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**Title**

*Virtual and In-Person Delivery of Primary Care and the Effect on Compassion*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

Context: During the pandemic, Family Physicians (FPs) moved rapidly to virtual visits, uncertain how compassionate care could be delivered. As we consider the future role of virtual care, we must ensure compassion remains at the centre of patient-FP relationships. Objective: To co-create with patients and FPs a framework for virtual and in-person interactions that inspires and safeguards compassion. Study Design and Analysis: Constructivist Grounded Theory (CGT) study using semi-structured interviews to explore how participants received or provided compassion during virtual interactions. Interviews were audio-recorded and transcribed verbatim. CGT principles of iteration and theoretical sampling were applied and interviews were conducted until data sufficiency was reached. Data collection and analysis was iterative using constant comparative analysis with three coding phases (line-by-line, focused and theoretical). Setting: Province of Ontario, Canada. Population Studied: We interviewed patients with multimorbidity (n=18) who had at least two virtual visits and FPs who had provided virtual care (n=14). Participants were selected for maximum variation concerning age, gender, urban/rural, and for FPs, practice models. Outcome Measures: Patient and FP experiences with virtual care. Results: Our findings highlighted four main themes. Participants identified the importance of actions to convey compassion including attentive listening and spending time; importantly patients talked about the need to be understood and FPs described the importance of being fully present and intentional. The second theme was how personal and external factors could influence compassionate care; especially for FPs this included distraction and fatigue. The patient-FP relationship, the third theme, was perceived by patients and FPs as the bedrock for compassionate care which was exemplified by trust and continuity. The final theme was the ability through virtual care to extend the provision of compassionate care, especially alleviating anxiety and suffering. Conclusions: These findings are informing upcoming collaborative discussions between patients and family physicians with the aim of developing a framework of virtual family physician care. These qualitative findings will inform future research and education interventions for FPs and residents in Family Medicine, aimed at creating dialogue to optimize benefits and mitigate threats of virtual modalities in compassionate FP care.