

Using telehealth offers many benefits for clients, their family, and health care providers. There are many components to consider for a successful virtual visit. This fact sheet consolidates visit etiquette for health care providers.

	BEFORE THE VISIT	DURING THE VISIT	END OF THE VISIT
Virtual health visits	 EPORE THE VISIT Ensure all staff are trained on the system and are confident in the use of it – including doing a trial run with a coworker to ensure capability as well to practice where to look on the screen. Phone the client a few days to a week prior to the video visit, to schedule visit and obtain and document verbal consent. During a public health emergency, verbal consent is permitted. Written consent is needed otherwise. Consider a mock run with the client to ensure proper equipment, operating systems, camera, speakers and any apps that may be needed. Have instructions close by in case you need to assist the client. If possible, send easy-to-understand instructions with screen shots to client or caregiver electronically. Provide information about the video visit, including: 1. name of provider, 2. duration of the call, and 3. what to do if the video becomes disconnected. Call the client a few minutes before the scheduled video visit to confirm that they have successfully connected to the software. 	 DURING THE VISIT Lean in or out to match the size of your faces in the screen. This shows respect. Acknowledge the awkwardness/ strangeness of virtual care. Check in with the client: "Can you hear me and see me? How are you feeling with this set up?" Confirm their phone number and reassure the client that if they are disconnected, you will call them back. Give permission to interrupt any time if they need to stop or have questions. Provide an overview of the visit: "We will have 30 minutes together and will start our visit by checking in about any concerns you might have. Then we can discuss how things are going." Seek consent, unless already received. Be aware of your facial expressions. Let the client's eyes (camera); not around the room. Explain if you need to look away. Speak in normal tone, avoid shouting. Ask if they are okay to continue if anyone else enters the room. Document if vitals are taken on client's own device. Watch for signs your client is struggling (shifting in seat, avoiding the screen); acknowledge this is difficult, change subject if needed, thank them for sharing. Give client a 5-minute warning before the end of the appointment. Ask if there is anything else they would like to discuss for the last 5 minutes. 	 END OF THE VISIT Share what was discussed, the plan and next steps. Schedule the next visit. Check in with the client before signing off "Do you have any concerns or questions before we close?" "Is there anything that would be helpful for me to know to support you in order to prepare for our next visit?" Document the visit and identify how it took place. Some details to include: A statement that the service was provided using telemedicine The location of the client The location of the provider The names of all persons participating in the telemedicine service and their role in the encounter Document consent and how obtained Evaluation Gather user experience from clients and/or caregivers and staff (such as via surveys) to understand what worked well and what might need refinement.



 Ask two client identifiers prior to starting the visit (e.g., name and address or phone number). Identify yourself and show picture ID to client. Use headphones as this decreases the chance of an echo. Make your background neutral and wear solid coloured dothing. Consider what the client will see. Use warm light to create an inviting environment, avoid sitting with a window behind you. Turn off all notifications e.g., email, Skype. Ensure you have a private space for the visit. Set up the tablet/computer so you will not need to move it or play with it during the meeting. Elevate your camera so you are looking into the client's eyes and not down or up at them. Explain the process and who will need in advance to limit movement. Prepare what you will need in a diversement and understands. Prepare what you will need in head to expect and ensure the client is in agreement and understands. Prepare what you will need in head to weak and head to weak an head head to when the visit.



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Phone health visits	 BEFORE THE VISIT List topics and questions you need to ask during the call. Find a quiet place, minimize background noise, ensure good phone reception. Restrict distractions and be focused. Give your undivided attention (to show respect). Turn off any other phone device, including alerts for emails as this could be disturbing and distracting. Obtain and document verbal consent when setting up the appointment. Plan to smile during every call, as smiling can naturally improve the voice to make it seem more energetic and friendly. Sit up tall in your chair or stand during the conversation. Do not lean back in your chair as it will change the way you talk. 	 DURING THE VISIT Be on time. Welcome callers in a friendly, professional manner with your name and role. Ask for two client identifiers prior to starting the visit (e.g., name and address or phone number). Confirm if this is still a good time for your conversation. Explain how long you have with them today and your understanding of the reason for the call. Ensure client also understands the same. Call client by their name. Speak slowly in a low tone; adjust volume as needed based on client's hearing needs. Adults pay more attention to the tone of your voice than they do to the words you use. Remember - your voice is the only thing that connects you to your client. Use plain English: no abbreviations or medical terms without explaining them. Use active listening skills: take notes, repeat key points once client finishes speaking, ask questions to clarify your understanding. If you must interrupt the conversation, say to the person, <i>"Please excuse me for a moment I'll be right back."</i> And when you return, say, <i>"Thank you for waiting."</i> Avoid filler words like 'um' and 'uh'. This could send a signal to the other person which says "<i>I'm still thinking, and I'm not willing to pass the conversation back to you just yet.</i>" It can convey that you are confused and still thinking of what to say next. 	 END OF THE VISIT Share what was said, the plan and next steps. Schedule the next visit. Allow client time to respond with any differences in understanding. Check in with the client before signing off: "Do you have any questions or concerns you have before we say close?" "Is there anything that would be helpful for me to know in order to prepare for our next visit?" Remind your client that you are there to support them and will be with them through this. Close the call in a friendly, professional way. "Thank you Mr. Smith for your time." Wait for the client to hang up first. Document the visit and identify how it took place. Some details to include: A statement that the service was provided using telephone The location of the provider The names of all persons participating in the telephone call and their role in the encounter Document consent and how it was obtained



Further Reading:

Ariadne Labs: <u>https://www.ariadnelabs.org/wp-content/uploads/sites/2/2020/04/COVID-19-Telehealth-</u> <u>Communication.pdf</u>

Center to Advance Palliative Care (2020). Using Telehealth. Retrieved April 2020 from: <u>https://www.capc.org/toolkits/covid-19-response-</u> <u>resources/?utm_source=Center+to+Advance+Palliative+Care&utm_campaign=042acc4bec-</u> <u>PIP+4.29.2020&utm_medium=email&utm_term=0_31106acbde-042acc4bec-369066961</u>

Home Centred Care Institute (HCCI): Special COVID-19 Webinar: Navigating COVID-19 Challenges with Telehealth - May 2020: https://education.hccinstitute.org/Public/Catalog/Details.aspx?id=0N8t6uGVewoZVY8beqDlgQ%3d%3d

Provincial Health Services Authority (2020). Covid-19 Virtual Health Toolkit. Retrieved April 2020 from: <u>http://www.phsa.ca/health-professionals/professional-resources/office-of-virtual-health/covid-19-virtual-health-toolkit</u>