Providing Feedback to Learners in Virtual Visiting Using a Direct Observation Using a Standardized Direct Observation Form

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Abstract

Background: During COVID, a rapid pivot to virtual visits was required in the clinical environment of the family medicine training program. This was a novel approach to care at the start of the pandemic in the academic teaching unit at West Winds. Faculty are required by accreditation standards to provide direct observation of residents but no standardized form for direct observation of virtual visits existed in the PG Program. This immediate need, coupled with the burgeoning recommendations of best practices and guidelines for engaging in effective virtual care, resulted in this collaboration to create and implement a new form for this purpose with feedback from faculty and residents.

Research Questions: What competencies and skills should be included in a direct observation assessment form for virtual visits for the family medicine training program?

Methods/Methodology: We did a review of the current Canadian recommendations through the CFPC and other resources to garner best practices in virtual care that could be integrated into a direct observation form to use with residents. We piloted the form and gathered feedback from both faculty and residents on the usability and content of the direct observation form using an iterative approach.

Results/Findings: A fillable version of the form was created, disseminated and incorporated into the EMR. Supplementary information was provided with the form as an educational tool for both faculty and residents. The form was shared beyond our West Winds program.

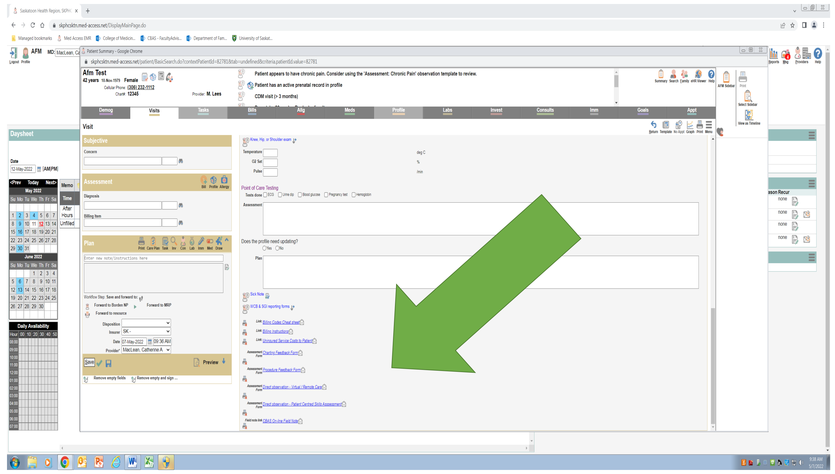
Discussion and Conclusions: This was a rapidly evolving area at the start of the pandemic. Virtual visits will remain an option for health services delivery in family practice and faculty and residents need to learn and implement virtual care best practices. The form is a tool for documenting feedback and prompts further learning in virtual care.

We developed a Direct Observation Form for Virtual Visits for FM PG Training:

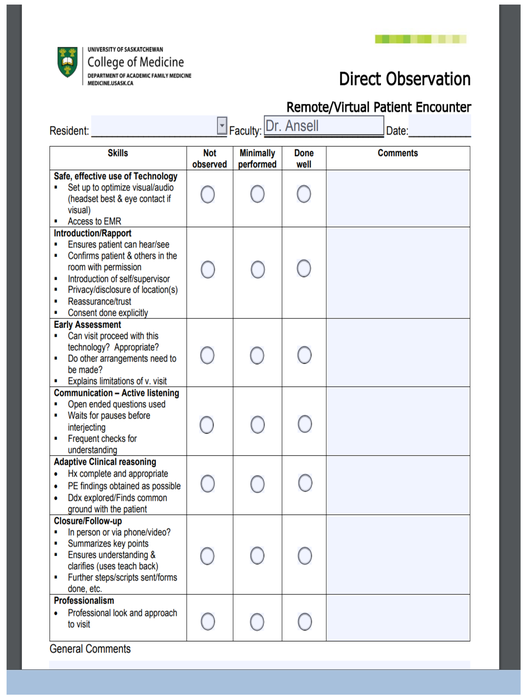
1. Using available evidence for best practices for virtual visits

2. Providing a method for documentation of virtual visit competencies

3. As a springboard for discussion of feedback and future learning



EMR access to form in usual VISIT template



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Direct Observation

Remote/Virtual Patient Encounter

Resident: _____ Faculty: Dr. Ansell Date: _____

Skills	Not observed	Minimally performed	Done well	Comments
Safe, effective use of Technology • Set up to optimize visual/audio (headset best & eye contact if visual) • Access to EMR	○	○	○	
Introduction/Rapport • Ensures patient can hear/see • Confirms patient & others in the room with permission • Introduction of self/supervisor • Privacy/disclosure of location(s) • Reassurance/trust • Consent done explicitly	○	○	○	
Early Assessment • Can visit proceed with this technology? Appropriate? • Do other arrangements need to be made? • Explains limitations of v. visit	○	○	○	
Communication – Active listening • Open ended questions used • Waits for pauses before interjecting • Frequent checks for understanding	○	○	○	
Adaptive Clinical reasoning • Hx complete and appropriate • PE findings obtained as possible • Ddx explored/Finds common ground with the patient	○	○	○	
Closure/Follow-up • In person or via phone/video? • Summarizes key points • Ensures understanding & clarifies (uses teach back) • Further steps/scripts sent/forms done, etc.	○	○	○	
Professionalism • Professional look and approach to visit	○	○	○	

General Comments

Recommendations: Further research is needed on the effectiveness of the form as well as to determine uptake and future faculty development in virtual care delivery.