

Teaching Learners to Humanize Virtual Care

Adrian Yee on behalf of the Virtual Care Working Group

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Context

- COVID-19 pandemic triggered a rapid adoption of virtual care.
- 80% of BC patients connect with a physician virtually (via phone, video, email, etc.) between April and September 2020 (Ministry of Health, BC).
- Regulatory Authorities, the Canadian Medical Association and Faculties of Medicine have published guidelines, policies and recommendations on Virtual Care.
- There is a gap in using co-design approaches with patients, caregivers and learners to support virtual care education

Project Goals

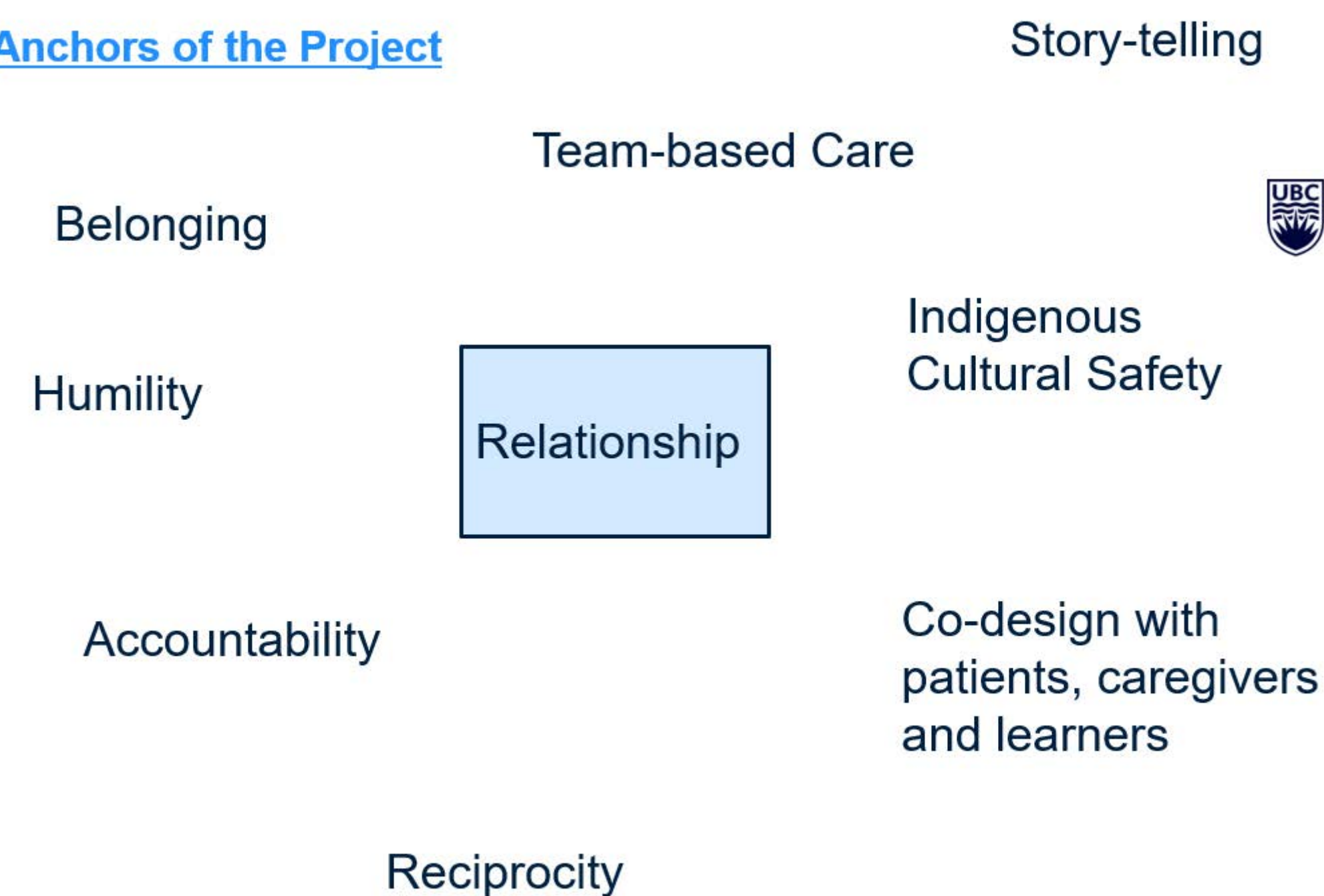
- Integrate patients, learners and caregivers’ voices in the educational products
- By using storytelling as a teaching method, we aim to create memorable and applicable products.
- Invite the perspectives of the Indigenous community and under-represented groups in the design of educational products.
- Building relationship that is enduring and equitable with participants.
- Learn from the community-building work and engagement with Indigenous communities.

Methodology

Phase 1

- The first phase focuses on community engagement to develop an enduring relationship with patients, caregivers and learners.
- The project team collaborates with the Patient and Community Partnership for Education (PCPE), Indigenous Health Organization (Carrier Sekani Family Services, CSFS) and InterCultural Online Health Network (ICON).
- Through the key organizations, we recruit patient partners and caregivers for focus group and individual interviews to gather perspectives on Virtual Care.
- Seek advice from the Director, Indigenous Engagement, Faculty of Medicine.

Anchors of the Project



Phase 2

- Conduct individual in-person interviews for participants facing barriers to accessing care.
- Apply Thematic Analysis to analyze the data.
- Embed Evaluation Design at the start of the project: the framework will evaluate the co-design approach, user experience, engagement process and relationship-building between the University, patients, caregivers and students

Phase 3

- Once we complete the analysis, the next step is developing podcasts, PowerPoint presentations and Student Assessment Scenarios.
- After completion of the first draft, participants will review the content and provide input before completing the design and development of the “prototypes”.
- The evaluation framework will gather perspectives from participants on community engagement and how we can improve relationship-building.

Progress Report

- Completed six focus group interviews and four individual interviews.
- Completed qualitative analysis.
- Completed focus group interviews.
- Work on the prototype is underway.
- Consultation meeting with the Carrier Sekani Health Services Elders in Prince George in May 2023.

Emerging Themes

- Active listening
- Access and Inclusion
- Patient Support
- Professionalism
- Rural and Remote communities

Lessons Learned

- It is a challenge to reach out to the under-represented communities.
- Take the time to build relationships with the Indigenous communities.

References

- Canadian Medical Association. Virtual care: Recommendations for scaling up virtual medical services.
- Royal College of Physicians and Surgeons of Canada. Telemedicine and virtual care guidelines for health professionals.

Acknowledgement

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