for Virtual Care

Virtual Care Playbook for Canadian Physicians:
http://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Practicing Telemedicine in the Pandemic: https://www.cfp.ca/news/2020/03/26/3-26-1

Getting Started with Virtual Care Toolkit:
https://doctorsns.com/sites/default/files/2020-05/toolkit-virtual-care.pdf

CMPA Resources for Virtual Care:
https://www.cmpa-acpm.ca/en/covid19#section-virtual-care

Covid 19 Remote Assessment in Primary Care:
https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf

Quick guide to Telehealth Assessment for Covid 19:
https://www.bmj.com/content/bmj/368/bmj.m1182/F1.large.jpg[Text Wrapping Break]

Dalhousie CPD Department's links to Covid related resources:
https://medicine.dal.ca/departments/core-units/cpd/about/COVID19PhysicianInformation.html

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Resources for Orienting Learners to Virtual Care
https://dfmfacdev.ca/resources

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.

Module created by Dr. Alethea Lacas CCFP (COE)

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

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