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**Title**

*Precepting Family Medicine Trainees in Virtual Care: An Exploratory Sequential Mixed Methods Study*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Context: Healthcare systems worldwide embraced virtual care during the COVID-19 pandemic. As the pioneer of telemedicine, Canada has laid the foundations for a remote care revolution on Earth and in Space. However, the precepting roles and experiences to effectively train physicians in virtual healthcare contexts remain understudied.

Objective: We aimed to explore the experiences of precepting family medicine residents in virtual healthcare settings.

Study Design/Analysis: Informed by social constructivism we conducted a three-phase, sequential, exploratory mixed methods study. Phase I is a scoping literature review on the conceptualization of preceptorship in virtual healthcare settings. Phase II examined the role of clinical preceptors in virtual healthcare settings. To elucidate their experiences, we interviewed preceptors to build a thematic framework about precepting in virtual care (Phase III). We analyzed quantitative survey data using SPSS and qualitative interviews following reflexive thematic analysis.

Dataset: We surveyed 45 clinical preceptors of family medicine residents (18% response rate) and analyzed 13 interview transcripts.

Population: Eligible physicians have experience as a virtual care provider and clinically affiliation to precept family medicine residents in Canada.

Instruments: We piloted and administered a Qualtrics 36-item survey (Nov-Dec 2021) and then used an interview guide to understand the clinical teaching experiences in virtual care (Jan-Mar 2022).

Outcomes: We specifically examined the degree of resident exposure, level of preceptor trust, impacts of virtual workplace, nature of precepting, and aspects related to preceptorships in virtual settings.

Results: Canadian clinical preceptors reported the nature of their interactions with residents in virtual healthcare settings (e.g., clinical tasks engaged, impacts of the virtual workplace). We described the dynamics of clinical precepting in virtual care contexts according to six key themes: precepting as patchwork, steering away from transactional care, configurations discourage direct supervision, struggling to gauge progress, and centering feedback around clinical story.

Conclusion: This article discusses the perceived role and challenges with precepting family medicine residents in virtual healthcare settings, as well as summarizing the pertinent limitations and implications of this research on postgraduate telemedicine training.