

Virtual Supervision of Medical Students in Clinical Settings

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Topics/Timings:

4:30 – Review of session objectives:

- Identify opportunities for providing virtual supervision
- develop an approach to supervising medical students in their own contexts
- develop an approach to providing feedback and assessing medical students in a virtual environment

7:31 – How are virtual visits different?

- Essentially the same as office visits
- Still supervising learners
- Provide a clear orientation
- Clarify expectations about learning environment

8:47 – Unintended outcomes / benefits of virtual care/teaching

- Helps students strengthen develop history taking and communication skills
- Physicians as well can strengthen their own clinical reasoning, communication skills etc.

9:56 – How teach in a virtual care environment?

- Phone, video – Preference? Pros / Cons?
- Currently most virtual care visits have been over the phone

11:20 - Resident Perspective

- Most virtual clinical visits have to date been over the phone
- Concern in the beginning of visit over the phone however it has to date been a positive experience.

13:05 – What hardware to learners require to participate in a virtual environment?

- Most learners have access to a phone /laptop
- Do learners have a data plan, VPN access and other required resources
- NB/NS working to ensure VPN access (secure network access)
- What training do learners require related to platforms to be used
- How will learner access patient records (EMR/paper)

16:28 – Student /Preceptor Pairing

- Consider the appropriate level of supervision for this learner
- LICD have existing relationships
- Block rotation - new relationship
- Are you co located with learner? How will this work logistically
- If not co located how will you communicate with your learner (Teams, Zoom, phone)

18:17 – Resident Perspective

- Working from home with established rapport with Preceptor
- Transitioned to Zoom
- Support from Preceptor to set up at home and meet standards re: privacy
- How supervision occurred evolved over time
- Very busy clinic, learner sent quick summary to Preceptor
- If immediate need a phone call was made, this worked well.
- Also, time with a new Preceptor with time set aside to discuss (orientation) to establish how this Preceptor functioned and to set expectations for both learner and Preceptor

23:07 – Patient Safety and Well being

- How and how much will Preceptor involved in the visit
- Medical students as usual will have contact with the Preceptor
- Preceptor as well must have contact with patient
- Senior learners can have a dedicated visit with patient with access to Preceptor
- If Preceptor is present during full visit explain process to patient, if not fully present Preceptor takes time to discuss process with patient and receive consent
- Consider a process to review visit with learner (zoom waiting room, call patient back)

27:17 – How to add a call /zoom

- Zoom, phone calls
- Iphone allows to add a call (image to illustrate)
- Ensure phone numbers are made private
- Ensure patient is aware to answer a call from an unknown number

30:36 – Learner safety

- Similar strategies to usual clinic
- Ensure learner is aware of expectations to allow clinic to flow well
- Orientation to clinic, process
- Choosing appropriate patients
- Prior to day/patient to plan for the patient
- Expectations to focus on and time to take with each patient
- If learner is performing initial assessment, process for how Preceptor joins call
- Virtual flow may differ from f/f office
- Patients may be chattier and see it less formal than office (less visual cues of full wait room) learner /Preceptor may need to keep patient focused.
- Multi disciplinary clinics can work well
 - Not usual manner to f/f (usually each professional at a time)
 - Virtual visit has all together and decreases repetition of questions and can be more efficient

33:44 – What to do in downtime (Learners)

- Learners may not be involved with every patient
- Learners can perform other tasks at this time
- Learners can do phone calls, small projects, research on patient visits
- Have a plan for downtime

35:35 – Feedback in a virtual teaching environment

- **Learners will still require feedback**, how it is incorporated into day may look different
- All (learners and Preceptors) are learning together
- The flow of your feedback opportunities is different, visual cue to offer feedback will look different
- Work on a process to incorporate feedback (place in your schedule)
- Opportunity will still be available on how they perform a history, clinical reasoning, communicating with patient
- Some novel and new areas are now present in a virtual setting where you can provide feedback (new technology, risks to virtual care, professionalism in virtual setting)

40:38 – Unique teaching moments

- In a virtual visit discuss with learner how diagnosis may be impacted by virtual care visit
- How is virtual care helpful to your patient?
- Allows learner to reach out into the home of patient
- Debrief about what it is like to function within a virtual setting (tech issues that impact virtual visit)

42:53 – How incorporate feedback in a virtual teaching environment

- ***Make time, prioritize, add to your schedule***
- Establish a process with your learner for feedback
- F/f (zoom, face time, Teams) may be an opportunity to have feedback time with your learner

45:16 – PPE distribution in NS and NB

- NBMS has provided masks, gloves, eye protection to fee for service and learners
- When in hospital utilize hospital resources PPE
- Process established and will arrive in advance and with learners
- NS will establish process for NS

47:34 – Wellness Check in with your learners

- ***Reminder learners arriving with a high stress level***
- Learners have felt helpless and unsure about electives, rotations, career decisions
- Keep in mind these students are struggling with uncertainty
- If concerned about learners, they can meet with student affairs or their family Physician

Q& A

- Paper will not be utilized, evaluations will be on One45
- Clerkship Directors will advise if a change in process for assessment and evaluation
- NB government is providing Zoom option for virtual care
- Follow local recommendations when co located with learners re: masks
- Learners are not to be participating in procedures requiring N95 masks
- Electronic field notes – Residency level a project underway
- LICD – Daily feedback form is electronic on One45
- Potential to have subspecialty virtual clinics