

Supplemental Digital Appendix 1

Qualitative Feedback from Faculty and Students: Representative Responses, From a Study of a Pilot Virtual Family Medicine Clerkship During the COVID-10 Pandemic, Stanford University School of Medicine, 2020

Themes	Representative Favorable Responses	Representative Unfavorable Responses
Faculty Feedback		
Experience with workflow	<p>“I...was pleasantly surprised how smoothly it went! Your tips...were excellent and allowed me to set up my system ahead of time and be prepared. [The student] could hear the conversation well, see my screen and the patient video running in Epic.”</p> <p>“The preparation beforehand with [the student] made all the difference and I felt like it went really well!! No complaints. It’s a really good workaround given all of the situation right now.”</p>	<p>“When was in Zoom on the desktop, even when clicked on share audio and tried to override, could not both hear the patient and hear [the student]. Could not use audio simultaneously with both Zoom and Epic.”</p> <p>“Probably do not want to attempt that again unless there is someone here in the office with me to make sure it works.”</p>
Teaching role	<p>“...Ultimately it was really good for teaching - she saw how I could juggle and had to juggle. got a more authentic view, e.g. what do I do when a patient went off on a tangent.”</p> <p>“We had time after the visits to debrief. [The student] said that he found it educational... observing the visit and my note writing/orders placing and pre-charting in real-time. I also tried to teach a few pearls based on topics that came up during clinic.”</p> <p>“I would debrief... in between visits. And I gave her feedback on her notes immediately afterwards...by using the "share screen" function and just scrolling through and editing in real time... Often times, we talked about the dynamic or the "softer" parts of the visit, which was interesting.”</p>	<p>“Was unclear as to whether I was supposed to [precept] all the visits or to pick and choose.”</p> <p>“I just put them on speaker phone for the phone visits if the patient was unable to connect. [The student] said she got something out of it - a whole rotation of this might be a little much...”</p>

<p>Student role</p>	<p>“My student...did all my notes and engaged with patients asking a few questions and looking things up during the encounters. It was great.”</p> <p>“I asked [the student] to create an after-visit summary for each patient. With my next student, I think I’ll also have them draft the note in real time, as this would allow for more active engagement during the visit.”</p>	<p>“Having her write the note "as a control freak" stressed me out. I was hoping that she was getting everything.”</p>
<p>Student Feedback</p>		
<p>Experience with workflow</p>	<p>“In the setting of the novel coronavirus, the entire structure of this rotation and the practice of family medicine here had to be fundamentally reshaped on very short notice. I think it was handled quite well, all things considered, but it certainly represented a system-wide challenge.”</p> <p>“With the shelter-in-place orders, and the university/medical school policy, it was not possible to be in clinic. I thought the video visits were a valuable learning experience though, and I appreciate them more now than ever.”</p>	<p>“In the first visit, I was unsure of how the shadow/interview experience would unfold. We tried multiple ways for the patient to either see and hear me, or just hear me. We initially tried Zoom, then Zoom through a second device, then facetime, then speaker phone. The experience seemed to vary with each session, and patient.”</p> <p>“Over the course of the month, many patient visits were conducted remotely, greatly limiting the ability to perform physical exams. In some instances, patients were informed of the necessity to come to the office for a visit including a physical exam.”</p>
<p>Learner role</p>	<p>“As a medical student shadowing and scribing, I felt like there was more I should be doing. I began front-loading my work through more in-depth pre-rounding, and while the notes were not always useful, it helped give me more context for the visits, and added more texture to the experience.”</p>	<p>“There were times when, either due to Stanford's internet connectivity problems, or troubleshooting the video visit set up that I was not able to shadow for the entirety of the clinic session. I tried to be as helpful as I could either as a scribe through the speaker phone, or a second Zoom room, and by documenting what we did, but I always wish there had been something more I could have done.”</p>