

Teaching and Supervising Learners in a Virtual Care Environment at Trillium Health Partners

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Trillium
Health Partners
Better Together

Disclosures

- None
- ...except this is new for all of us!

Expectations

- Mute your mic
- Join the chat
- This session will be recorded
- There might be technological difficulties

Objectives

By the end of this webinar, you will be able to:

1. Describe the modalities available for virtual care
2. Describe how to incorporate and engage learners in virtual patient encounters
3. Share strategies, successes and challenges around teaching in a virtual care setting

Outline

1. Learning in the Age of Physical Distancing
2. Introduction to Virtual Care
 1. Compare platforms, features, triage process, picking a platform, video vs phone vs messaging,
3. Organizing the Virtual Teaching Encounter
 - Before (Planning)
 - During (Engaging)
 - After (Reflecting)
4. Share strategies, successes and challenges

Polling Question #1

- What modality of virtual care have you been using most?
 1. Telephone assessment
 2. Ontario Telemedicine Network Video Visits (OTN)
 3. Email
 4. Secure messaging system
 5. Other

Polling Question #2

- Have you taught learners in a virtual care environment?
 1. Yes
 2. No

Polling Question #3

- Use the Chatbox function!
 - Introduce yourself!
 - In one word, how would you describe how teaching in a virtual care environment makes you feel?

Our goals for you!

1. Feel comfortable accommodating learners in a virtual environment
2. Become an efficient teacher in a virtual environment (teaching in a virtual environment does not need to be time consuming)

Learning in the Age of Physical Distancing

Asynchronous Time

- Use this time for watching recorded lectures, reading a case, playing simulations, responding to questions

Synchronous Time

- Use the time together to engage with the material



the iSpot / Ken Orvidas

TEACHER WELLNESS

Teaching Through a Pandemic: A Mindset for This Moment

<https://www.edutopia.org/article/teaching-through-pandemic-mindset-moment>

Mindset

- Expect trial...and plenty of error
- Acknowledge the extraordinary
- Reduce the workload (for yourself and your students)
- No person is an island
- Everyone thinks they can't – before they can
- Mind the gap

<https://www.edutopia.org/article/teaching-through-pandemic-mindset-moment>

Learner Environment

- We must create psychologically safe environments
- A psychologically safe environment is one where learners feel comfortable asking questions, taking risks, making mistakes, and asking for help. They feel respected, and that their efforts and skills are valued (Edmonson, 1999).
- A supportive and safe environment **MUST** be created to allow students to feel comfortable participating. Encourage critical thinking while validating student responses, gently correcting misconceptions, and avoiding shaming.

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Virtual care

- "Virtual care has been defined as any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care."

Telephone Visits

- Don't underestimate its utility
- Can often take care of >90% of your patients
- Simple for patients and providers
- Not 100% secure – inform patients about this

OTNInvite

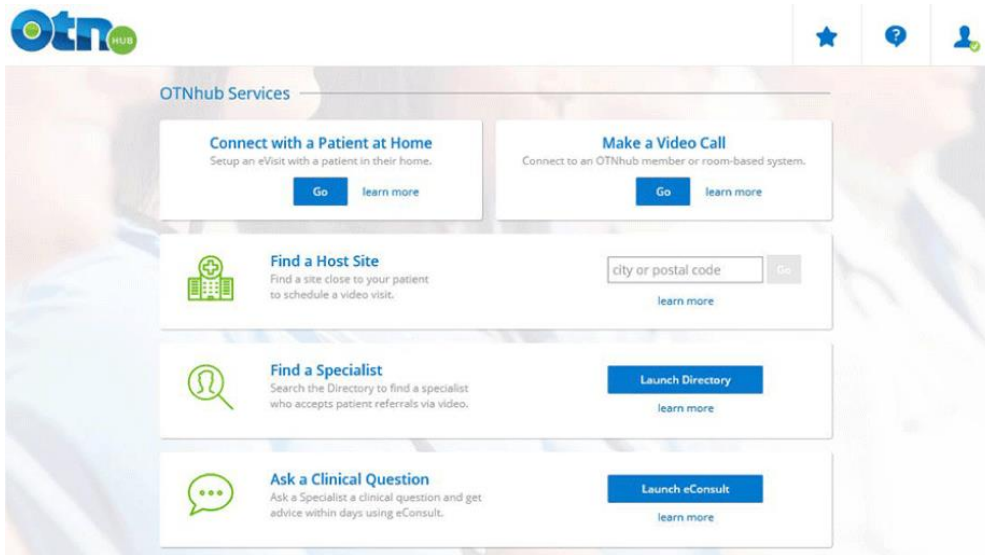
- Free platform open to all physicians who have a ONEID, with OTNHub set up
 - Right now, there can be significant wait times to obtain a ONEID
 - See THP memo regarding rapid on-boarding (register and then contact mediaservices@thp.ca)
- Video visits only
- No need for a patient account, email is inputted and the patient receives a link to connect to the system in their browser or companion app
- Provider initiated
- Need a ONEID to initiate a call but can be a guest without one
- Strengths: easy to use for patients/providers, out of basket billing, group visits, you may already have a ONEID.

OTNInvite

- Drawbacks: Significantly increased demand for this platform due to COVID has created challenges, can have slowdowns, dropped calls, crashing of system.
 - OTN has been trying to ramp up support but has recommended use outside of peak hours (9-11am, 1-3pm), audio only when possible consider other platforms/backups.
- Allows learner access (NEW!)

OTN Invite

OTN Hub



The screenshot shows the OTN Hub website interface. At the top left is the OTN Hub logo. Below it, the text "OTNhub Services" is displayed. The main content area features five service cards:

- Connect with a Patient at Home**: Setup an eVisit with a patient in their home. Includes "Go" and "learn more" buttons.
- Make a Video Call**: Connect to an OTNhub member or room-based system. Includes "Go" and "learn more" buttons.
- Find a Host Site**: Find a site close to your patient to schedule a video visit. Includes a search input field for "city or postal code" and a "Go" button, with a "learn more" link below.
- Find a Specialist**: Search the Directory to find a specialist who accepts patient referrals via video. Includes a "Launch Directory" button and a "learn more" link.
- Ask a Clinical Question**: Ask a Specialist a clinical question and get advice within days using eConsult. Includes a "Launch eConsult" button and a "learn more" link.

OTN Video Call



The screenshot shows an OTN Video Call interface within a web browser. The main video feed displays a smiling female doctor in a white lab coat with a stethoscope. In the top right corner, there is a smaller video feed of another participant. On the left side, a sidebar lists participants: "Party Present" and "Dr. Vinaya Fleming". At the bottom of the video feed, there is a control bar with icons for back, mute, video off, chat, and other call controls.

Asynchronous Messaging

- Allows a patient and you to correspond via texts and with attachments
- Can be secure via a platform e.g. Medeo Health, Novari, ThinkResearch, OTN etc. or non secure (email)
- No billing codes for this except for OTN e-visit Primary Care pilot
- For the right patients, can be very effective and useful tool (e.g. being able to visualize a rash in great detail).

There's a lot out there...

Ontariomd.news to see all available video visits platforms

OntarioMD

VIRTUAL CARE WHAT CAN I DO? HOW CAN I DO THIS? CONTACT

▼ VIDEO VISIT PLATFORMS CREATED FOR MEDICAL CARE:

Unless you are using virtual care technologies where consent from the patient is handled at sign-up, you should ask patients for their consent.

OTN Direct-to-Patient Video Visits (eVisits) (through OTNinvite)
Connect securely with patients via video, to a local health care centre near the patient, or direct to the patient's device.
Quick Reference Guide: Distinguishing between 'Direct-to-Patient Video Visits' and 'eVisit Primary Care'
OTN offers **clinical and technical resources and updates to support COVID-19** and the use of virtual care as well as **virtual visit solution guidance**.
OTN also offers remote Monitoring and **Virtual Palliative Care**.
The OMA has **consolidated OTN information** for physicians on how to register for OTN virtual care tools and billing changes that come into effect on April 1, 2020 as outlined in the Ministry of Health's Virtual Care Billing Information Manual.

Think Research VirtualCare – OTN Vendor of Record (EAPC)
A secure platform that allows healthcare providers to host virtual visits with patients over secure video, audio or chat.

iTelemed (Canada Telemedicine Group)
iTelemed is working with OTN to test eVisits for certain patient populations in Ontario to improve patient access and provider care efficiency using resources such as OTN-invite.

Matrix

All platforms evaluated based on:

- Cost/Contract
- Types of visits
- Group visits
- Ease of patient & provider use/onboarding
- Alignment with local and regional activities
- Likelihood of provincial funding
- Integration with EMR (Accuro)
- Product Quality
- Support
- Ability for Residents/IHPs to use
- Transferability to different system
- Security/PHIPA Compliance
- Ability to Bill Out of Basket
- Ability to Bill Messages
- Delegated Admin Account
- Smartphone App
- Future Proofing

Platforms at a glance CVFHT Evaluation

1. Medeo
2. OTN E-Visit (Novari)
- 3. OTN Invite**
4. ThinkResearch VirtualCare
5. Doxy.me
6. Zoom Healthcare
7. MDnium



Video or Phone or Asynchronous Messaging?

- Depends on the context and the problem you are trying to address!
- There may be financial implications with each platform
- You may need to switch from one to another

Challenges

1. Determining suitability for virtual care
 - Scope of Practice: What problems can be safely assessed and treated?
 - A physician must not compromise the standard of care. If a patient seen virtually provides a history that dictates a physical examination manoeuvre that cannot be executed remotely, the physician must redirect the patient to an in-person assessment.
2. Communication
3. Technology

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What should you know?

- Clerks are receiving virtual care orientation as part of preparation for returning to clerkship
- We will be providing you with a checklist summary that you can use with learners!

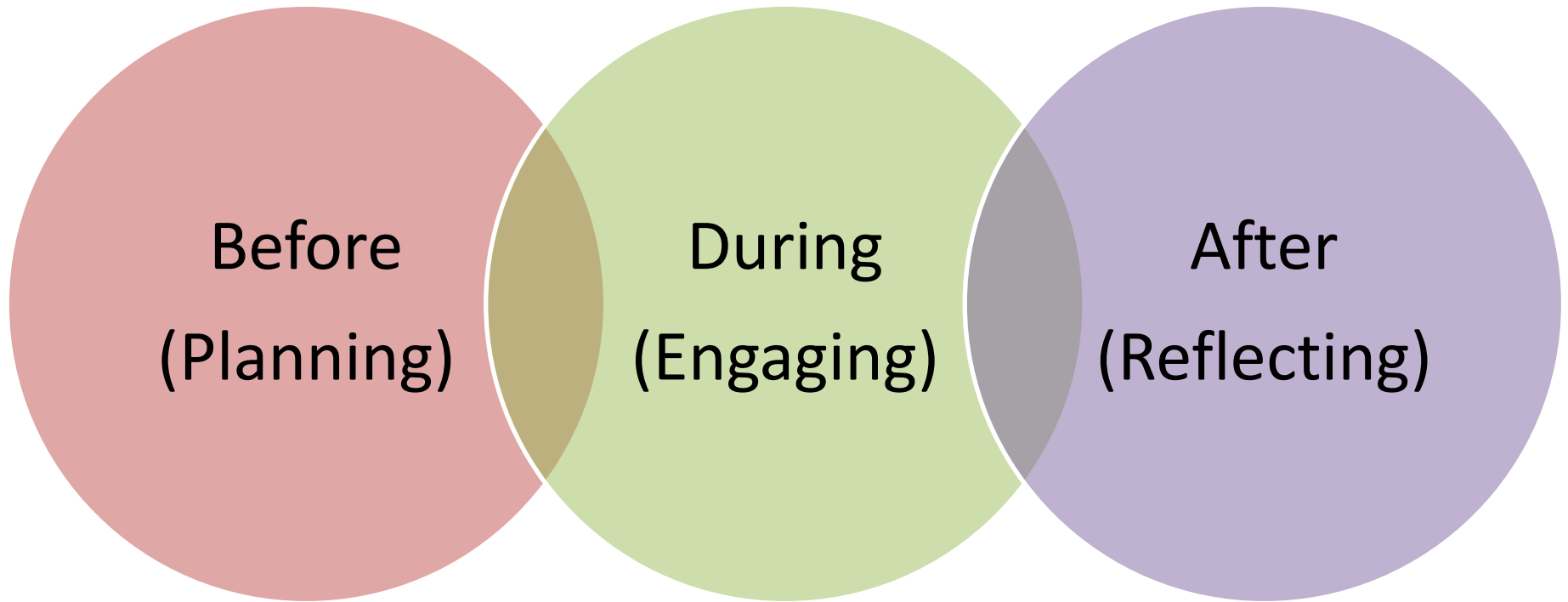
Practical tips: “Webside” and “Phoneside” Manner

- Physician offices provide visible cues that assure patients they are in a professional office to see a medical doctor
- How can we cultivate those same cues virtually?
 - Video visits
 - Phone visits
- Same expectations around professionalism, privacy (find a quiet space for the learner)

-CMA Virtual Care Playbook, March 2020

-Professionalism in an Online Teaching Environment,
COVID-19 Teachers Collection, MacPFD Team Site

Supervision and Teaching Framework



Content: What will this virtual patient encounter encompass?

Process: How will the supervision and teaching be carried out?

Before the Encounter

- **Content considerations**

- Set clear expectations and goals
- Review use of technology
- Register the patient visit with clinic administration (if applicable)
- Review privacy and security of encounter
- Consider patient safety and limitations with virtual care

- **Process considerations**

- Learning goals
- Level of learner supervision
- Orientation huddle: Format and timing of learner / supervisor review
- Plan for “in the moment” support

- Oandasan and Leslie, CFD Workshop

- Oandasan et al., *Tips for Supervising Family Medicine Learners Providing Virtual Care*, Mississauga, ON: CFPC; 2020.

Before the Encounter

Provide suggestions for optimizing the virtual environment:

- Set up the camera so that your face and upper body are visible and you are looking up towards it
- Direct lighting towards your face, and minimize backlight wherever possible
- Choose an appropriate background (i.e. neutral, tidy, or appropriate virtual background)
- Minimize noise and distractions, mute yourself when not actively speaking

Case: Supervising CC3 Tina (Phone)

- You are in your office setting and are supervising a new CC3
- Your office provides consultations via telephone and OTN occasionally
- You orient Tina to virtual care using the Virtual Care Toolkit and providing a tip sheet
- You allow Tina to observe you completing a few telephone consultations to ensure her comfort with this method

Case: Supervising CC3 Tina (Phone) (cont'd)

- You take time to review the importance of documentation and informed patient consent to have care over the telephone
- You ensure she has a private phone line to use. If using a personal device, there is the ability to block caller ID
- You consider and make available the option of 3 way calling if desired
- You make yourself available to her if she runs into difficulties

Practical tips

- Have learner observe you first...
- Assess their level
- Think of levels of independence and as learners become more competent provide more independence
 1. 3 way calling (observed encounter). Platform specific.
 2. Independent call with a review before hanging up (patient on hold)
 3. Independent call with the patient and review the case afterwards (for resident-level supervision)
- Ensure you are available should challenges come up
- Remember that this is a new skill for many of the learners (and ourselves), be patient

During the Encounter

- Content considerations
 - Supervisor to confirm patient consent for learner encounter and introduce learner
 - Introductions – learner
 - Confirm the patient's identity
 - Show healthcard if patient is new to you and/or 2 IDs
 - Ask the patient to introduce others who are in the room with the patient who might be off camera
 - Let the patient know:
 - There are no other participants online
 - Appointment is not being recorded
 - The patient has the right to end the call at any time
 - Limitations of a virtual encounter

- Oandasan and Leslie, CFD Workshop

- Oandasan et al., *Tips for Supervising Family Medicine Learners Providing Virtual Care, Mississauga, ON: CFPC; 2020.*

During the Encounter

- Content considerations
 - Learner reviews goals of the visit with the patient
 - Learner collects patient info during assessment / provides patient education / identifies issues that require further assessment
 - Learner recognizes if this patient needs to be seen emergently / urgently / if encounter not suitable for virtual care

- Oandasan and Leslie, CFD Workshop

- Oandasan et al., *Tips for Supervising Family Medicine Learners Providing Virtual Care*, Mississauga, ON: CFPC; 2020.

During the Encounter

- Process considerations
 - Location of learner and supervisor
 - Same room or different room?
 - Teleconference?
 - Observed / non-observed patient encounter
 - Directly “observe” encounter
 - Review case with learner in front of patient
 - Review case with learner separately and come together with patient
 - Provide possible “In the moment” support to learner

- Oandasan and Leslie, CFD Workshop

- Oandasan et al., *Tips for Supervising Family Medicine Learners Providing Virtual Care, Mississauga, ON: CFPC; 2020.*

Back to the case (Tina CC3)

- You decide Tina is ready to interview a patient on her own
- You call the patient first and obtain informed consent and advise the patient a student will be calling them and you will follow up
- The patient consents, and you provide Tina the contact information for the patient
- Tina calls the patient and ensures the patient consents to an assessment over the telephone by a medical student.

Back to the case (Tina CC3) (cont'd)

- She speaks to and assesses the patient over the phone and tells the patient she will call them back with you after reviewing the case.
 - Consider if the case was more straightforward – Tina may have instead elected to just call the preceptor in right there and then
- Tina then reviews the case with you and you call the patient back together to confirm the plan of action
- You send any necessary blood work reqs/labs/prescriptions electronically

How to review?

- Depends on the case and the level of the learner.
- Analogous to in person reviewing
 - More complex patient or less independent learner → consider a 3 way call from the outset to allow direct supervision, or direct Tina to keep the patient on hold and then speak to them together
 - Less complex patient/more independent learner → Tina and/or the supervisor will call the patient back after reviewing or Tina may call the supervisor right away following the encounter to expedite the process.

What if Tina was using OTNInvite?

- Ensure the patient has consented to OTNinvite and being assessed by a learner
- Who sets up the visit - you or the learner?
- Ensure that all components for a video assessment are in place
- Ensure that learner/you have a backup mechanism e.g. phone if the technology fails

How to review: OTNInvite

- Generally we would recommend having the patient stay on hold and remain in the OTNInvite room to review the case
- Could also consider doing the review by calling patient back on the phone if case allows

Another situation that could arise:

- Tina reviews a case with you, and states the patient has a rash.
- You consider the available options in your office
- You review those options with Tina and the patient.

Think of your virtual care arsenal

- Telephone
- Virtual / Video platform
- Secure messaging
- Secure email?
- Others?

Practical tips

- If feasible, have access to a headset and/or microphone
- Dual monitors
- De-cluttering and removing distractions
- Stable internet connection for video visits

After the Encounter

- Content considerations
 - Virtual care vs. in-person practice and resource utilization differences
 - Investigations
 - Follow-up visits – virtual or in person?
 - Debrief about care and format of delivery
 - Documentation of visit
 - Document (or dictate) consent
 - Indicate start and stop time if applicable

- Oandasan and Leslie, CFD Workshop

- Oandasan et al., *Tips for Supervising Family Medicine Learners Providing Virtual Care*, Mississauga, ON: CFPC; 2020.

After the Encounter

- Process considerations
 - Link to learner goals
 - Expert
 - Time management
 - Documentation
 - Unique aspects of the virtual encounter
 - Debriefing about how the supervision went for the visit (before, during, after)
 - Changes for future?

- Oandasan and Leslie, CFD Workshop

- Oandasan et al., *Tips for Supervising Family Medicine Learners Providing Virtual Care*, Mississauga, ON: CFPC; 2020.

Back to the case: Supervising CC3 Tina

- Tina assesses a patient via the phone. She believes the patient is suffering from hypothyroidism
- She reviews the case with you and suggests a management plan
- You notice some information is missing from the case but overall agree with the plan
- You tailor the management plan and speak to the patient on the phone with Tina present

Back to the case: Supervising CC3 Tina (cont'd)

- You send bloodwork requisition to the patient electronically and arrange a follow up phone call the following week
- You review the major learning points of the case with Tina and comment on the unique factors in the case surrounding virtual care
- You ask Tina to reflect on the case and what she will take forward
- You review her note, document in the chart and provide the learner more formal feedback if appropriate

Practical tips

- Reflect on the appropriateness of the virtual care
- Ensure your learner knows how to document the encounter appropriately
 - Provide a sample
 - If using EMR, familiarize the learner with any text templates
 - If dictating at THP, learner can dictate “insert trillium standard template” for standard consent
- Don’t forget to use virtual cases as opportunities to teach key concepts and rich learning opportunities.
- Don’t forget to review the note!

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Challenges and Successes

- Use the chatbox!
 - What works and what doesn't?
 - Tips and tricks?

Objectives

By the end of this webinar, you will be able to:

1. Describe the modalities available for virtual care
2. Describe how to incorporate and engage learners in virtual patient encounters.
3. Share strategies, successes and challenges around teaching in a virtual care setting

Back to our polling question

- In one word, how would you describe how teaching in a virtual care environment makes you feel?
 - Use the chatbox function!

Check your email after the event!

- We will send you all a virtual encounter learner “checklist” you can share with trainees

References

- College of Family Physicians of Canada: Tips for Supervising Family Medicine Learners Providing Virtual Care
 - <https://portal.cfpc.ca/resourcesdocs/en/Supervision-of-FM-Learners-for-Virtual-Visits-final.pdf>
- Canadian Medical Association Virtual Care Playbook
 - https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf
- PIVOT MedEd: Virtual Care Supervision
 - <https://sites.google.com/view/pivotmeded/faculty-resources/virtual-care-supervision>
- University of Toronto Centre for Teaching Support and Innovation
 - <https://cfd.utoronto.ca/virtualteachinglearning>
- Medicolegal considerations
 - <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Telemedicine>
 - <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2018/thinking-of-working-with-virtual-clinics---consider-these-medical-legal-issues>

Questions?

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Thank you!