Virtual Care & Learning

With the COVID-19 pandemic, there has been a significant change to virtual care. For many of us, this is a new way of connecting with our patients. It is also a new way of engaging in clinical learning. This guide for preceptors in psychiatry is meant to help support this transition to virtual care and learning.

1. General Tips

**BEFORE THE CLINICAL SESSION**
- Create a teaching lesson plan to help keep organized.
- Have a backup plan (e.g. telephone).
- Attach teaching documents to your calendar booking for the session to make them easier to locate.
- Consider confidentiality and security:
  - Generally with Zoom, teaching sessions are best as a meeting; clinical encounters are best as a webinar.
  - Create a different meeting/webinar link for the teaching session and for the clinical session/patient encounter. Use a meeting password.
  - Remind students to be in a private, secure setting.
- Assign and orient students to active roles ahead of the clinical interaction (e.g. interview, document an MSE, list a differential diagnosis with rationale, create a biopsychosocial treatment plan).
- Ideally use a wired connection to reduce risk of bandwidth problems.
- If doing a teaching session, consider doing a "dry run" with UBC Med IT’s EdTech team.
- Drop-in clinics run daily Monday to Friday, 10-11am, 12-1pm, and 2-3pm.
- Click here within the hours posted above to join the drop-in clinic.
- Click here to test your video/audio beforehand: Joining Zoom as an instructor.

**DURING THE CLINICAL SESSION**
- Plan time for introductions and virtual care consent.
- Consider requesting students to change their screen names for easy identification (e.g. UBC MSI3 John Smith).
- Obtain appropriate patient consent and ID/location.
- Support the student with their assigned task.
- Consider muting both your video and audio to help the patient view the student as leading the interview. If doing so, inform the patient.
- Review student reflection.
- Consider using tools such as polls to check for comprehension or breakout rooms to divide large groups into small groups for discussion.
- Provide focused feedback (e.g. what went well/what to continue doing, what to consider next time, support personal learning objectives).

**AFTER THE CLINICAL SESSION**

**HELPFUL LINK**
https://facdev.med.ubc.ca/guide-for-preceptors-receiving-students/virtual-clinical-teaching/
Dr. Winnicott has MSI 3 Cynthia joining their clinic today. Below are the steps Dr. Winnicott took to have a successful virtual learning session with Cynthia and the patient.

**BEFORE THE CLINICAL SESSION**

- Attached Year 3 MSI objectives and Zoom links to calendar booking for scheduled session with Cynthia.
- Reviewed the Year 3 clinical learning objectives and chose to focus teaching on one of the following:
  - History/Rapport (maps to Direct Observation [DO] #1)
  - MSE/Investigations (maps to DO #2 / DO #4)
  - Differential diagnosis (maps to DO #3)
  - Treatment plan (maps to DO #6)
- The bolded item above was the task selected by Dr. Winnicott.
- Dr. Winnicott met with Cynthia in advance to share pertinent case details and to discuss Cynthia’s role in the assessment.

**DURING THE CLINICAL SESSION**

- Dr. Winnicott asks Cynthia to complete a focused interview on the patient’s problem with a goal to develop and maintain rapport.
- Dr. Winnicott explains to the patient that they will be on the line but will mute their microphone and video while observing the student interview.
- Dr. Winnicott takes notes in order to provide feedback later.
- Dr. Winnicott thanks the patient for engaging with Cynthia and completes the interview as necessary.

**AFTER THE CLINICAL SESSION**

- Dr. Winnicott checks in for Cynthia’s feedback about the interview and to address any questions, particularly regarding organizing the history and developing rapport with the patient.
- Dr. Winnicott elicits reflection and gives Cynthia feedback on the interview.
- Dr. Winnicott considers completing one of Cynthia’s Direct Observations (DO) for the clinical encounter.
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3. Large Group

Dr. Jung has been asked to teach a group of 15 MSI 3s, including a virtual patient assessment. Below are the steps Dr. Jung took to have a successful virtual learning session with the large group.

**BEFORE THE CLINICAL SESSION**

- Dr. Jung followed the “general tips” to ensure all teaching materials were ready and did a dry run with UBC Med IT's EdTech team.
- Reviewed the weekly teaching objectives and considered active roles that could be assigned to target one of the learning objectives:
  - History/Rapport (maps to Direct Observation [DO] #1)
  - MSE/Investigations (maps to DO #2 / DO #4)
  - Differential diagnosis (maps to DO #3)
  - Treatment plan (maps to DO #6)
- The bolded item above was the task selected by Dr. Jung.
- Reviewed ways to facilitate discussion with a large group over a virtual platform (e.g. breakout rooms, polls).
- Emailed necessary information to students in advance: clinical webinar meeting ID and password, reminder about privacy and setting, and any relevant articles or resources.

**DURING THE CLINICAL SESSION**

- Prior to starting the interview, Dr. Jung reminds the group that this week’s focus is on treatment planning. Dr. Jung asks that students make notes during the interview to prepare for the breakout room discussion afterwards. Students are informed that they will be asked to email their treatment plans for review after the session.
- Expresses preference for “raise hand” versus “chat” for questions.
- Asks for student volunteers to help facilitate the session (e.g. one to help moderate the chat, one to help confirm student identities).
- Dr. Jung completes the patient interview and the patient leaves the virtual setting.

**AFTER THE CLINICAL SESSION**

- After the interview, Dr. Jung breaks the large group into groups of five using the “breakout room” function. Dr. Jung asks group members to support each other with creating a treatment plan. Asks each group to nominate a spokesperson for when they reconvene.
- After 10 minutes, Dr. Jung reconvenes the large group and seeks their reflections.
- Dr. Jung opens up the session to questions, either verbally and/or through chat, with one student moderating the chat.
- Dr. Jung asks all students to email their treatment plans. Dr. Jung provides individual feedback if they are on track (or not) after reviewing.
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4. Small Group

Dr. Ross has been asked to teach a group of three MSI 3s, including a virtual patient assessment. Below are the steps Dr. Ross took to have a successful virtual learning session with the small group.

**BEFORE THE CLINICAL SESSION**

- Followed the “general tips” to ensure all teaching materials were ready.
- Reviewed the weekly teaching objectives and considered active roles that could be assigned to target one learning objective per student:
  - History/Rapport (maps to Direct Observation [DO] #1)
  - MSE/Investigations (maps to DO #2 / DO #4)
  - Differential diagnosis (maps to DO #3)
  - Treatment plan (maps to DO #6)
- The bolded items above were the tasks selected by Dr. Ross.
- Dr. Ross met with the students prior to the patient encounter:
  - Dr. Ross shared pertinent case details.
  - Dr. Ross assigned ‘Student A’ to complete a focused history, ‘Student B’ to write an MSE, and ‘Student C’ to propose a differential diagnosis after the interview is complete.
  - Students were informed of their assigned task.

**DURING THE CLINICAL SESSION**

- Dr. Ross observes ‘Student A’ interviewing.
- Dr. Ross supports ending and completing the interview.
- After ‘Student A’ is done, Dr. Ross thanks the patient and the patient leaves the virtual setting.

**AFTER THE CLINICAL SESSION**

- Dr. Ross checks in for the students’ feedback about the interview and to address any questions.
- Dr. Ross gives the students time to work on their tasks (while dictating).
- Dr. Ross provides feedback on their presentations of history, MSE, and differential diagnosis.
- Dr. Ross considers completing the students’ Direct Observation (DO) for their assigned task.