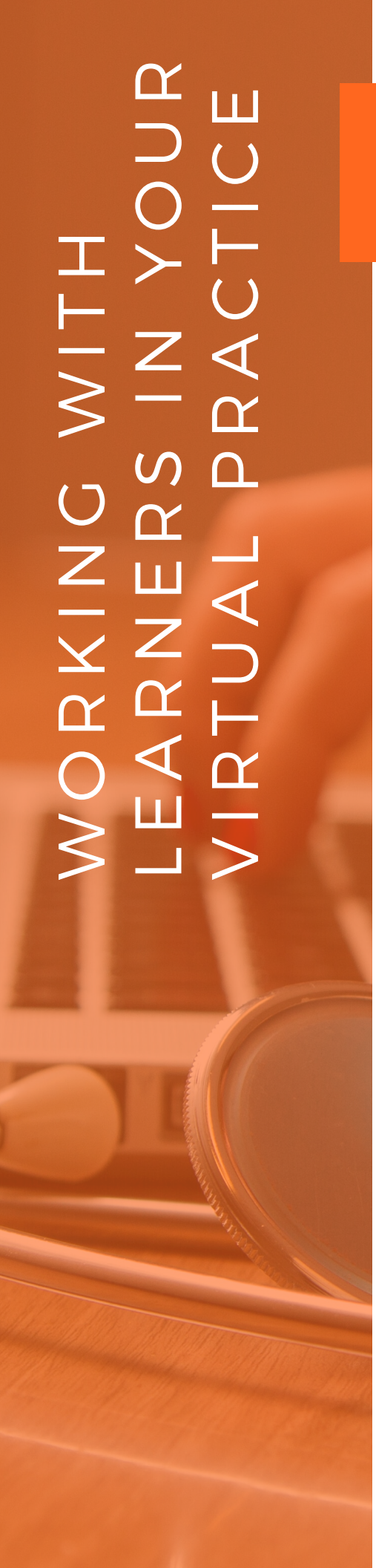


WORKING WITH LEARNERS IN YOUR VIRTUAL PRACTICE

QUESTIONS & ANSWERS CONTINUED

Question #1

How often do you find that video significantly adds to the consult, compared to audio only? Our residents will probably be comfortable with video links, but will our students?

Answer: In general, our experts and participants found that the video conferencing does have some significant advantages over strictly audio consultations. Having the video helps physicians and learners to better observe nonverbal cues such as posture, or facial expressions and can lead to a change in diagnosis compared to just an audio session.

In addition, preceptors have found that using the video conferencing for their learners, while it has its own challenges, also comes with some real benefits in a teaching environment. Several preceptors mentioned that the virtual clinic has forced residents to become more experienced using their clinical judgment and communication skills to come up with most appropriate plan, with consideration of limitations in the current climate.

Question #2

How do you supervise one or a few residents while they are using the phones and virtual and we can't hear the patients?

Answer: How a preceptor chooses to supervise one or multiple learners in a virtual practice can be done in a similar fashion to how it would normally occur in an in-person clinic. Preceptors advised that much of it for them, is coming down to the experience level of each learner and the level of trust they have with that learner when the initial scheduling is done. For example, an R1 learner may be scheduled in on a teleconference or video conference where the preceptor is able to directly observe the learner's approach from start to finish. A more experienced resident on the other hand, may have their responsibilities increased and may start the visit on their own, advising the patient that the preceptor will be joining them later. Or, depending on the availability of the preceptor, the resident may conduct the full visit and advise the patient that the preceptor will be reviewing the file after the fact and they will be provided with any updates to the care plan once this has happened. Another added perk of the virtual visit is that even if you are not able to be present in the actual appointment, you can record the visit (with the patient's permission) and review it with your learner afterwards when there is more time.

QUESTIONS & ANSWERS CONTINUED

Question #2 Continued

Of virtual supervision/observation, one preceptor said of their experience:

"I've got way more opportunity to directly "observe" (or listen in) on the conversation and pay attention to the language used, how concepts are explained, and the empathy involved. I think observing the phone calls can be very telling as to how effectively someone communicates when you remove certain parts of the communication process (although certain things are lost, too). It has been interesting so far!"

Question #3

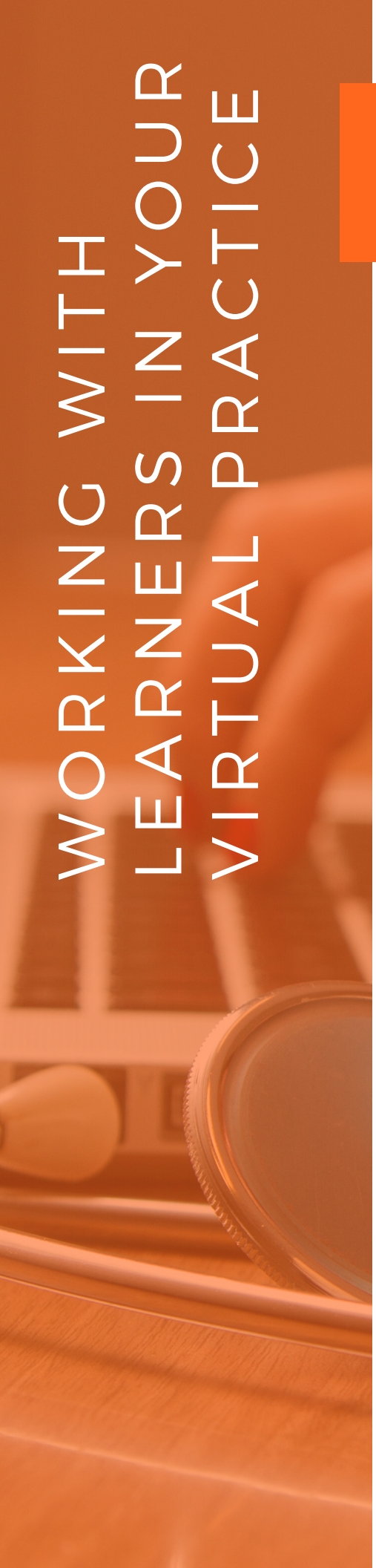
Is anyone including medical students and not just residents in virtual patient visits? If not, would you consider it in the future?

Answer: Currently clerks have been removed from formal clerkship duties, but DLRI is currently looking at ways to re-involve clerks, starting with those in UCLIC. One tool we are working on is called the virtual check-in. The virtual check-in is less open ended than a typical visit. Students will check in with identified patients from their preceptor's practice about things like general wellness, potentially a little counselling about how to keep active, or what patients can do during self isolation etc. We are hoping to roll this out in the next few weeks as a test. If successful, it may be possible to roll out the virtual check-in on a more widespread basis.

Question #4

Are both the learner and preceptor in their own home offices and calling the patient? When you listen in, is it a teleconference, and is the patient aware?

Answer: Currently, virtual care is being conducted while both the preceptor and the learner are in their own respective homes, using technology such as computers, or even their iPhones. The patient is made aware before the start of each virtual visit of who is on the line and who may be joining later. For example, residents who begin the visit will advise that the preceptor will be joining the call after it is in progress (much like an in-person appointment).



WORKING WITH LEARNERS IN YOUR VIRTUAL PRACTICE

QUESTIONS & ANSWERS CONTINUED

Question #5

How do you give feedback to the learner in front of the patient? Usually we will do it outside if sensitive or corrective, to not undermine patient confidence, but if the feedback can't wait, what have you been doing?

Answer: This is another situation in which our preceptors have found that this can be done much like it would in an in person setting. One of experts, Dr. Sanjeev Bhatla, advised that they usually give feedback while the patient is in the room anyways, so this was not much of a change. Dr. Bhatla explained that they just make it clear at the beginning of the visit that the resident is a learner and plans may change once the resident and the preceptor review their case together and in the event of any changes or disagreements it is handled in a professional and non confrontational manner. In his experience he has found that patients have reacted very positively to this process as it makes them feel more involved in their treatment plans. It is however important to ensure that your learner is also comfortable with this process. If they are not, or if you do feel it is important to have the conversation privately, you can provide feedback for your learner in a separate teleconference and have the patient wait in the virtual waiting room, or get back to them later in the day.

Of their experience with virtual feedback, one learner in attendance commented that:

"Saving face was not as big of a deal for me... However, what I did find was when I did not have a plan immediately to mind, if I did not have a chance to review with the preceptor before (e.g. when the preceptor is in on the call the entire time), the preceptor would often take over the plan/management piece of the appointment. I am an R1, so not as far in my training ..., so I find I still need the space to take some time, think things through"

Question #6

Are you letting any of your learners work from home?

Answer: Yes, and learners have access to the EMR, after they fill out all the necessary forms for privacy to enable that remote access.

QUESTIONS & ANSWERS CONTINUED

Question #7

How are you addressing "clinic flow"? Do you have the resident take the history and review with you? Then both go to the patient together? Do you book in an overlapping fashion? Do you have them do all histories one day, and then call the patients back the next day to do all reviewing in one chunk?

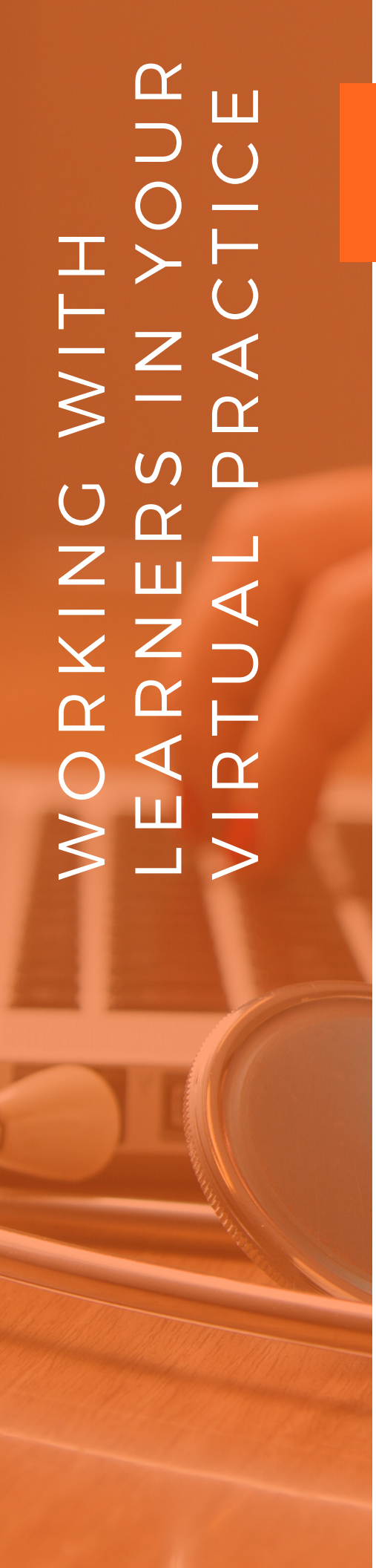
Answer: This is another situation in which preceptors advised that they have been scheduling things to be much how they would for an in person clinic, but with longer appointment times in order to allow for any technical glitches or to accommodate the learning curve for patients, learners or preceptors who may be a little less tech savvy.

In general, our experts have been booking overlapping visits, like they would in their day to day practice. A learner may talk to a patient first to take their history and adjustments may be made on the go depending on what is required for different patients. This has been a little more complicated to sort out virtually, which is why it is important to make sure that you, your learner and the patient are comfortable with the idea that there may be some glitches or delays to the normal process. If the preceptor is late to the video or teleconference because they are still working with a previous patient, more experienced residents have been going through the appoint as normal and then advising the patient that they will confer with their physician once they are available and get back to them. In general, the patients have been very understanding of these issues.

Question #8

Do you get patients to download Zoom, and give them a Room ID number to call into, at a certain time?

Answer: Our experts have found that it is best to use zoom or whatever virtual platform you are on, as if you are booking a normal appointment. The patient books the appointment and is advised at that time that it will be in a virtual format. If they accept the appointment with these warnings, this is taken as consent to the virtual format. It is important to advise the patient on booking, that the platform is not necessarily as secure as an in-person visit and to give them the prepared statement from CPSA. Patients are given an exact time for the appointment but are advised that the clinic may be joining the meeting slightly later, and that they can wait in the virtual waiting room if there is a delay.



WORKING WITH LEARNERS IN YOUR VIRTUAL PRACTICE

QUESTIONS & ANSWERS CONTINUED

Question #9

In terms of accessibility, have you had any concerns in terms of folks who either have limited access to video/phone? Any tips or resources to deal with this possible concern?

Answer: In general, it seems as though even older, less tech savvy patients have been able to access video conferencing with a fair amount of ease. If you are concerned that a patient may have some difficulties in using the link or downloading the app, it can help to give them a quick call before the videoconference starts to give them a short walk through of what they need to do to enter the meeting.

For patients that have had a harder time in using or accessing video conference, many physicians have found that conducting the appointments over the phone has also been a very accessible option for most people.

Question #10

How do we ensure that this move to virtual during the pandemic isn't another way to increase the inequities in already excluded populations, especially if the use of virtual appointments stays widespread after the pandemic?

Answer: While many agreed that virtual appointments or the use of teleconferencing has been a great option for patients who would otherwise have a very difficult time attending appointments in person (i.e. new parents, those in remote areas or without transportation etc.) there are still some who may have a much more difficult time with a virtual appointment. It was pointed out during our discussion that for some, an in-home appointment can be a privacy, or even a safety issue and for those who live in more poverty-stricken areas, virtual appointments may be even more inaccessible.

We heard from Dr Stephen Mintsioulis, who works with the Siksika Nation that while transportation can be an issue for his patients, there are an even greater number of patients without reliable access to a telephone or to the internet. To access a virtual appointment or teleconference, many will need to go to a secondary location at another residence or a public area. With this issue in mind, it was suggested that it is important to be more flexible with appointment arrival times. It is also important to check with them at the beginning of the visit if they are in a safe and comfortable environment to speak about their issues.