

## Policies and Procedures

<b>Subject: Virtual Care During Family Medicine Clinical Experiences</b>	
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During the COVID 19 pandemic there may be times when virtual care is necessary and available. This may be a result of having to self isolate for any reason or if the learning environment dictates the need for virtual care. Dalhousie Family Medicine provides the following guidance regarding the provision and supervision of virtual care.

**1. Direct virtual care supervision:** The resident is providing virtual care to the patient, either by phone, or video connection under the direct supervision of the preceptor. In these circumstances, the resident and preceptor would be co-located, with the patient off site.

In this circumstance, the preceptor can listen to the encounter or be included in the video appointment. The level of supervision would be similar to an in-person patient visit, with the resident completing the encounter, reviewing off- line with the preceptor, and then advising the patient re management plan.

Direct virtual care can be provided in the primary care clinic when the numbers of medical professionals in clinic are in keeping with current Public Health Guidelines.

Residents providing virtual care under direct supervision must have preceptor complete one (1) field note per clinical half day.

Virtual care with direct supervision is NOT an option for residents who must self isolate for any reason. If these residents are to provide patient care during the self isolation period, this must occur from home under **indirect virtual care supervision (see below)**.

**2. Indirect virtual care supervision:** The resident is providing virtual care to the patient, either by phone, or video connection, from their home/ self isolation location, while the preceptor is located elsewhere (either in clinic or elsewhere).

This option is only available at practices which have EMR systems with remote access.

This option is for residents at sites that have the ability to provide indirect virtual care supervision.

This option is only available if pre-approved by the resident's primary preceptor and Site Director.

Residents will work with their preceptors to determine whether all visits will be supervised directly via phone or video, or whether residents can review cases after the encounter(s) without preceptor listening to/observing the encounter.



Residents providing care under indirect supervision must have preceptor complete two (2) field notes per clinical half day.

If the preceptor feels there is any concern about the quality of assessments or care that the resident is providing virtually, they can recommend that an alternative arrangement is developed for that resident (e.g., for self isolation period, resident may take vacation, complete CME, or opt to take a LOA < 2 weeks).

All efforts should be made to **limit indirect virtual care supervision** to < 2 weeks total per year. Some exceptions may be necessary and are to be made at the discretion of the Site Director.

For all virtual care visits, either directly or indirectly supervised, residents should review with their preceptor if they feel the patient needs to be seen in person.