

PRIMER for Teaching & Supervision in Virtual Care

Developed by the Centre for Faculty Development

Working Version: June 18, 2020

Purpose and Overview

The **purpose of this primer** is to help clinical teachers supervising learners across all levels of health professions who are providing virtual care.

Virtual care is any interaction between patients/clients 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.”(1) ‘Virtual’ includes phone, video, secure email and secure text. Other terms include virtual patient/client visit, virtual appointment, telemedicine. During COVID-19 virtual care has shifted from ambulatory telemedicine clinics to patient homes. This primer focuses on these ‘direct to patient’ virtual/telemedicine visits.

There are various options for teaching and supervision of a learner during a virtual patient care encounter. These include:

- Phone call (e.g. 3-way call; conference call)
- Supervisor and learner co-located (i.e. in the same room)
- Supervisor is part of a video call but is located in another location/room than the learner
- Patient encounter is audio or video recorded and reviewed by teacher/supervisor later**
- Patient ‘break out rooms’ with faculty moving from virtual room to virtual room
- With multiple learners, more than one approach could be used



Recording requires express patient consent and need to be compliant with site permission/protocols re: consent, and patient record procedures for saving, storage, and deletion of patient information.

****Please adapt and apply this content as appropriate for your setting****

To cite this work: Primer for Teaching and Supervision in Virtual Care, Centre for Faculty Development, June 2020
Check back for updated versions at: <https://resources-for-online-teaching-and-learning.webnode.com/>

Orientation and Preparation

Teacher/Supervisor

Become familiar with the local requirements (e.g. policies, processes, and technology) that need to be used as part of the virtual patient care encounter.

- For example, CMA Virtual Care Playbook https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf
- Virtual supervision is a growing, evolving area in many new areas of clinical practice so regular review (e.g. every month or two) of 'rules' are needed to adjust with changes in policies, processes or technology.

Schedule practice sessions. Getting ready is challenging especially if the technology is new for you, so take time to become comfortable.

Be purposeful in your patient selection when supervising learners who may be seeing patients virtually. Ideas include: involving trainees in the triaging of patient visits, and specialty/context/patient population characteristics that will inform decisions about whether virtual care is appropriate or whether an in-person visit is required for optimal care.

Book sufficient time when starting with each learner and each patient. Virtual care visits, especially early on, may take longer. Checking in with the learner can be more complex than usual. If able, plan on supervising one learner at a time when initially supervising virtual visits.

Be purposeful in your patient scheduling when supervising learners who may be seeing patients virtually. Ideas include:

- Creating blank time slots between visits to allow for discussion, debriefing and documenting with learner
- Sample Flow of a virtual patient encounter:
 - learner and patient (core of patient virtual visit)
 - learner and teacher (checking in to review case and management plan)
 - learner and teacher and patient (review visit and key decisions)
 - learner and teacher (debrief and feedback)

Have a back-up plan so that if the technology you are using fails or the patient is unable to engage with the technology (e.g. have a cell number so you can text on phone).

Preparing the Learner

Understand the level of knowledge the learner has about virtual care

- What does the learner know about virtual care and what is the learner's experience with virtual visits?
- What is the learner's knowledge about policies and practices around virtual care? (including those related to your organization)

Understand the level of supervision the learner requires

- What is the level of entrustment that you can assign to the learner? This will depend on level of education, learner's past clinical as well as virtual care experience.
 - Less entrustable: maybe consider joining learner for the entire patient encounter.
 - More entrustable: maybe consider join the learner after learner has had some time to gather information from patient and is discussing the management plan.
- Will you as the supervisor be part of the patient encounter and if so, how? Consider the use of direct observation vs review of learner's assessment of the patient.
- If choosing direct observation, how might you intervene during the virtual patient interaction if needed? Reviewing the 'case'- will you break to discuss during 'visit', or review at the end (more appropriate for a senior/experienced learner/entrustment).

Ensure the learner is aware of the specific requirements and processes:

- Process and technology for booking the appointments (e.g. perhaps learner can have own online account that is linked to the supervisor)
- Backup plan if the telephone or video appointment system fails.
- Patient confidentiality requirements for virtual care. (2, 3, 4)
- EMR, documentation and prescribing practices in virtual care. (5)
- Professional behavior, attire and background for videoconferencing (i.e. professional approach as if in physical clinic; minimizing interruptions).
- Options for adapting to patient's needs and preferences.
- Patient safety procedures (e.g, location and phone number for patient in case of call interruption, urgent care/ambulance is needed, patient safety concerns identified).

Review what may be different for the learner in interacting with a patient remotely:

- Communication style for virtual appointments (e.g. audio setting, camera location, front lighting, virtual or tidy backgrounds) including common challenges (e.g. forgetting eye contact, time needed to answer Qs, tell patient what your doing, such as "typing your answers so will need to look down").
- Review 'what IFs' (e.g What if patient is not technologically ready for appointment? What if patient needs an interpreter).

Rehearse the “start” of the virtual appointment with the learner

- Start with introduction of all in attendance (i.e., all on/off camera, all listening) and confirm readiness to proceed.
- Confirm location and phone number for patient and plans if contact is lost.
- Confirm with patient that:
 - The learner and supervisors are calling from a private space without others listening.
 - The appointment is not being recorded.
 - The patient has the right to end the call at any time, if he/she/they is feeling uncomfortable.
- Confirm identity of the patient (e.g. health card, photo ID).
- Explain how the learner and supervisor will interact and work together during appointment.

Negotiate (and rehearse) the process for learner-supervisor interaction and working together during supervised appointment:

- Will the supervisor be co-located with the learner, on the video or phone call?
- Will the supervisory be contacted (e.g. by text, other phone) by learner for key issues during or after the case?
- Confirm how supervisor will directly or indirectly ‘observe’ the session and obtain any follow up information.
- Confirm components of the virtual appointment (e.g. history, physical maneuvers, diagnosis, management plan, follow up) learner to start and finished and which require check in with the supervisor.

References

1. Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Virtual care: Recommendations for scaling up virtual medical services. Report of the Virtual Care Task Force [Internet]. Ottawa: CMA, CFPC, RCPSC; 2020 Feb [cited 2020 Jun 18]. Available from: <https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf>
2. College of Physicians and Surgeons of Ontario. Telemedicine [Internet]. Ottawa: CPSO; 2014 Dec [cited 2020 Jun 18]. Available from: <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Telemedicine>
3. OntarioMD. Privacy and security training resources [Internet]. OntarioMD; 2020 [cited 2020 Jun 18]. Available from: <https://www.ontariomd.ca/products-and-services/privacy-and-training-resources>
4. Ontario Health Quality. Adopting and integrating virtual visits into care: Draft clinical guidance for health care providers in Ontario [Internet]. Toronto: OHQ; 2020 Mar 12 [cited 2020 Jun 18]. Available from: https://quorum.hqontario.ca/Portals/0/Users/170/54/10154/Draft%20Clinical%20Guidance_Adopting%20and%20integrating%20virtual%20visits%20into%20care_V1.pdf?ver=2020-03-13-091936-370
5. Information and Privacy Commissioner of Ontario. Fact sheet: Encrypting personal health information on mobile devices [Internet]. Toronto: IPCO; 2007 May [cited 2020 Jun 18]. Available from: <https://www.ipc.on.ca/wp-content/uploads/Resources/fact-12-e.pdf>

Virtual care visit supervision check-list

☑ Before

- **Remember 'education basics'**
 - Review learner's and learning goals for the specific patient encounter.
 - Discuss purpose of the patient visit and key tasks for the specific patient encounter.
 - Review anticipated challenges for the virtual appointment for the specific patient's situation (e.g. cognitive, behavioral, emotional, home situation) and strategies to mitigate or manage.

☑ During

- **Introductions** of all in attendance (i.e., all on/off camera, all listening) and patient ID verification
- **Confirm supervision processes with patient** including:
 - If the appointment is OR is not being recorded (i.e. **check you organizational policies)
 - The patient has the right to end the call at any time, if they feel uncomfortable
 - How the learner and supervisor will interact and work together during appointment
- Confirm **how to reconnect** (i.e. call back process for dropped connection)
- Confirm **purpose(s) of the virtual patient visit**, anticipated process and time
- Proceed with **virtual appointment** (e.g. history, physical maneuvers, diagnosis, management plan, follow up)
- Learner to start and finished per **assignment with check in** with the supervisor as appropriate

☑ After

- **Debrief, feedback and coaching basics**
 - Review both (a) patient care and (b) virtual visit processes.
 - Feedback and coaching can be challenging; virtual interactions can make rapport building more challenging.
 - Remember feedback/coaching best practices <http://cbme.postmd.utoronto.ca/wp-content/uploads/2019/10/FeedbackPocketCard.pdf>
- **Debrief 2-3 topics** such as:
 - Achievement of visit purpose(s)
 - Impact or effect of virtual setting on different elements of the virtual patient visit (i.e. patient issues/solutions, learner issues/solutions, teacher/supervisor issues/solutions)
 - Development of an appropriate follow-up plan that reflects limits of virtual patient visit
 - Check documentation of needed consents, patient care and other local documentation requirements.
 - Effectiveness or availability of teacher/supervisor
 - Priorities for the patient, learner and/or teacher/supervisor
 - Priorities for the future learner/learning goals
- Teacher/supervisor to document learner assessment (e.g. Field Notes, EPA, encounter form)
- Learner to document Teacher/Supervisor assessment (e.g. Learner Assessment of Clinical Teacher)