Virtual Teaching in Clinical Environments – Session Summary, June 29th, 2020

If you are a preceptor who is looking for support as you consider teaching in this new virtual environment, please view the recorded session linked below. An outline has been provided with links to the pertinent parts of the session.

Recording of the full session on June 29th, 2020 - **https://vimeo.com/434135104**

Introduction - Kiran Veerapen

Introduction of Speakers - Dr. Krystine Sambor, Dr. Adrian Yee, Dr. Nawaaz Nathoo, Dr. Brent Ohata and Dr. John Pawlovich

Dr. Krystine Sambor - Virtual Teaching
- Overview of presentation
- The new workflow and triaging in-person visits
- Adapting to new technologies
- Patient consent – CMPA consent form and verbal consent for virtual visits
- How do I teach residents?
- What can you teach and assess virtually?
- The virtual house call and webside manner – Best practices
- The virtual examination – What you can do, how you can do it and how you can increase patient acceptance of having learners in the virtual exam room
- Advantages of teaching virtually – Are you ready to be a virtual teacher?

Dr. Adrian Yee - Virtual Care Education
- Sharing experiences with virtual care
- How do we make it work? – Organizing your day, setting learner goals, finding appropriate patients and checking in
- Workflow – A personal experience of adaptation
- Manage time successfully for the learner
- Direct observation/EPA practices and experience
- The importance of consultation and progress notes
- Providing follow up care
- End of clinic reflection

Dr. Nawaaz Nathoo - The Virtual Learning Environment
- A framework on learning environments – Personal, social, physical/virtual spaces and organizational
- Physical and virtual spaces
- Organizational – Practices, policies, resources, accreditation rules, technology infrastructure, etc.

- [Personal and social](#) – Fostering growth, relationship building and the sense of belonging to a community of health professionals
- [Building time and space](#) – How to give learners room to build these relationships in a virtual clinical environment?

Dr. Brent Ohata - [Access to Specialist Care Across British Columbia](#)
- [Health advocacy](#) – How can we improve care for people who don't have access to specialists?
- [Learning from failure](#) – Lessons from the Zoom/telehealth encounter that is an 'utter failure'
- [Troubleshooting from the start](#) – Having learners get consent and troubleshot technical issues before the patient encounter begins
- [Dealing with uncertainty in virtual/telehealth diagnoses](#)

Dr. John Pawlovich - [Dealing With The Lack of Virtual Clinical Experience and Expertise](#)
- [Teaching and learning in a virtual space with compassion and humility](#)
- [Safe and effective virtual care](#) – Practical considerations for the patient and the learner
- [What is it to be an effective virtual/telehealth Clinician?](#) – Best practices
- [Untangling biases](#) – Reinventing what a physical exam might look like
- [Using technology](#) – Screen sharing and patient relationships
- [Practical considerations for virtual/telehealth](#)

Questions/Comments/Discussion
- [Question:](#) Do you have tips for modeling human connection and bringing joy into virtual clinical interactions?
- [Comment:](#) Bringing joy by giving patients space to tell their stories (Dr. Nawaaz Nathoo)
- [Comment:](#) Enhancing connections using technology (Dr. John Pawlovich)
- [Comment:](#) Connecting over Zoom with a patient and family across multiple locations to make an important decision on care (Dr. Adrian Yee)
- [Question:](#) Are learners getting the in-person time they need to integrate the skills needed for a history or physical exam?
- [Question:](#) How do you compensate for the lack of non-verbal body language, especially when video is not an option?
- [Question:](#) How are we supporting students with spaces for less formal care learning?