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.

References

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