We are learning new ways to connect with patients as we move to virtual visits during the COVID-19 pandemic. We want to offer evidence-based practices for effectual virtual visits. We hope these tips help you and your patients to connect effectively.

We realize that many of you may already be familiar with this technology, but for others, this is new.

This guide will:

- Show how to lead an effective video visit
- Help you incorporate the Advancing Communication Excellence at Stanford ("ACES") to foster relationship-centered communication with your patient

TOPICS:

1. Patient Preparation
2. How to Prepare for the Virtual Visit
3. Skillset 1: Starting Your Virtual Visit
4. Skillset 2: Relationship-Centered Approach
5. Skillset 3: Ending the Virtual Visit

VIRTUAL VISIT FACTS:

- Virtual visits do not last longer than in-person visits.¹
- Patients reported equal satisfaction between virtual visits and in-person visits in one study.²
- Setting up the right environment (with good lighting and your video camera at eye level) can improve visit quality.³
- Done well, virtual visits can help strengthen your relationship with your patients.
Before the visit, make sure the patient has instructions for a video visit.

Make sure if the patient is clinically appropriate for a video visit.
- Have a team member call the patient before the visit to gather the relevant information.
- If not, refer the patient to be seen in person.

Help your patient prepare for a video visit.
- Acknowledge that this is a new way to have a patient visit and you are partnering together.
- Instruction sheet:
  - Have patients write down signs, symptoms and questions.
  - Coordinate an interpreter, if appropriate.
  - Make sure patients can set up their computer.
  - Have them run an audio and video test.
  - Suggest they look for private space for the visit.

Your patient preparation checklist:
- Patient medical records - make sure you have the patient’s record number and have reviewed all relevant medical records.
- Patient telephone number - make sure you have the patient’s telephone number ready.

Try to be on time for the visit.
- If necessary, acknowledge the wait.
- Many patients will call in early and will be seeing a blank screen before you join the visit.
# Virtual Visit: How to Prepare

## Manage your workspace:

- **Maximize lighting**
  
  Place lighting in front or to the side of your face, not from behind (your face will be dark on the screen).

- **Minimize noise**

  Close windows, step away from others and find a quiet space.

- **Use headphones (if possible)**

  To ensure you can both hear the patient and be heard.

- **Minimize technical issues**

  Test your computer features (audio and video).

- **Set up your computer screen**

  Organize computer screen documentation and video windows for easy access during visit.

- **Have a drink close by**

  Prior to starting the call, take a sip of your drink. It’s important for the tone of your voice to be clear and being hydrated sets you up physiologically for success.

## Get focused

- Pause before dialing.
- Take a deep breath as you call.
- Start with a positive tone of voice.
How to Prepare for a Virtual Visit

**IMPORTANT INFORMATION**

1. Create rapport quickly. Start with a positive tone.
2. Introduce yourself, your role and any other team members joining the visit.
3. Confirm if this is still a good time to meet.
4. Confirm patient’s name and medical record number.
5. Acknowledge the technology:
   - Make sure the patient can see and hear you well (and vice versa)
   - Recognize that this may be new for them or both of you and you’ll get through it together
6. Ask how your patient is doing, “small talk before big talk”. This is a stressful and challenging time, not just medically, but in life. Ask about how they are doing, acknowledge their situation, then move on to the visit.

**S K I L L S E T: # 1**

**STARTING YOUR VIRTUAL VISIT**

**GREETING & INTRODUCTIONS**

1. Create rapport quickly. Start with a positive tone.
2. Introduce yourself, your role and any other team members joining the visit.
3. Confirm if this is still a good time to meet.
4. Confirm patient’s name and medical record number.
5. Acknowledge the technology:
   - Make sure the patient can see and hear you well (and vice versa)
   - Recognize that this may be new for them or both of you and you’ll get through it together
6. Ask how your patient is doing, “small talk before big talk”. This is a stressful and challenging time, not just medically, but in life. Ask about how they are doing, acknowledge their situation, then move on to the visit.

**CHECKING IN ON YOUR PATIENT**

- Children at home
- Background noises
- Life challenges

**REFLECTION**

Think about how you can elicit the agenda before starting to talk about one particular problem.

- Did you decide together which problems and concerns would be addressed?

**FIND OUT THE PATIENT’S AGENDA**

1. Ask the patient to list all the items important to them.
   Find out what the patient’s needs and priorities are.
2. Ask them for a full list, then say: “What else?”
3. Find out what is their top priority - “Based on the items you have listed, what is your #1 priority that you want covered today?”

**NEGOTIATE THE AGENDA**

1. Establish the patient’s priorities.
2. State your clinical goals based on patient data and medical records.
3. Negotiate a plan based on current symptoms, questions, or concerns.
**SKILLSET: #2**

**RELATIONSHIP-CENTERED APPROACH**

**OPEN THE CONVERSATION**

1. **Be sure to ask open-ended questions** ("Tell me all about...").
2. **Practice active listening**, allow the patients to speak.

**EXPLORE PERSPECTIVES & EMOTIONS**

1. **Ask about ideas** - "What do you think is going on?" (self-diagnosis)
2. **Ask about expectations** - "What were you hoping we could accomplish together today?"
3. **Explore and name emotions**.

**RELECTION**

- Did you explore the patient’s perspective?
- Did you encourage the patient to tell you everything they thought was important?

**RESPOND TO EMOTIONAL CUES WITH PEARLS**

- Notice nonverbal signs, like grimacing with pain or holding body areas.

**PEARLS**

- Partnership
- Emotion
- Apology
- Respect
- Legitimization
- Support

Now you are transitioning to the **data-centered portion** of the video visit, Skillsets 1 & 2 are done in the first 1-3 minutes of the virtual visit and entail gathering the patient’s story.

Tips on the data-centered, medical portion of the visit comes in Skillset 3.
How to Prepare for a Virtual Visit

IMPORTANT INFORMATION

Signal the end of the visit to the patient.
Use the Ask-Respond-Tell (ART) approach to assess the patient’s understanding.
Incorporate the patient’s perspective in summarizing the plan.
Use plain language.
Use teach-back to assure patient understanding.

SKILLSET: #3 ENDING THE VIRTUAL VISIT

PREPARE FOR THE END OF THE VISIT

1. Signal the end of the visit to the patient.
2. Use the Ask-Respond-Tell (ART) approach to assess the patient’s understanding.
3. Incorporate the patient’s perspective in summarizing the plan.
4. Use plain language.
5. Use teach-back to assure patient understanding.

ART LOOPS

Did I ask the patient questions, using ART Loops, that allowed for the patient to understand their condition and treatment plan?

CLOSING THE VISIT

- Be explicit about closing the visit. Thank the patient for their time today.

REFLECTION

Did I use teach back to allow the patient to summarize, in their own words, what their medical plan is from the visit today?
- “When you speak with your family, what will you tell them we discussed today?”
- “I've spoken a lot today, can you tell me in your own words what we’ve decided?”
- Response: “Sounds like a great summary!”
- Share any points that were missed.

MAKE SURE ALL TECHNOLOGY IS CLOSED

- Be sure to check that your video visit is over and closed.

FOR MORE INFORMATION:

For more information about relationship-centered communication resources and coaching, please contact the Physician Partnership Program at:

physiciancoach@stanfordhealthcare.org