



Creating Human Connection in Virtual Settings

A Guidance Document for Health Care Professionals

Due to the COVID-19 pandemic, many patients and clinicians are participating in virtual office visits for the first time. While there are many benefits to virtual visits, you may be concerned that virtual visits lack one of the most rewarding parts of meeting with patients in person—the relationships patients and clinicians form with one another.

Creating human connection in virtual settings is possible. This guidance document, created collaboratively by patients and clinicians based on their experiences, aims to help clinicians navigate this new terrain and make virtual visits as effective and enriching as possible.

Use the tips below to hold virtual visits that establish bi-directional connection and allow you to both communicate clearly and tailor care to individual patients. You can also find a free Telemedicine 101 patient fact sheet at www.x4health.com/covid19.

Prepare for video visits:

- Ensure you have a stable internet connection.
- Position yourself to face a light source so that your face is visible and well lit. It will be important for patients to see your face clearly in order to establish rapport. Avoid being lit from behind, such as with your back to a window, because it will cast a shadow making it difficult to see your face. Close drapes or blinds to prevent glare.
- Adjust the camera so that you fill the screen as much as possible and aim to have your camera at eye level.
- Be mindful of what shows up behind you on video. Aim for soothing colors (ideally blue, green, or white) and avoid visible items that might be distracting (such as open doors/windows or anything that moves, such as digital photo frames and clocks).
- Create a quiet space around you. Close the door to the room where you are conducting virtual visits to provide the best possible audio. Turn off potential noise distractions such as cell phones, pagers and PA system, email notifications, pop ups, etc. if possible. Remember that microphones pick up a lot of ambient sound.

- Create a back-up plan if your video feed fails. Make sure you have patients' phone numbers on hand so you can call them if you are disconnected.
- Be aware that you may need to be able to look at the camera while typing with both hands and set up your camera accordingly. This may mean you will need a stand for your device.
- Be prepared to help trouble-shoot technology for your patients, if needed. Ask your organization for a trouble-shooting tip sheet and keep it with you during video visits.
- Encourage patients to wear earphones if they are connecting (calling/logging on) from a place where they want to maintain privacy.

Acknowledge the environment:

- Acknowledge that virtual visits may be new to the patient and welcome them to this new environment. If you are new to virtual visits, acknowledge that as well. Say, *"We'll figure this out together."*
- Be sure to check in with patients on volume level: *"How's the volume? Can you hear me?"* Encourage patients to let you know if they can't hear you for any reason: *"If the connection gets broken up, please interrupt me and let me know. Or raise your hand to get my attention."*
- Make sure to invite patients to ask any questions or express any concerns they have about a virtual visit.
- Explain that exam details will be kept confidential just as they would be in an office visit. Also, acknowledge that patients may be in environments that are not 100% private, so they should feel free to not answer private or vulnerable questions if they are concerned about privacy.
- Share parameters with the patient such as how long the visit will last, identify any other team members who are participating and their roles, explain what will happen at the end of the visit, etc.

Be intentional:

With virtual visits, you lose the opportunity to offer a handshake as you welcome patients to the office. As a result, it can be tempting to quickly move into assessment mode, forgetting about the importance of establishing connection at the top of visits. Virtual environments require that you are intentional about connecting with patients and building relationships.

- Find ways to start the conversation with connection, like sharing about yourself. For example: *What a crazy time we're going through. I know for my family and I, we're all feeling stressed and overwhelmed.*

Here are some other ideas you can use or adapt:

- *How was this last weekend / What plans do you have for this upcoming weekend?*
- *What has been keeping you busy this week?*
- *What's been the best part of your day so far?*
- *I really appreciate you taking the time to connect—what do you have planned for the rest of the day?*
- *COVID-specific: How have you been holding up with how wild these times have been with COVID? How are you passing the time?*
- Express empathy and actively show respect to further develop the connection. For example:

- *“I can understand why you would feel [____]...given what you’re going through. I know this is not easy.”*
 - *“I respect your ability to keep a positive attitude.”*
 - *“You have been through a lot. I am impressed by how you’ve handled this.”*
- Acknowledge that the COVID pandemic has created challenges and check in on patients and family members. Be on the lookout/“listen-out” for ways that living circumstances that affect health are changing.
 - Be overt about agenda setting in every visit and carve out time and space to check in on general well-being.

Ramp up your active listening:¹

- Be proactive about listening carefully, reflecting back what you hear, and asking open-ended and probing questions. Virtual visits often do not provide the same visual information you receive in office visits, so this will help you gather vital information. Examples include:
 - *“I understand. What I'm hearing you say is...”*
 - *“Tell me more about...”*
 - *“I wonder if you...”*
- Active listening can be difficult for some people to do while typing. Consider whether you can do both, and if so, acknowledge that you will be typing while listening. Be mindful of how loudly you type.

Slow down:

- Slow down and take the time to understand patients’ values, preferences and life circumstances. Because patients are not in the room for virtual visits, these visits run the risk of being depersonalized. Be sure to include discussion about known drivers of health and ask patients to share feedback about potential care plans. You can engage in dialogue using questions such as:
 - *What short-term goals do you have for managing your condition?*
 - *What are some different ways you can accomplish the goal we established? Share anything that comes to mind.*
 - *What might make it harder for you to follow the guidance we have discussed?*
 - *There is more than one way to go about this treatment option; what is the best in your opinion?*

Build in time for feedback and questions:

- Ask for feedback by saying things like: *“Do I have that right?”* and *“Are you comfortable with this approach?”*
- Be proactive about letting patients know the visit is coming to an end, since virtual visits do not include visual cues like standing up and moving toward the exam room door. Framing like this can be helpful: *“I want to be sure we discuss any questions you have before the end of the visit in a few minutes. What questions do you have about the plan we discussed?”*

Use verbal and nonverbal cues:

¹ [Am Fam Physician](#). 2017 Jan 1;95(1):29-34.

- Remember that patients cannot see you on a telephone-only visit, so make it clear that you are following what they are telling you: “*I heard you say....*” “*I see.*”
- Lean forward and maintain eye contact, when on video calls. This can be tricky, especially if you use two monitors, or if you are not used to looking at the light on your camera, so take some time to practice. Eye contact is one of the most effective ways to build connection and relationships in virtual environments.

Be creative:

- Pay attention to patients’ mood/affect, note whether they are breathing comfortably while speaking, whether they seem in pain, etc.
- If you think patients will be receptive, and you feel comfortable doing so, you can get a better sense of their physical environment by saying things like: “I really appreciate being able to see your home—is that your kitchen behind you?”
- Think of other team members as “relationship extenders.” Encourage Medical Assistants to ask patients about family issues, home circumstances, and resource constraints and then route that information to the rest of the team to drill down for more details.

Invest time in end-of-visit wrap ups:

- Summarize and review the action plan together before the end of the visit. Because you can’t hand patients an after-visit summary after virtual visits—and emailing may also not be an option— it’s doubly important to do so and agree on how the next visit will be scheduled (contact us, versus we’ll call you).
- Coordinate with your staff after the visit to schedule follow ups.

For more information:

[Jennifer Sweeney](#), X4 Health

[Brian Park](#), Oregon Health & Science University

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