FAQs for E4 Virtual Video Visits – Telemedicine

Optimizing the experience and process of healthcare communication is based upon scientific research. These tenets led to the development of the E-4 (Engage, Empathize, Educate, Enlist) communication skills model.

The basics for Virtual Video Visits – Telemedicine

Q: What term should we use for the services we are addressing?

The terminology can be confusing and is shifting rapidly; achieving an agreed upon lexicon is challenging. Telehealth, the remote delivery of healthcare to a patient through technology, is sometimes used interchangeably with telemedicine. Telehealth encompasses multiple services including remote monitoring via wearable devices, educational programs, phone apps and videoconferencing among other services. Telemedicine (TM) more accurately describes the synchronous delivery of care where a virtual visit occurs, culminating in a clinical diagnosis and action plan. Establishing a virtual video visit is simple. A connection between you and your patient is made using your own computer, laptop with a camera, smartphone, or tablet. Using Wi-Fi is preferred over cellular network since the speed of transmission is higher. To be clear about the services that we are addressing, we are using the term **virtual video visit** (VVV). VVV is the most descriptive term to explain the format in which clinicians are treating patients. TM and VVV could be used interchangeably.

Q: What are the benefits of providing patient care via virtual video visits?

Virtual video visits provide key benefits for both the patient and the physician. It offers unparalleled convenience, connecting you and your patients from "virtually" anywhere, so transportation becomes a non-issue. Since there are often mobility challenges for orthopedic patients, taking an "appointment" from their home safeguards their safety and lessens the risk of injury. VVV became the only vehicle to properly care for patients during the COVID-19 "sheltering in place" and those physicians who were already treating patients via TM found it a seamless way to continue to practice. Surveys have found that when done well, **virtual video visits drive patient satisfaction, meeting patient expectations for convenience, safety, and quality**.

Q: If I am already comfortable with online social platforms such as FaceTime, isn't that sufficient for me to conduct effective virtual video visits?

While social platforms such as Skype, FaceTime and Zoom were used prior to the COVID-19 crisis. Most of those platforms portray an informality that is probably not appropriate for a

professional clinician-patient interaction. It is important to develop interpersonal relationships to successfully connect with patients. The interactions needed must project respect, empathy, and satisfactory interactions for both the provider and patients. IHC's training will provide a specific focus on communication and team development in using virtual video as a medium for communication, learning and collaboration. This is an evidence-based strategy for teaching communication skills through active participation.

Q: I am not comfortable that the virtual video visit will give me all the information I need to make a diagnosis. Isn't there a heightened risk of misdiagnosis through virtual video visits compared with office visits?

While it is true that some aspects of a medical visit demand direct contact with the patient, many essential factors that involve two-way sharing of information are not impeded by being remote. Recall that most failures with virtual video visits are associated with human factors or interactional skills. The usual tenets of performing an examination in the office still exist with virtual video. In the vast majority of cases, a high index of suspicion of diagnosis exists following the history. The examination and subsequent testing confirm that initial suspicion. However, not all in-office examinations can be eliminated by virtual video.

E1 – Engage

Q: How should I start a virtual video visit?

This is a great question since we are all accustomed to knocking on a door and walking into the exam room. This will feel different for those venturing into the world of Virtual Video for the first time. We know that even the best virtual video platforms will not result in a satisfactory visit if the clinician does not also incorporate effective communication skills. Interestingly, most failures with virtual video are associated with human factors or interactional skills. Engaging the patient and setting the expectations at the start of the visit is important. The visit was probably scheduled by someone in your office. Therefore, at the beginning of the visit say, "*Hello, [patients name], I'm happy that we could meet today. I'm looking forward to helping you. We have [number] minutes for today's visit which should allow us to address your issues.*" During IHC's communication training, you will learn a welcoming ritual that works best for you and feels most natural to connect with your patients.

Q: I already communicate well with my patients. Why should I consider communication skills training for conducting virtual video visits?

Effective communication with patients is an art, so congratulations for being cognizant of owning that important skill set. As you probably know, there is more than three decades of peer-reviewed research demonstrating that effective communication is correlated with desirable outcomes including improved diagnostic accuracy, adherence, and patient and clinician experience, as well as reduced medical errors and malpractice risk.
Your question about why communication skills training would be necessary for virtual video visits is valid. At present, there is a rich literature on the technical, legal and reimbursement aspects of virtual video, yet a paucity of literature focusing on the interpersonal aspects for successful virtual video encounters. The communication skills you use in face-to-face visits to demonstrate empathy, provide motivational interviewing, and reading body language are equally applicable to virtual video visits. The skills you use "in person" do not necessarily automatically transfer to a video platform. There are some unique challenges that can be overcome through heightened awareness and skills practice, such as maintaining eye contact through a video camera, (give example #2, and #3 here).

Q: How can I manage visits where the patient has multiple complaints?

This frustration is shared by most clinicians. One of the most common drivers of patient dissatisfaction is failure to address the patient's agenda and priorities. The secret is to manage expectations at the beginning of the visit. Begin by mentioning the time available. Then asking, "*How can I help you today?*" Use facilitating comments like "*What other concerns do you have?*" until the patient has provided their full list. Then you need to **negotiate the agenda for the current visit** by asking "Since we want to maximize our time together, help me prioritize your concerns. "*What is(are) the most important thing(s) you need us to accomplish today?*" Get the patient's permission to **defer less important concerns to a subsequent visit**.

Q: What about the power of nonverbal communication in face-to-face visits – will I lose that in my virtual video visits?

Many clinicians, especially those who worry about losing the trust we work so hard to achieve with our patients, have this concern when transitioning to virtual video visits. In actuality, many are finding they're able to better discern what the patient may be feeling by watching closely and actively listening during virtual video visits. You have the advantage of being in proximity via screen connection. Subtle facial expressions and upper body movements are transparent. As for your own body language, making eye contact with your patient is imperative. Looking directly at the camera and not the screen takes practice and is key to keep in mind during

virtual video visits. Maintaining an open posture and minimizing movements reflects a calm demeanor and emphasizes you are fully engaged with what your patient is experiencing.

Q: I've been practicing medicine for a long time and reticent to use virtual video visits. Will my lack of confidence and hesitancy be apparent to my patients during the visits?

You are in good company. We all are managing through ways of delivering patient care we never envisioned. Your acknowledgement of the importance of patient perception is critical. In fact, virtual video visit effectiveness is influenced by two important factors: 1) clinician buy-in, and 2) technology competence.

Regarding buy-in, consider longstanding practices that do not involve face-to-face visits, such as authorizing prescription refills, calling a patient by phone and communicating via email or fax. The addition of synchronous video brings us a step closer to a face-to-face visit. Video allows you to utilize the communication skills that already work well while incorporating new techniques specific to this medium. Training content will address your video appearance, distractors, privacy, nonverbal and verbal communication, and strategies to effectively express empathy. IHC's online training will present best practices for a virtual video visit. The goal is to help you adapt and improve your virtual video visit competence and confidence so that your face-to-face and virtual video visits will not compromise the satisfaction you and your patient currently enjoy.

Q: During a virtual video visit, how do I let the patient know the visit is coming to an end?

Without the ability to stand up and walk towards the door, signaling is a real issue. Recall that at the beginning of the visit you told the patient the amount of time for the visit. As that time is approaching, you should be wrapping up the visit. A great way to do this, is to say, "*I'm glad that we had the virtual video visit today and have agreed upon a plan to address your [*diagnosis*]. Before we wrap up, what final questions do you have for me?*" Answer those questions and then give the patient instructions on how follow up will be arranged. If there are a myriad of new questions, arrange for a second visit in the future.

E2 – Empathy

Q: How can I show empathy in a virtual video visit?

Empathy is the strongest driver of patient satisfaction but poses the greatest challenge for clinicians. Empathy involves recognizing, acknowledging, and "feeling" the patient's emotion. We project empathy both verbally and non-verbally.

Verbal empathic statements can be reflective ("*That was confusing for you*"), normalizing ("*It can be hard to keep all that information straight*") amplifying ("*You've tried really hard to follow the instructions*") and validating ("*It's great that you've been able to lose some weight*").

Non-verbal empathy includes maintaining eye contact (in a virtual video visit you need to look directly at the camera), leaning in toward the screen, a facial expression appropriate to what you are hearing ("mirroring") and being sure your tone of voice is consistent with the words you are saying. You do not want to come across as sarcastic or condescending or distracted.

Empathy conveys to the patient that you see them, hear them and are attempting to understand their health issues from their perspective. Demonstrating empathy allows you to connect with the patient and increases the likelihood that they will listen to what you have to say and will follow through on your recommendations.

Q: What is the difference between empathy and sympathy?

Empathy and sympathy are not the same. Sympathy is a verbal or nonverbal response to a patient's feeling without exploring a deeper connection. It is a shared feeling, e.g. condolences ("I'm sorry for your loss). Empathy is stronger than sympathy. Empathy is when you can imagine and validate what the patient is experiencing or feeling, deeply understanding by identifying with them ("walking in their shoes"). **Empathy builds emotional connection**. Empathy may be demonstrated both verbally and non-verbally and has been shown to **increase patient satisfaction and save time** during the visit.

Q: If I can demonstrate empathy during my traditional face-to-face visits with patients, how difficult will it be to do the same during my virtual video visits?

Learning how to connect with a patient and display empathy is an essential skill for all clinicians regardless of the delivery format. Learning how to project this virtually during virtual video visits is the key to success. Projecting warmth and genuine caring is enhanced through touch from many clinicians in the traditional in-person encounter. In the absence of physical touch, it

is more challenging to demonstrate warmth and caring via empathic messages during a virtual video encounter. Through practice of other modes of expression, you can convey empathy. This involves techniques that may be unfamiliar, using intentional verbal and nonverbal expressions to express interest and empathy. Use of **purposeful words of understanding and concern** become more vital when touch is not an option.

E3 – Educate

Q: What are some of the obstacles toward effectively educating patients?

We create barriers to effective education when we overload the patient with too much detail and use medical jargon the patient may not understand in the same way we do.
Using the "Ask-Tell-Ask" technique allows you to start with what the patient already knows, to build on that knowledge, and to assess the patient's comprehension of what you have told them. Use simple language and limit information to discrete "chunks". Most patients cannot retain much more than three "chunks" at a time.

"Ask-Tell-Ask" follows the Agency for Health Research and Quality (AHRQ) recommendations for educating patients with limited health literacy and it also works for highly educated patients, who generally prefer simplified language.

Q: How will I educate patients about their problems when I can't show them models?

Models can be highly effective tools to assist with teaching. They can be used during virtual video just as they are during in-person visits. In addition to three-dimensional anatomical models, brief animated video demonstrations can help to illustrate the patient's problem and the proposed solution. Many virtual video platforms allow you to share your screen with video content. Smart practitioners follow up the virtual video visits, by sending educational links to patients, reinforcing the education that occurred during the visit.

Q: Can or should I record virtual video visits? What about patients recording visits?

This is a great question as recording visits certainly could result in greater educational retention by the patient and improved adherence to the treatment plan discussed during shared decision-making. However, at this time, based upon technological limitations, this is not a reality. If patients prefer to record the virtual video visit, this is something to be discussed with

the patient. Today, some patients are already audio recording their in-office visits. It always a good idea to obtain verbal or written consent prior to any recording.

Q: How can I address patients who have consulted "Dr. Google"?

Most patients have a preconceived notion as to their problem(s). It is common for patients to search online for information that will help them understand their problem and allay their anxieties. The more clearly you understand how your patient perceives their problem, the better you can elaborate on helpful information and explain areas of uncertainty. At the beginning of the visit, it is a good idea to say, "*Lots of my patients go online to check for answers before a visit with the doctor. I'm curious if you would share with me what you are thinking?*"

Q: How can I be sure I'm educating my patients effectively using VVV when they are experiencing so much stress in their daily lives due to this healthcare crisis?

This is a time of unprecedented disruptions for all of us. Our patients are coping with daily stressors that are compounded by health concerns for themselves and their loved ones. Providing education to our patients has never been more crucial. The following guidelines will help you provide education more effectively during your virtual video visits:

1) Especially during highly stressful times, **remember to acknowledge your patient's emotions first** before providing information. If a patient's pain or sadness is not validated, they will not retain the information.
2) Patients generally want three questions answered:
   What is my problem?
   What do I need to do?
   Why is it important for me to do this?
3) When patients feel they are heard and understood, they are more likely to retain and follow through on our recommendations.

E4 – Enlist

Q: Non-compliance is a problem among my patients. How can I avoid that?

We may be inadvertently creating barriers to adherence (preferred term over compliance) by failing to find out the patient's priorities, goals, and values. In fact, compliance is really a legal

term. Police want people to comply with the posted speed limits. With health care choices, we are asking the patient if they can stick (adhere) to our agreement to the plan of treatment (shared decision-making). When we have a strong preference for a certain treatment approach, we may forge ahead with discussing our point of view even though it doesn't match the patient's priorities.

An effective strategy for effective shared decision-making starts with asking the patient, "*What is most important for you?*" When the patient affirms their preferences and priorities, you can then start to set goals and plans for treatment.

Q: How can I send a message that my recommendation reflects best practice during a virtual video visit?

We all recognize the importance of having patients agree and act upon our recommendations. The question about patient adherence is one we grapple with regardless of how patient care is delivered. The literature is rich on ensuring that we take the time to explore goals of care with patients and engage in shared decision-making. When a patient believes you are genuinely interested in what is most important to them, there is a greater likelihood of reaching agreement on recommendations. Doing this in a virtual video visit takes intentional and thoughtful, open-ended questions. **Pause to listen carefully to the patient's verbal response and observe their nonverbal expressions.**

Your nonverbal expression should include maintaining eye contact and gently leaning into the video screen as you talk to them. Verbal examples include: "*What are you hoping for*?" or *"Given what you know about the coronavirus, what is most concerning to you?"* This verbal and nonverbal invitation to collaborate in decision-making around the goals for care will provide you with the information to develop a healthcare plan that the patient will feel committed to follow.