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.

### 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)