

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

Emily Sullivan, MD, MPH, CCFP; Christine Pask, MD, CCFP;
Sean Polreis, MEd; Cathy MacLean, MD, CCFP, FCFP, MCISc, MBA, CCPE

Department of Academic Family Medicine, College of Medicine, University of Saskatchewan

ABSTRACT

Background: During the COVID-19 pandemic, 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 Primary Health Centre (WWPHC). 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 training 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 elements for competencies and related 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 College of Family Physicians of Canada 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 that could be easily disseminated and incorporated into the EMR and used at other sites. Supplementary information was provided with the form as an educational tool for both faculty and residents. The form was shared beyond WWPHC.

Discussion and Conclusions: This was a rapidly evolving area at the start of the pandemic. However, it is clear virtual visits will remain as an option for health services delivery in family practice and it is incumbent on faculty and residents to learn and implement virtual care best practices. The form is a tool for documenting feedback on key competencies and can act as a springboard for feedback conversations and an opportunity for learning.

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.