

April 23, 2020

Hi, I'm Dr. Tania Elliott. As some of you may know, I've seen over 7,000 patients through video visits, and so I'd like to think that I've started to nail down the key aspects of having exceptional webside manner when I interact with patients. This takes some practice and getting used to, and I've taken a lot of patient feedback in and trained a lot of doctors on how to have exceptional communication skills through this modality of video consultation. Now, it's different from what we're taught in medical school when we have standardized patient examinations and you're doing this in the office. It's just a bit of a different setup.

First things first in terms of setting up an appropriate background and setting the stage for professionalism. I recommend if you wear your white coat in the office, which I often don't, but if you do wear your white coat in the office, feel free to go ahead and wear your white coat for the video encounter. However you dress, whatever your professional dress is for the office, whether you wear a dress, a shirt and tie, if you wear scrubs, do the same thing for the video consultation. In terms of a background, you can have a white wall, that's perfectly fine. It might be a little bit bleak, so you may want to put a painting up behind that or perhaps a bookshelf, that's perfectly fine as well. One thing you don't want to do is be directly in front of a door. Studies have shown that when a patient sees a door directly behind the practitioner, they feel a sensation that the doctor wants to turn around and leave right away, and so you want to avoid being directly behind a door. It's okay to have a doorway way in your background like I do, but you don't want to be directly in front of a door.

Also make sure that your face is perfectly framed up within the middle of the camera. You don't want to be like this talking to the patient (off to one side). You don't want to be like this talking to the patient (too high, out of the frame), you don't want to be over here (off to the other side). You don't want to be over here (right in front of the camera). Make sure that you're the appropriate distance. Right now, I'm approximately two feet away from the camera. Again, making sure your face is framed and doing a video test beforehand so that the patient doesn't have to wait while you properly position the camera.

The next aspect is eye contact, and this can be really challenging because when you're talking with a patient through video, you want to be looking directly at the patient. So right now, I'm looking "directly at the patient," I'm looking directly at myself. However, I'm not making eye contact with them. I actually have to look directly at the lens of the camera in order to make eye contact with the patient, so it's a little bit counterintuitive. Our eyes often shift to either look at ourselves or to look at the patient directly, but the patient isn't perceiving that you're looking at them directly. Make sure that your eyes are parallel to the lens of the camera. That's how you make eye contact through a video visit, and it makes a big difference; your eyes, your facial expressions, all of those things are more exaggerated when you're on film and when you're on camera. So just make sure that you have nice, warm, kind eyes, you're looking directly at them, and by directly at them, I mean looking directly at your camera and initiating the consultation that way.

Another thing that helps set the stage for a video consultation is to ask their permission or consent. If it's a new patient, you introduce yourself. "Hi, I'm Dr. Elliott, it's nice to meet you," and then the next section is, "Do I have your permission to treat you through this video consultation?" Setting that up is tremendously important because both for the doctor and the patient, this entire encounter is new and so you want to make sure that you frame it up with the same level of respect and professionalism that a patient experiences when they walk into your office.

Okay, so we've checked off background, dress and professionalism, how to frame up the camera, and then we've started to talk a little bit about communication skills, so making eye contact with the camera, again, tremendously important, and then making sure you're keeping your facial expressions in check. Remember, everything is exaggerated on camera. So, you may be scowling, you may be making a certain face, you may be looking away, and all those things are exaggerated when you're on video, so just keep that in mind. Now oftentimes, when you're doing a Zoom, or a FaceTime, or any video modality, you actually have a little cheat sheet for you might not have been aware of, and that's your face in the upper or lower right- or left-hand corner. Every now and then, while you're doing the encounter, glance over at your face, just give it a bit of a reality check. Make sure you're not making any funky facial expressions, and leverage the fact that you can see yourself and get real-time feedback during the encounter. It is tremendously helpful as you continue to hone your webside manner skills.

The next thing that's very important is your clinical documentation and at what point you do that during the encounter. If you decide that you want to do documentation while you're interacting with the patient, that's perfectly fine, but let them know that you're going to be typing while you're interacting with them. I'll often say to the patient, "You may hear me typing right now, and that's because I want to make sure I get down every detail of what you're explaining to me." The reason that's important is that the patient can hear you typing, so if you're going and clicking while the patient is talking, and you're clicking and clacking on your computer, it can be very distracting to the patient. But if you let them know up front, and you set those expectations up front, it oftentimes is perfectly fine. Or the patient may say, "Oh, I prefer that you don't because it's distracting to me," which is okay as well. But again, setting those expectations up front is very important.

Now the other piece is having multiple windows open. Some doctors will have two computer screens up and they're looking back and forth between the two screens, and some doctors have multiple tabs up so they can be typing and talking with the patient and then looking away because they're looking at another tab on their computer screen. Again, it's perfectly fine to do that and to look away, and even look up something while you're on the consult with the patient, as long as you let them know. I will let my patients know, "I just want to make you aware that I have two computer screens up right now, so if you see my eyes darting away, it's because I have your patient record on one side and that's what I'm looking at when you see my eyes move over here, and then of course, I want to make sure that I make eye contact with you." So letting your patients know that or letting them know that perhaps you're looking up the most recent guidelines, all those things are completely appropriate, and well-received by patients. You just want to let them know that you're doing that up front. Again, all these nuanced things are slightly different through video, so you want to just go through this journey together with the patient and set those expectations up front.

Now I've talked a lot about physical examination and how to frame up the visit, and so just to do a bit of a recap, you want to set up the conversation, obtain consent from the patient, ask open ended questions to have them tell you about what's going on and the history of present illness and if they're a new patient, past medical history, medications, allergies. Oftentimes, video encounters will be much more consolidated than an office visit because they're very efficient. You're making direct eye contact with the patient and both of you are getting to the point. So you get that history of present illness, and then you do the appropriate aspects of a physical examination. In order to be effective at that, your patient has to be a partner with you on that journey. Talk them through each aspect of a physical exam. If you're going to be evaluating the sinuses, let them know up front, "We're going to do the sinus

evaluation now. Here's what I need you to do... then we're going to move on to the respiratory exam. Here's what I need you to do." Setting those expectations along the way enables you to get the objective information that you need in order to conduct a successful visit.

The last piece of a video visit is to sum up everything that has occurred. "So, patient, based on your history of what you told me, as well as the aspects of the physical exam, here's what I think is going on." With a telemedicine visit, we may not be able to make the complete diagnosis. We may have next steps that are recommended, whether it's to get a lab test or perhaps it's a higher level of care or higher level of acuity, and all that is perfectly fine. But after you go through this journey with the patient, getting that intake, getting those objective measures of the physical examination, now it's time for the shared-decision making and making that plan and conveying that information to the patient.

The last thing I do for my patients is I write down everything that I've discussed in the form of patient instructions that I then email over to them through their patient portal. Patients find this very valuable because all of this is new for them, and they're struggling to remember everything you say. We know that patients typically only remember about 10% of what we tell them in the office, so let them know that you're going to be writing up instructions for them that have reviewed next steps and all the things that you've discussed during the encounter so that they feel confident that they know what to do next.

That's all for now. Thanks for watching.