

TRILLIUM 2023

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

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# Research Team

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# Funding



AMS Fellowship in Compassion  
and Artificial Intelligence

# Context

During the pandemic, family physicians (FPs) moved rapidly to virtual visits, uncertain how compassionate care could be delivered.

# Aim

To co-create with patients and FPs a framework for virtual and in-person interactions that inspires and safeguards compassion.

# Objectives

To establish actions/activities to include within virtual FP interactions to ensure compassionate care.

# Study Design and Analysis

- Constructivist Grounded Theory (CGT) study
- Data Collection – semi-structured interviews
- Data Analysis - iterative using constant comparative analysis
- Setting – Province of Ontario, Canada
- Population – Patients with multimorbidity (n=18) who had at least two virtual visits and FPs who provided virtual care (n=14)
- Explored patient and FP experiences with virtual care and compassion

# Results

Four main themes:

1. Compassion – **Definitions & Actions**
2. Role of **distraction** in compassionate virtual care
3. Role of the **patient-FP relationship** in compassionate virtual care
4. Virtual care to **extend compassionate care**

# 1. Compassion – Definitions & Actions

## Patients

- Being listened to – issues, context
- Feeling understood
- Being seen as whole person
- Receiving a caring attitude and not being dismissed
- Sensing that provider is engaged in their relationship
- Compassion as a trait that some providers naturally have

## Family Physicians

- Intentionally and actively listening
- Walking with the patient
- Understanding patient as human
- Willingness to understanding patient's perspective
- Involves relationship with their patient
- Being empathetic, respectful and open-minded

# 1. Actions that convey compassion

*“They don’t need me physically present but they need my mind and my energy and my soul.” (FP #9)*

*“As long as I’m **actively listening and resonating with the patient**, then the patient must be comfortable, right, because as soon as the patient starts to [feel uncomfortable] there starts to be a disruption of trust ... You have to be in the moment; like every moment” (FP #5)*

*“If the person's listening...if the person's truly listening, they are able to convey that [compassion]. Even if they're on the phone.” (Patient #15)*

## 2. Role of distraction in compassionate virtual care

*“I think it could be in general easier to show compassion in person. But I think it's still possible in a virtual visit. But it **requires a bit more intention and not to get distracted by things.**” (FP #8)*

*“So it means **not being distracted.** So having the patient's chart open, **not looking at your other things** that you need to get done, looking at other results that have maybe come...” (FP #14)*

*“Just spend a few more minutes **listening and paying attention** to what you're saying because, you know, **you hear a lot of typing in the background.**” (Patient #13)*



### 3. Role of Patient-FP relationship in compassionate virtual care

*“The patient-physician relationship, or the relationship between a patient and **all their points of access to the healthcare is truly one of compassion**, not one that’s transactional” (FP #6)*

*“**Virtual care is so much easier because they’re my patients**. I said I knew right away, just the way that she was talking to me, that she was not ... she was not OK” (FP #7)*

*“He definitely was able to show me [in virtual interactions] that **I’m not just another client that he has...** he actually cares about each person that he’s working with” (Patient #10)*

## 4. Virtual care to extend compassion

*“Perhaps having **virtual care** means you have more points of **access** so you can capture these things more often” (FP #6)*

*“I can give them a **quick call back to help to ease some of the anxiety** they might be feeling about a particular question... But when you know the patient and you can **just help to alleviate a little bit of anxiety it can go a long, long way**” (FP #4)*

*“It [virtual care] allows you to have the **shorter, more practical visits** because you know – I know she's good, I know she cares, and I know that ultimately **if I needed to have an in-person visit we could do that.**” (Patient #14)*

# Next Steps

- Collaborative discussions between patients and FPs with the aim of developing a framework of virtual FP care
- Future research and education interventions through the creation of a TEC-PHC framework (**T**echnology **E**ffects on **C**ompassion in **P**rimarily **H**ealth**C**are)



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