Please respond to the following competency statements to identify your strengths in delivering virtual care and also the areas where you would like to further develop your skills. Add your needs for competency development to your continuing professional development plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competency | **Need to learn more** | **Have basic knowledge** | **Know and can apply** | N/A |
| I understand the extent of and limitations of the **scope of practice** I can provide within virtual care |  |  |  |  |
| I understand the virtual care **guidelines and standards** for my specific profession or health care provider role |  |  |  |  |
| I understand the process of obtaining and documenting **consent** for virtual care |  |  |  |  |
| I know how to set up my space to support **privacy** for a virtual visit |  |  |  |  |
| I know how to support clients and families in setting up their space to support **privacy** for a virtual visit |  |  |  |  |
| I can apply a process to support and communicate **confidentiality** to clients and families |  |  |  |  |
| I know what to do if there has been a **breach in safety, privacy or patient rights** related to a virtual visit |  |  |  |  |
| I am confident in my ability to use the following virtual care platforms: |  |  |  |  |
| **Zoom** |  |  |  |  |
| **OTN** |  |  |  |  |
| **Sync.com** |  |  |  |  |
|  |  |  |  |  |
| I know how to **set up a fixed or mobile camera** to optimize visual communication (my ability to see the client and the client’s environment and their ability to see me and my environment) as appropriate during a virtual visit |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Competency | **Need to learn more** | **Have basic knowledge** | **Know and can apply** | N/A |
| I understand how to adjust communication, act **professionally** and present myself in a virtual visit |  |  |  |  |
| I know how and when to **invite questions and feedback** from clients and families during a virtual visit |  |  |  |  |
| I know how to use virtual visit **technology features** (such as share your screen and remote control) to enhance the sharing of information and increase clients and family engagement |  |  |  |  |
| I know how to schedule and integrate an **interpreter** in a virtual visit |  |  |  |  |
| I know how to **document a virtual visit in the healthcare record** |  |  |  |  |
| I know how to **invite and collaborate with external partners** for a virtual visit with a client and family |  |  |  |  |
| I know how to introduce, use and document use of **photography and videography** during a virtual visit |  |  |  |  |
|  |  |  |  |  |
| I know how to **safely store digital information** from virtual visits to comply with PHIPA standards |  |  |  |  |
| I know how to apply **Solution Focused Coaching** in my virtual visits |  |  |  |  |
| During a virtual care visit, I know how to **provide support** (within my scope of practice) when I become aware that a client or family member may be distressed |  |  |  |  |
| I know strategies to use to help manage **family dynamics** during a virtual visit |  |  |  |  |
| I know strategies to use to help manage **group dynamics** during virtual group therapy sessions |  |  |  |  |
| I know how to include healthcare students and provide effective **clinical supervision** in a virtual care environment |  |  |  |  |