



Emerging Topics Bulletin for Educators

Supported by the CFPC's Certification Process & Assessment Committee and Postgraduate Education

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**