

Telehealth Tip Sheet: Phone and Video Visits

BEFORE THE VISIT: PREPARATION

• Scheduling	For scheduling, if possible best with a provider known to patient
• Chart review	Review key interim history
• Documentation	<ul style="list-style-type: none"> • Start the clinic note or add to the template started by the nursing staff who made initial contact with the key interim history • Create a mental agenda, if not written outline, in your HPI prior to calling
• Self-preparation	<ul style="list-style-type: none"> • Take a breath to ready yourself for the call • Make sure you are comfortably seated before you call the patient • Check that the background in your video is not distracting • If possible be away from noisy areas – such as others talking or on camera

KEY COMMUNICATION TIPS FOR PHONE AND VIDEO VISITS

• Maintain full attention	<ul style="list-style-type: none"> • Remove all distractions, and avoid multitasking (checking emails, etc) as patients can pick up on this
• Convey attention and interest	<ul style="list-style-type: none"> • Use warm tone of voice throughout • Use verbal listening acknowledgments such as uh-huhs, okay, etc <p>For video, use explicit non-verbal listening such as eye contact and nodding</p> <ul style="list-style-type: none"> • Summarize periodically
• Pacing and language	<ul style="list-style-type: none"> • Speak slowly and clearly • Avoid jargon unless necessary • Pause after asking questions • Pause for patient questions and elaborations more frequently
• Explicit empathy	<ul style="list-style-type: none"> • Listen/watch carefully for patient emotional cues – including pauses or hesitation • Increase explicit empathic statements especially on phone since patient won't see nonverbal empathy <i>"Gosh, this sounds really tough."</i>

BEGINNING THE CALL

• Introductions	<p>Identify patient <i>"I just need to confirm your full name and birth date"</i> and (re) introduce yourself;</p> <ul style="list-style-type: none"> • Check that this is a good time for patient to talk • Make certain that they are in a safe place and conversation can be confidential • Warm greeting: Smile (will come through in tone of voice) and make sure you indicate you are happy to talk to the patient
• Initial check in	<ul style="list-style-type: none"> • Check that patient can hear/see you • Indicate how you will re-connect with patient if disconnected • Rapport building <ul style="list-style-type: none"> ○ Especially during Covid19 ask how patient is coping ○ Connect on a personal level
• Orientation	<ul style="list-style-type: none"> • Describe your understanding of visit purpose (from MA, MyChart, etc). If relevant, describe visit duration • Documentation: If documenting during conversation, explicitly state that you will be typing the information during the visit and sharing notes in MyChart after the visit

GATHERING INFORMATION: HPI etc	
• Agenda setting	<ul style="list-style-type: none"> • Elicit list of problems/concerns patient wants to talk about up front • Add what you want to talk about • Negotiate what can and cannot be covered in this visit
• Asking questions	<ul style="list-style-type: none"> • Speak slowly, clearly and pause after asking questions • Avoid jargon • Listen attentively • Clarify what patient says using clarifying questions, repetition and summary
• Signposting	<ul style="list-style-type: none"> • Explicitly identify when moving from one topic to another • Tell patient when you are looking at or writing in the chart
SHARING INFORMATION: PATIENT EDUCATION	
• Structure the conversations	<ul style="list-style-type: none"> • Signpost the number and types of issues you will be talking about for easier tracking. <i>I want to talk about 3 things: your test results, your medications and where we go from here</i> • Indicate when moving to new topic “<i>Now that we have discussed your test results I want to move on to talk about what this means for your medications</i>” • Summarize frequently
• Minimize information density	<ul style="list-style-type: none"> • Speak slowly and clearly • Shorten your educational spiels. Break up your explanations into short chunks. Repeat them if necessary.
• Elicit patient input frequently	<ul style="list-style-type: none"> • Assess patient knowledge before new topic “<i>What do you know about diabetes</i>” • Periodically check patient understanding and concerns about information • Check for patient questions frequently “<i>What questions do you have so far?</i>”
• Documentation	<ul style="list-style-type: none"> • Can type in AVS the instructions for the patient to have them available in MyChart after the visit.
• Teach back	<ul style="list-style-type: none"> • Teach back: Eliciting patient understanding is particularly important when you can't see them. Ask them to summarize their understanding of specific, important things such as next steps, management options or home care
CLOSING THE VISIT	
• Orientation	<ul style="list-style-type: none"> • Orient the patient to the end of the encounter “<i>We have just a few minutes left and I want to summarize and plan next steps.</i>”
• Review	<ul style="list-style-type: none"> • Be clear about the plan. Review what you discussed during the call • Establish what will happen after you hang up (follow-up, next steps, etc). • Identify who to contact with additional concerns • Elicit any additional questions
• Documentation	<ul style="list-style-type: none"> • Encourage the patient to sign up for MyChart- to facilitate ongoing communication. • If you have the capability, send an After-Visit Summary through the portal so that patients will have something in writing from the phone visit. • Order the Follow-up visit either via phone, video, or in-person and write it into the AVS. • Look at how long the telephone conversation was to document time prior to ending the call.