

# 6 STEPS TO SUCCESSFUL VIRTUAL SUPERVISION

## STEP 1: PRE-READING

Here are some concise and helpful documents to help you prepare:

- [Best Practices Supervising Learners While Providing Virtual Care \(NOSM\)](#)
- [Tips for supervising FM Learners Providing Virtual Care \(CFPC\)](#)
- [Pearls for Writing a Virtual Care Field Note \(CFPC\)](#)

## STEP 2: CHOOSE YOUR TECHNOLOGY

Get comfortable with the technology that best suits you/your practice/your learner. You might want to consider one platform for patient care and another to connect with your learners. Here are a few suggested platforms:

### For telemedicine visits:

- OTN - [Sign Up](#)
- Telus Virtual Visits for PSS - [\(1\)](#) [\(2\)](#) Costs 30\$ per MD/month but learner can be added and attend appointments with their supervising MD
- Others - currently available free of charge and meets privacy standards: [Novari evisit](#), [doxy.me](#) no downloads or apps needed.

### For virtual supervision (these do not meet the privacy standards for patient encounters):

- Zoom
  - » All U of T Faculty Members have access to [licensed Zoom accounts](#). Go to this link and you log in with your UTORID. Then open Zoom and log in via SSO and input utoronto as the domain. You will now have a licensed version of Zoom!
  - » If you are not a faculty member you can still use [Zoom](#) free but will be limited to 40 min. meetings and <100 participants (!)
  - » Note: Zoom has excellent and quick [online tutorials](#) about all things Zoom
- [Microsoft Teams](#), [GoogleMeets](#), [WhatsApp](#), iPhones can [conference 5 people](#), [Skype](#) - up to 10 people on video/25 on voice call, [Viber](#) - phone app for group chats of up to 5 people, FaceTime(Apple to Apple only)

### STEP 3: ORIENT THE LEARNER

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Orient your learner to virtual care:

- Determine their prior experience (or lack of) with virtual care. The following handouts may be helpful for them to read:
  - » [Telemedicine: The Essentials](#)
  - » [Virtual Visit Guidelines for Residents \(University of Saskatchewan\)](#)

Note: All clerks receiving virtual care training through their medicine program prior to starting clerkship and the DFCM is developing e-modules for PGY-1 residents.

- Review the basics of virtual care:
  - » Webside manner
  - » Consent: How & Why? See OMA recommendations on [virtual care](#)
  - » Scope of Practice: Review what health care issues can/cannot be managed virtually
  - » Privacy: Ensure provider is providing virtual care from a private location, and also using a clinic number or a blocked number if using a personal phone

*TIP: The [CMA/CFPC/RCPSC Virtual Care Playbook](#) (from page 6 onwards) is a quick read and provides a great summary of the items above including webside manner (pg. 7), scope of practice (pg. 6), templates for consent/virtual visits (pg. 10 - Appendix A).*

### STEP 4: DETERMINE TYPE OF SUPERVISION

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Determine the best type of supervision depending on the level/competency of the learner.

#### **For a CC/New PGY-1/Learner in difficulty**

*TIP: Ideally for these learners provide 1:1 supervision, prioritize for in-person assessments if possible until you have assessed level of competency.*

For virtual supervision, use **synchronous supervision** whenever possible:

1. Phone - consider use of conference call technology
2. Video/phone - the following are options
  - a. Use of [OTN](#):
    - i. You can invite up to 20 participants via guest feature (add your learner as a guest or add yourself as a guest to their encounter so you can observe them directly). After introductions mute your sound/video and then observe.
    - ii. Learners can [get their own accounts](#) via One-ID email
  - b. Use of other platforms listed above in Step 2.

#### **For a seasoned PGY-1 OR 2**

Use recommendations above and strategies listed in Step 5 below.



## STEP 5: ESTABLISH CLINIC FLOW

Consider how virtual supervision and teaching will fit best into the flow of your clinic.

Ensure patient consent:

1. For clerks this will likely happen in the moment - by phone or if using OTN or similar, greet the patient first, confirm consent & have the learner as another “guest”.
2. For residents it is typically easiest for front staff to inform the patient at time of booking that their appointment is with a resident.

Consider the following:

1. Connect with your learner in advance:
  - a. Provide contact info and discuss the best ways to be in touch with you throughout the period of supervision (text, phone call, EMR messaging etc.)
2. Before Clinic:
  - a. For early/in difficulty learners consider “priming” - reviewing cases (via a virtual platform or phone) the night before or just prior to clinic starting.
  - b. For more experienced learners consider a quick meet up before clinic to assess for any specific learning needs they identify/anticipate issues.
3. During clinic:
  - a. **Dedicated Supervision:** Consider starting a zoom meeting with all the residents you are supervising at the beginning of the clinic which you leave OPEN, residents can then come in and out the meeting over the course of their clinic to review with you as needed
  - b. **1:1 Supervision:** If you are seeing patients at the same time as your learner consider setting up 15 minutes breaks every hour in your own and your learner’s schedule. This can be scheduled as an appointment and then you can connect via OTN (with your learner as the “patient”), through Zoom or whatever platform you choose.
4. After Clinic:
  - a. Set aside time in the learner’s schedule for chart review, dedicated teaching.
  - b. Meet with learners using virtual platforms such as zoom, conference call etc.
  - c. Complete online assessment forms:
    - i. Field notes for residents - click on [Field Notes](#) in top right hand corner
    - ii. Clerkship assessment form

## STEP 6: REACH OUT FOR HELP IF YOU NEED IT!

For U of T, DFCM faculty use the contacts below or contact your [Faculty Development Representative](#):

- [Postgraduate Representative](#)
- [Undergraduate Representative](#)
- [Clerkship Course Directors](#)
- [Preclerkship](#)

Still have questions or concerns? Click [here](#) for additional resources.