

UBC FAMILY PRACTICE Teaching in Turbulent Times

Preceptors may be wondering whether it's a good time to be teaching, when they're learning and adapting to new approaches and protocols, themselves. These FAQs offer some ideas to make teaching meaningful and manageable during these unique and turbulent times.

Should I really be teaching during these uncertain times?

- » **Yes!** There are many **valuable learning experiences** for residents available during this unique period, including learning how to practice telemedicine and how to adjust practice processes for an emerging situation. Plus, it's helpful for a resident to watch you model being a lifelong learner
- » This may also be an **opportunity for residents to assist you** with things you typically don't have time for due to busy normal patient levels, such as enhanced patient outreach and follow-up
- » With some program rotations currently unavailable, you can **provide critical performance assessment** information that will help the residency program make confident decisions on resident progress and promotion

What are some enhanced roles and responsibilities my resident can assist with?

- » Doing **phone triage** – assigning patients to virtual vs. in-person visit schedules
- » Helping **revise office procedures and practices** for pandemic circumstances (eg. getting consents for virtual care, finding best ways to communicate Covid-19 updates for patients, tracking PPE inventory, etc)
- » **Following up** with previously-seen patients, and patients whose in-person appointments have been cancelled
- » **Reaching out** to vulnerable patients and those in isolation
- » Performing **medication reconciliations**
- » Providing **support with technical skills** – many residents are tech savvy and may have tips and tricks to share
- » **Advanced care planning** conversations
- » Keeping you apprised of **updated guidelines** from BCCDC and HA

What are some clinical skills I can teach effectively via telemedicine?

- » **Communication skills** – particularly listening skills, but also communicating clearly and effectively, both of which are critical when a patient is not in the same room as you
- » **Selectivity skills** – including deciding who needs to be seen in person and, if so, where?
- » **Clinical reasoning skills** – with only the history to go on, you have to be especially acute at synthesizing the story elements into a logical diagnosis and plan
- » **Scholar skills** – now is an excellent time to consider Practice Improvement Projects or QI initiatives as office procedures are rapidly changing. We are being called on as never before to educate our colleagues, patients and staff with rapidly changing information.

How can I observe and assess my resident's performance via telehealth?

- » **Join the phone call** – ask the resident to merge your number once they've got the patient on the call
- » **Join a video appointment via audio** – by remaining silently on the phone, you're less likely to influence the dynamic between the resident and patient (****NOTE: ensure the patient is aware of the preceptor being a part of the meeting**)
- » **Make a recording** – ask the resident to record their patient visit and watch or listen to the recording later (****NOTE: ensure that recording adheres to data security protocols**)

How can I provide appropriate supervision when we aren't in the same place?

- » Consider a **daily morning check-in** to plan the day – this may include allocating cases, reviewing resident goals, and addressing and questions or concerns
- » **Select times to review cases** and schedule these times into your day
- » **Choose a tool for connecting** (phone/video?) and have a back-up plan, in case the resident finds themselves in a difficult situation
- » **Baby monitors** are being used in some settings to reduce the need for recording and for PPE supplies
- » See the CFPC's recently released **Tips for Supervising Family Medicine Residents Providing Virtual Care**

What should my resident and I talk about during our debrief meetings?

- » Check in on **resident wellness**.
- » Review **cases and teaching processes** to see if anything needs adjusting
- » Review **resident goals** and plan future ones
- » Provide **performance feedback** (what did the resident do well? what can s/he do to be even better?)

Leveraging our ability to adapt and collaborate, it's possible to create powerful learning experiences for residents (and preceptors?), even during these unique and unpredictable times.

For more teaching resources, see our [Teaching Resources webpage](#).

THANK YOU FOR TEACHING FAMILY PRACTICE RESIDENTS!

