

SUPERVISING LEARNERS WHILE PROVIDING VIRTUAL CARE

With physical-distancing measures in place due to the COVID-19 pandemic, many clinicians are providing care via telephone or video. As a result, clinicians require strategies for effective clinical supervision in the virtual environment. Although teaching while providing virtual care has many parallels to supervising in a regular clinical setting, preceptors must be familiar with the required technology along with tailored approaches to ensure patient safety.



Just as with face-to-face patient care, a small investment of time in planning is perhaps the most effective and efficient strategy for successful supervision while providing virtual care.

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Determine the learner's familiarity with technology surrounding virtual care. (Communicator, Scholar, Professional)

Effective use of technology associated with virtual care:

- Virtual platforms and corresponding training guides
- Technology requirements: hardware, software
- Troubleshooting: connectivity, bandwidth, screen resolution, audio settings, microphone output
- "Webside" manner

What is "webside" manner?

It is the virtual equivalent of a clinician's bedside manner and includes, among others, workstation location; webcam placement, professional backdrop, lighting and attire; body language, eye-contact, and attentiveness; pop-ups and notifications.

Have a backup plan

Have a contingency plan in the event there is a technical failure during a video session.

Agree on an alternate method of communication (i.e. *cell or home phone, email*) with your learner and patient at the beginning of the session.

- What will you do if you can't reach the patient?
- What will you do if you can't reach your learner?



Confirm the learner’s understanding of patient safety and risk management directly related to virtual care.

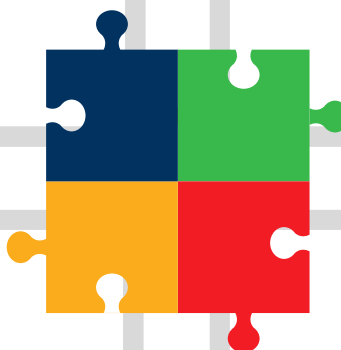
(Communicator, Health Advocate, Scholar, Professional)

Regulatory considerations: CPSO policies & guidance

- Consent to virtual care
- Consent to treatment
- Limitations surrounding prescribing
- Medical records documentation and management
- Telemedicine

Regulatory considerations: Scope of virtual practice

While some issues and ailments can be safely treated during virtual care, certain problems (e.g. *chest pain, shortness of breath, many neurological symptoms*) are currently **not amenable to virtual care**.



Ethical and cultural considerations

Anticipate and discuss potential dilemmas or barriers (e.g. *language barriers that impede on the ability to give informed consent or a patient who refuses to be filmed*) and determine in advance how the learner will handle a situation where he or she is unsure how to proceed.

Patient safety considerations

When supervising in a distributed environment, it is important to consider the geographic location of all parties (i.e. *supervisor and learner face-to-face with patient linked virtually; supervisor, learner and patient linked virtually*) as this can impact the preceptor’s ability to oversee patient assessment, care decisions and mitigate risk.

3 Establish a positive and collaborative learning environment based on mutual respect. (Collaborator, Scholar)

- Promote and maintain good working relationships by clearly establishing and documenting roles and responsibilities early.
- Identify strategies to communicate with the learner when needed while providing virtual care at the onset to avoid frustrations.
- Describe the flow of activities and the specific procedures related to virtual care.
- Highlight intended priorities and encourage the learner to ask questions to deepen learning.



Good relationships between everyone involved in virtual care are important to prevent misunderstandings, which are more likely to occur without face-to-face communication.

4 Consider the learner's level of entrustability. (Collaborator, Scholar, Professional)

Evaluate the learner's characteristics, experience, preparedness, and confidence level to guide your choice of teaching strategies and learning opportunities. Remember that novice learners should initially be assigned to assess patients with straight-forward, typical problems, while more experienced learners can be challenged with more complex cases (Irby and Bowen, 2004). This is even more important when adding the element of virtual care to an already complex, information-intensive environment.

5 Transition from expert to coach. (Communicator, Collaborator, Scholar, Professional)

Learners also require advanced communication skills when providing virtual care, in part to compensate for lack of visual cues. Since learners highly benefit from observing experienced clinicians, be a professional role model for your learners. Facilitate learning, support competency development, and enable coaching by providing authentic opportunities for direct observation of your virtual physician-patient interactions.



Effective preceptors model lifelong learning and professional growth for learners by sharing their own experiences and best practices. Modeling, observing, direct questioning, thinking aloud, and coaching are important strategies to increase teaching effectiveness.

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Promote accurate, complete and timely visit notes.

(Communicator, Scholar, Professional)

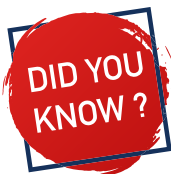
- Consider having standard documentation for recording that the visit was conducted virtually, which includes confirmation of patient consent and disclosure of associated risks. Take the time to review the key components of this documentation with the learner.
- Have the learner complete the visit note for the virtual visit, following the same standards as for a conventional visit.
- Review and sign off on the learner's visit note within the patient medical record.

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Give constructive and motivating feedback.

(Communicator, Collaborator, Scholar, Professional)

Whether explicit through oral or written language, or implicit in gestures or tone of voice, feedback is an effective, if not essential, tool for learning optimal virtual care. The impact of effective feedback lies in the learner accepting and assimilating the feedback to improve practice and facilitate professional growth. For this reason, normalize the presence of strengths AND weaknesses among not only the learners, but in all professionals (Ramani et al., 2018). Deliver constructive feedback in a respectful, non-confrontational and non-threatening way so that the learner sees feedback as a learning opportunity for continuous practice improvement.



There may a benefit to providing feedback remotely.

Some learners have shared that they feel more comfortable and receive critical feedback in a more positive manner when preceptors are not physically in the room.

When providing feedback:

- **ASK** – Ask the learner to assess their own performance.
- **TELL** – Comment on what was done well, giving the learner your impressions of strengths and challenges based on your observations with specific examples.
- **ASK** – Invite the learner to reflect and determine how to further their learning. Work together to develop a learning plan.

In order to develop **lifelong learners**, the overarching goal of feedback should be to support the ability of learners to self-assess and self-regulate on their professional journey.

8

Prioritize timely debriefing, facilitate informed self-assessment & promote self-directed learning. (Communicator, Collaborator, Scholar, Professional)

Always build learner debriefing into the total time allocated for the clinical encounter, so that feedback is timely and relevant. Your goal is to stimulate thinking to help uncover gaps in knowledge or errors in clinical reasoning and foster the development of a growth mind-set.

Effective feedback is referenced to required competencies, provides specific comments on learner strengths, and offers recommendations for improvement which are linked to further educational opportunities.

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Provide formative assessment documentation. (Communicator, Collaborator, Scholar, Professional)

Documenting feedback during clinical supervision using workplace-based assessments, field notes and observations is a recommended competency-based evaluation strategy. Concentrate on aspects that are unique to virtual care that can impact the overall quality of care, such as:

- Safe and effective use of technology and local regulations
- Effective communication skills
- Cultural sensitivity
- Clinical reasoning
- Management decisions, including investigations, treatment and follow-up



Providing virtual clinical care has accelerated during the COVID-19 pandemic due to the health risks of face to face clinical visits for patients, health care practitioners and learners. Simultaneously, major disruptions in clinical teaching, precepting and supervision are forcing health care professionals to think outside the box. The strategies outlined in this document aim to help clinicians manage teaching opportunities in the current context and perhaps more importantly, adapt to a “new normal”, as providing virtual clinical care will be a key future competency for all students and residents.