



Peer Tips for Virtual Supervision

1. Ask about the learner's experiences with virtual care and their understanding of its conditions/limitations:

- Check in with learners virtually prior to seeing patients. Ask how they are coping and about the challenges they have already experienced. Have a casual catch-up the way you would have in person.
- Review other ways to connect during virtual visits (e.g., having the learner message you or other learners via electronic medical record, text, or phone call while respecting patient confidentiality and understanding technological limits of virtual care).
- Review competencies specific to COVID-19:
 - Being more selective with ordering tests
 - Providing advice to or counselling patients in situations where they may have previously referred them to others
- Reflect on how learners will judge which patients need to be seen in person versus virtually.
- Consider timing; virtual visits can take a lot longer than an in-office visit, so add time to the consultation to allow for providing feedback and writing field notes.
- Change the ratio of supervisors to residents to accommodate these new circumstances.
- Remind anxious residents about the benefits of virtual care (e.g., increased access for patients, opportunities for advance care planning conversations, time to review charts to ensure preventive care schedules are up to date, etc.).

2. Determine the level of supervision needed:

- Normalize the virtual experience for the patient and the learner, who may need to go back to the patient a few times during and after a virtual visit.
- Explain to the learner that how well you can provide virtual care is based on how well you know the patient; this will be more challenging for the learner.

3. Consider the supervision approach:

- Appreciate the different learning needs of R1s, R2s, and off-time learners in terms of experience and competency.
- Share the documents noted above with residents to help them understand that pivoting to provide virtual care comes with a steep learning curve for everyone. The documents will also help residents know what their preceptors are looking for from them.
- Serve as a role model. Consider having learners observe their supervisor doing a virtual consultation and welcome their feedback afterward.
- Consider listening out of view and then have discussions with learners about how they present themselves (lighting, clothing, etc.).
- Use the Zoom waiting room feature as a virtual waiting room for patients to recreate an office feeling and to give you and the resident time to communicate alone before and after the patient visit.

4. Ensure the learner obtains patient consent to provide virtual care:

- Have the learner discuss the limitations of virtual care at the start of the patient visit.

5. Review the patient presentation, paying attention to key considerations in virtual visits:

- Recommend that learners use the various technologies available to bridge the paperwork gap between you and the patient. Images, consult notes, and prescriptions can be scanned, emailed, photographed, and texted. Use the platforms most comfortable to you and your patient to arrange for follow-up appointments and referrals or to communicate test results.
- Review with learners the various ways patients can verbally provide physical examination signs and cues to facilitate direct observation.

6. Review the learner's documentation of the visit:

- Remind residents to put their notes in the context of COVID-19 virtual visits and to indicate that physical exams were not performed.
- Write the note as though you were reading it in two years' time to make sure the context is clear.

7. Consider writing a field note or provide formative documentation to assess the learner:

- Normalize the feedback aspect of the virtual experience, as the intended goal is to inform the best possible management plan.

- Recognize that phrasing related to situational awareness is important (e.g., learners providing virtual care and then booking for physical visits whereas virtual care should be considered our new normal and in-person visits considered unusual).
- Consider implementing virtual chart reviews with your learners at the end of each day.
- Continue to connect with and support learners through teaching rounds (e.g. hold a short videoconference at the end of the day to highlight key learning points).
- Be kind to yourself and learners as we are all trying to learn and apply new skills.

The Section of Teachers | The College of Family Physicians of Canada | 905-629-0900 | education@cfpc.ca | www.cfpc.ca/SectionofTeachers