Virtual Teaching in RFP (Rural Family Practice) – Session Summary, June 24th, 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 24th, 2020 - https://vimeo.com/432695225

Introduction – Dr. Marjorie Docherty

<u>Introduction of Speakers</u> – Dr. John Pawlovich and Dr. Janet Evans

Dr. John Pawlovich

- Virtual care as part of clinical practice
- Virtual care and longitudinal patient centered care
- Residents and students How to thoughtfully use technology to support care
- Getting learners to understand when to use telehealth
- The path forward
- <u>Transition to practice</u> The experience of sending a resident to Takla Landing and support/teaching from a distance
- Tips and pearls Practical advice
- The diagnosis is in the story Taking the time to listen
- Your perspective will change What virtual care means for you
- Optimizing your workspace From your desk to a gel mat
- Slow down Speech, eye contact and body language
- Technology Be open to what patients have
- Teaching yourself and others the workflow of telehealth

Dr. Janet Evans

- Making the time Billing tele/virtual health
- VirtualCare as a technology platform
- doxy.me as a technology platform
- <u>Virtual care as a tool for family practice</u>
- Integrating a resident in the virtual workflow
- Turn off the camera Observing a resident virtually
- Reaching out to patients
- Headsets and other technical considerations
- Consent and privacy for virtual care

Questions/Comments/Discussion

- Question: Is there a preferred model for teaching residents in terms of their physical location? At the clinic? At home?
- Comment: Being physically distant at the clinic (Dr. Janet Evans)
- Comment: Keeping residents virtual as a way to teach virtual visits (Dr. John Pawlovich)
- Comment: How to get your resident hands-on experience (Dr. Janet Evans)
- <u>Comment:</u> Managing patients in physical space (Dr. Marjorie Docherty)
- Question: How do you securely get forms to and from patients?
- Comment: The best way is whatever works for the patients' circumstances
- Question: How do we effectively manage medical students who may require more guidance than residents virtually?
- <u>Comment:</u> Teaching students to take a wonderful history (Dr. Marjorie Docherty)
- Comment: The value of focusing on the history (Dr. Janet Evans & Dr. Marjorie Docherty)
- <u>Comment:</u> Students need up-front briefing about virtual care and the core competencies (Dr. John Pawlovich)
- Comment: Don't underestimate the possibilities of a virtual exam (Dr. John Pawlovich)
- Comment: Who really needs to come in for an in-person visit? (Dr. John Pawlovich)
- <u>Comment:</u> Ask learners which skills or fears they need to work on and assign them appropriate patients (Dr. Marjorie Docherty)
- Comment: Using doxy.me Practical considerations and features (Dr. Janet Evans)
- Comment: Zoom licenses and use for rural physicians (Dr. John Pawlovich)
- Question: How to give patients notice that a learner will be present/observing?
- <u>Comment:</u> Creating patient/learner connections by asking the patient to describe their medical journey to the learner (Dr. Marjorie Docherty)
- Question: Can you send an anonymous text/email invitation to a conversation using Zoom?
- Comment: Getting doxy.me at a discount (Dr. Bbandama Mawati)
- <u>Question</u>: Where or what is the physical space between you and the students when you are trying to introduce them to the patient virtually?
- <u>Comment:</u> The immediate and long-term future will be a compliment of virtual and inperson treatment and teaching (Dr. John Pawlovich)