# VIPER INTERVIEWS

# GOALS

1. Excellent teammates willing to work cooperatively.
2. Avoid an overabundance of acute care physicians (e.g. all saskatoon) or too many from chronically understaffed sites.
3. Everyone starts in VIBEX and works over to VIPER after / during the trial period.
4. FTE discussions to follow.

# PANEL

1. Wendy Kopciuch - Patient family partner
2. Christine Britt – Former ER nurse and current RN at 811
3. Drs R. Horan / A. Kapur – assistant physician leads VIPER program
4. Dr. J. Stempien – provincial head emergency medicine

# MASTER INTERVIEW QUESTSIONS

# JAMES STEMPIEN POTENTIAL QUESTIONS

1. Why are you interested in working as a virtual physician with the SHA? What qualities make you well suited for delivering care in a virtual setting?
2. CAEP VIRTUAL CARE STATEMENT

# ROB / ANKIT POTENTIAL

**1 – What are the dangers and challenges of providing virtual emergency care? And what do you do in your practice to mitigate those risks?**

**2 – Patient Privacy and obtaining patient consent are issues that the CMPA has identified as obstacles to effective virtual care. How do you deal with these challenges.**

4 - Can you walk me through a complex case you’ve recently managed virtually? If you have not managed a case virtually, please tell me about a complex case you’ve recently managed and how that would be translatable to any virtual care you would provide?

5 - How do you see virtual care evolving in the next 5 to 10 years and how do you plan to adapt your clinical practice?

**6 – You are called from Porcupine creek where a patient suffering from advanced dementia has a sudden increase in oxygen requirements from room air to 10L. Patient is unable to provide a history. Initial chest x-ray shows fluid overload. Recognizing this critically ill patient you call into Saskatoon for patient transfer. However, your request for transfer is declined. The local RN's think this patient should have had a DNR / DNI order on their chart, but this has not been done yet. How would you approach this case?**

# QUESTIONS FOR ALL PHYSICIANS

1. Copied

# QUESTIONS FOR CURRENT PHYSICIANS

1 – Tell us about your success and struggles with providing virtual care? It can be in general or the details around a specific case

# QUESTIONS FROM JOHANN

Here are some suggested interview questions. Please feel free to use or not use up to your discretion.

2. What are the biggest challenges you’ve encountered while delivering virtual care, and how have you overcome them?

3. What strategies would you use to build trust with patients remotely through a virtual care platform? How would you ensure patients understand their diagnosis and treatment plan during a virtual visit?

4. Please describe what your approach would be working with remote nursing teams?

*5. What is your level of comfort with troubleshooting basic technical issues during virtual consultations?*

*6. Are you familiar with E prescribing, computer work and proficient with electronic medical record systems ie. SCM?*

# QUESTIONS FROM CHRISTINA

1. How do you manage your work life balance to prevent things like burnout, especially when working in a remote setting where you may feel a bit isolated at times?
2. *How do you support the professional development and education of the team members you work with?*
3. **How comfortable are you with working with junior nursing staff in a remote/ rural setting?**
4. What strategies do you use to maintain moral and cohesion of the remote care team?
5. **How do you manage the decision-making process when the physical exam is limited, and you are relaying on information from nurses?**

# Questions for interviews from PFCC

1. What does patient- and family-centred care mean to you?

**3. How would you engage the patient in his or her care in a virtual setting?**

4. Tell us about a time when you had a conflict with a patient or family member of the plan of care. How did you resolve the conflict

**5. Tell us how you show patients and their families that you respect them and care about their well-being. Could you adapt this during a virtual meeting?**

**6. How would you ensure the patient’s preferences, values or goals are included in decision making in a virtual setting?**

Wendy Kopciuch

Patient Family Partner

Other thoughts:

Urban physicians with rural ER and primary care experience are ideal.

# QUESTIONS FROM ROB

Rural family physicians with extensive ER experience are also ideal (5+ years? 8+

Years?)

Urban ER physicians with little or no rural experience are also ideal if they understand the challenges of rural, particularly if they have teaching experience. There is a huge opportunity for micro learning during handovers and debriefs that I believe will benefit rural physicians and nurses. Even dictations can be opportunities for teaching if the dictations are sufficiently detailed to explain the clinical rationale used in the encounter. If CC’d to a local physician, these notes are reviewed by rural physicians when “completed” in the home charts. Mention of HART scores, ankle rules, Ranson Criteria, PCARN rules, etc can be particularly useful for SIPPA candidates and new graduates.

Physicians who are excellent candidates, but no longer practice in-person ER medicine can also be ideal, as long as they remain current with CMPA and CME requirements. Intubation, chest tubes, central lines, ultrasound are indeed skills that wane without ongoing practice, but these skills are of little benefit in the virtual format. These programs may be a way to keep physicians who would otherwise retire due to physical limitations.

Indigenous peoples, including First Nations, Inuit, and Métis who meet criteria should be preferred.

It's Porcupine Plane, not Porcupine Creek! C’mon guys—home of Quilly Willie! Unless the question is meant to be Fiction;)

# Questions from Puneet

1. How should we deal with critical outcomes and fatal outcomes in virtual care.
2. Willingness to cover vibex and viber and support SIPPA

**SCORING RUBRIC (OUT OF 25 POINTS TOTAL)**

| **Category** | **Criteria** | **Score (1-5)** |
| --- | --- | --- |
| **Clinical Judgment & Problem-Solving** | Demonstrates strong reasoning, considers available resources, and makes safe and effective patient care decisions. | \_\_\_\_ / 5 |
| **Adaptability & Rural Medicine Experience** | Has experience in rural or resource-limited settings, demonstrates adaptability, and understands unique challenges of virtual care. Is a member of an underserved population. | \_\_\_\_ / 5 |
| **Communication & Teamwork** | Effectively communicates, collaborates with nurses and physicians, and contributes to a supportive team environment. | \_\_\_\_ / 5 |
| **Commitment to Virtual Medicine & Teaching** | Shows enthusiasm for both VIBEX & VIPER, willingness to mentor or educate, and demonstrates a long-term interest. | \_\_\_\_ / 5 |
| **Risk Management & Ethical Considerations** | Recognizes risks in virtual care, understands patient privacy & consent issues, and proposes effective mitigation strategies. | \_\_\_\_ / 5 |
| **TOTAL SCORE** |  | \_\_\_\_ / 25 |

**Scoring Key:**

* **5:** Exceptional, exceeds expectations, highly suitable candidate.
* **4:** Strong, meets all criteria, solid candidate.
* **3:** Adequate, meets most criteria but has minor gaps.
* **2:** Below expectations, lacks some key competencies.
* **1:** Unsuitable, does not meet minimum requirements.