

# **DFM Remote Resident Supervision Guidelines (QFHT)**

## **Background**

The sudden increase in virtual care and work from home in the context of COVID-19 has necessitated additional guidance for remote resident supervision.

### Principles:

1. Encourage social distancing by reducing the number of staff and patients in the clinic areas at any given time.
2. Allow for safe and efficient delivery of care.
3. Maintain appropriate supervision and assessment of learners.
4. Maintain the educational mandate of the DFM.
5. All faculty shall share in the workload, including equitable numbers of in-person clinics.

### Requirements:

1. Preceptors must be available to residents promptly and must review all cases as they would if the care was provided in-person.
2. "Direct observation" should be maintained, whenever possible.
3. Field Notes should be completed for each half day of clinic.
4. Patients who require in-person assessments should have reasonable access to that care.

### Definitions:

1. *Remotely supervising preceptor:* The preceptor is not physically located in the clinic. They may be supervising residents who are working from home and/or who are working in the clinic.
2. *Onsite preceptor:* The preceptor who is supervising residents and providing care within the clinic. They may be supervising residents who are working from home and/or who are working in the clinic.

## **Process**

### Appointments:

1. Each team should always have one faculty member, the onsite preceptor, available to provide onsite care. HH-1 will combine with HH-2A and HH-2B. 1N will combine with 1W.
2. Residents who are working from home should block their number if using their own device. Reception should alert patients that the call will come from a blocked number.
3. Residents should be booked every 30 minutes for telephone, or in-person appointments.
4. In-person appointments should be preferentially booked at the start of clinics whenever possible, and with at least 15 minutes between appointments in order to avoid patient interaction in the waiting room. Effort should be made to book in such a way to allow maximal opportunity for work from home, while adequately spacing appointments.
5. Preceptors should be very lightly booked in order to allow for adequate supervision:
  - a. Remotely supervising one resident – blocked out for 60min of Direct Obs
  - b. Remotely supervising two residents – blocked out for 90min of Direct Obs
  - c. Remotely supervising three residents – blocked out for the entire clinic
  - d. Onsite in-person supervisor - blocked out for the entire clinic
6. Each resident should have one same day fit-in appointment reserved.

7. If a patient is determined to need a follow up appointment, be it in-person or virtual, the MRP or MRR will message the receptionist to arrange.
8. If the patient needs to be assessed the same day the onsite faculty will be contacted to determine availability and the patient provided a same day appointment. Effort will be made to avoid sending the patient to the AHC.

#### Supervision:

1. The remotely supervising preceptor will conference call all team members, including the reception and nursing staff, prior to the start of the clinic to discuss booked patients and plan. A subsequent debrief call with residents plus/minus reception and nursing will occur at the end of the clinic.
2. The remotely supervising preceptor will be available by phone or video as well as text<sup>1</sup> to respond to resident questions.
3. Direct Obs should be completed by group video, or three-line phone call.<sup>2</sup> The preceptor may choose to remain on mute for this process.
4. The resident should make the patient aware they are still practicing under the supervision of their preceptor.
5. All residents and preceptors are encouraged to create a free Zoom account until OTN is more widely available. Coordinate with your clinic team regarding communication interface preferences.
6. If the resident is working at the clinic and assessing a patient in-person, the remotely supervising preceptor may request assistance from the onsite faculty if direct eyes on assessment of the patient is required.
7. Resident notes should be signed off as per our normal processes. (Residents should ensure all of their appointments are documented in their daily schedule for ease of preceptor sign-off.)

#### Resident Sign-off for Remote Supervision:

1. Each team, inclusive of the resident's Academic Advisor, should determine if each of their residents is competent and safe to work remotely. The Site Director should be made aware of any residents who are determined to require in-person supervision.
2. The Resident Assessment Committee shall review all residents on the support list and determine if an educational handover in the context of provision of virtual care is required.

#### Document Management:

1. When signed in remotely through the VPN (VMWare Horizon Client) all regular clinic printers are available. Requisitions, reports, etc. can be printed to the receptionist's printer.
2. All documents sent to print at the clinic, must be accompanied by an OSCAR message to the receptionist with specific directions including the intended destination of the document.
3. Documents requiring a signature may be signed by an onsite clinic staff member on behalf of the ordering physician. Ex "Nurse Erin for Dr. Wolfrom".

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1. Some clinics have found Whatsapp to be useful solution for team communication

2. How to Conduct a Conference Call:

Android: <https://www.wikihow.com/Conference-Call-on-an-Android>

iPhone: <https://www.wikihow.com/Conduct-a-Conference-Call-on-an-iPhone>

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