

1.0 Best Practice Tool for “Webside” Manner

The following recommendations are considered best practice, but may not apply to all contexts and clinical scenarios.

There is evidence that patient outcomes and satisfaction after virtual visits are equal to in-person encounters. However, patient's expectations regarding in-person care versus virtual care differ. While patients may be willing to wait in waiting rooms at their family doctor's office, patients may not be as willing to wait as long in a virtual waiting room. Patients expect their virtual visit to be on time. Explore what options work best for your practice/program. For example, think about having an administration resource send a message to patients in the waiting room prior to their visit if there is an anticipated gap between the scheduled visit time and the time the clinician can join.

Face-to-face interactions with patients provide many visible cues that assure patients that they are in a professional office to see a medical doctor or other health care professional. Most of those cues are absent in virtual care. In addition, because video connections do not allow patients to see either the health care provider's screen or surroundings, the patient will not know where your gaze has gone when you are not looking them in the eye. That impairs your ability to engage sufficiently to win patient trust, which is particularly important when you do not have an existing relationship.

Consider these key recommendations to optimize your “Webside” manner:

1.1 Start the Call with Clarity and Purpose

- If you do not know the patient well, be sure to introduce yourself. Clearly state the purpose of the visit and explain what you expect to happen during the session. Acknowledge that the visit will be different than an in-person visit, and be sure to ask the patient if they have questions or concerns about conducting the visit virtually.

1.2 Make Eye Contact

- You cannot actually make eye contact because you are not in the same room, but you should look at the camera and position it so that it appears to the patient that you are looking right at them. This takes a bit of practice. Try some practice sessions with members of your team who can provide feedback.

1.3 Use Your People Skills

- Social rules about politeness and manners apply here. Be kind and warm, just as you would be in person. Use the patient's name often during the conversation. Listen intently to what they have to say and give them your full attention. Remember that talking over a patient during a virtual visit detracts from the relationship. This is especially important if there is a slight audio transmission delay.

1.4 Eliminate Distractions

- Patients want to know that they have your full attention during the visit. Make sure that ringing phones, email and other software notifications, staff members, and other distractions do not interrupt your visit. Keep your background in mind. Choose a simple wall or decoration--nothing too cluttered or bright.

1.5 Consider Non-Verbal Cues

- It is impossible to shake someone's hand through the monitor, yet handshaking and discreet physical contact can help establish trust and closeness. It helps to simulate physical contact by offering a handshake gesture or a friendly wave toward the camera. Although you will not actually be touching the patient, they will appreciate the thought and effort.
- Remember that the patient can see you at all times. Your facial expression is important. Be generous with up-and-down head nods.
- You may be sitting down during a video visit, but good web-side manner dictates that you not slouch or lean to one side. Your carriage should be as professional as during an in-person encounter. Sitting up straight shows the patient that you are engaged in the visit and have their full attention.
- Using your self-view window to ensure that you stay 'framed' within the video is helpful.

1.6 Don't Let the Session End Abruptly

- If you run out of time and end the session abruptly, it may feel to the patient like you have hung up on them. Be sure that you schedule enough time to wrap up the visit by answering the client's questions, restating the treatment plan, and outlining next steps.
- If the call disconnects due to network problem or power loss, be sure to reach back out to the patient or care team as soon as possible to:
 - close out the visit by reinitiating the virtual visit if possible,
 - by completing the appointment by telephone, or
 - to rebook a time to complete the virtual session.

1.7 Room Tips and Considerations for Virtual Group Education

- A private room with door to reduce background noise and visual distraction. A shared space with privacy screen is much less ideal.
- If the clinician is moving around the room to provide demonstrations (ex. Exercise therapy), a wireless headset with mic may be beneficial in addition to a good quality webcam (1780p +) with a remote or one that is moveable/adjustable.
- For hybrid sessions, where some participants are attending in person and others are attending virtually:
 - Use a room with sufficient space for the in-person attendees
 - Ensure there are ample microphones in the room to enable remote participants to hear questions from in-person attendees
 - Screens that can be connected to a laptop may be beneficial for sharing visuals
 - A desk or other flat surface for the laptop, close to an electrical outlet
 - Stable internet connection
 - A cell or desk phone in the event of emergency

1.8 General Tips and Considerations

- For a scheduled visit, if the clinician is running late or the group session will not start on time, consider having an admin or other resource inform the participants.
 - For instruction on performing this task in Zoom via the chat function, please see pg. 45 of the [PHSA Zoom for Virtual Health Visits Manual](#).
 - For BC Virtual Visit, admin personnel would need to start the visit to deliver the message verbally and then place the call back in the waiting room.
- Desktop computer with dual screens may be preferable but a single screen or laptop can also be used.
- Use a professional/neutral backdrop and good lighting.
- Close blinds/privacy screens on any windows.
- Dress professionally.
- If you use a separate web camera, position it so that the camera is directly above the computer window with the patient's video image. This allows you to always be looking directly at the patient.
- Have your self-view on.
- Make extra effort to engage with the patient at all times, and assure them that they have your full attention. This includes eye contact, body language and attentiveness.
- When looking away from the camera, be transparent and describe any actions to the patient (e.g. to look up test results, view medical images, or access resources).
- Collect/create patient education texts and web links to share after the encounter to replace what you can show to patients when you are seated in the same room.
- Take turns speaking and speak slowly and clearly.
- Choose an appropriate place, where this remote exchange can happen privately. For example, in a room that is located in an area where private conversations will not be overheard by others and a room where the door can be blocked/locked, so others cannot enter. Be aware that actual privacy and confidentiality is just as important as perceived – if a patient can hear or see others outside your office, it may give the perception of lack of privacy and confidentiality, even if the virtual conversation cannot be overheard or seen by others.
- Use headphones to ensure others in neighboring offices cannot overhear conversations.
- Do not activate video sharing immediately when joining the virtual visit; instead, turn on at the point of business or clinical need (e.g., for wound observation) and only screen share for as long as needed.
- In the event of screen sharing, ensure all non-related patient records, programs and files are closed prior to initiating call; ensure all alerts disabled or applications that could have confidential content or pop-ups (e.g., Outlook) are closed.
- To prevent unwanted screen-sharing in the Zoom application, select beside Share Screen and under Who Can Share set to Only Host. Additionally, reduce computer screen resolutions (e.g., 1280*800 or less) when screen-sharing to optimize viewing and bandwidth. In the BC Virtual Visit application, only the health care professional has the ability to share their screen. Prior to sharing your screen, confirm you have selected the correct monitor, and that no confidential information is visible on that screen.
- Disable virtual background unless it is required for therapeutic purposes (E.g. a solid-colored background may decrease visual clutter, a green screen with house image to play hide and seek for pediatric patient engagement). Consider benefits and risks prior, discuss same with the patient, and obtain patient verbal agreement to use a background. Start it after the patient has joined and can see the actual background first.
- If you need to step away from the visit, communicate this with the patient including when you (or the next staff) will join the virtual visit again. Consider turning off your video, as well as muting your microphone.
- If, during a virtual visit, it is determined that either an in-person visit, or an admission/transfer is required, these arrangements must be made and promptly communicated to the patient/guardian.

- It is important to practice with the Virtual Care tool ahead of time to become comfortable with the technology.
- Health care providers using virtual care solutions should have completed appropriate training and be familiar with the technology, including what to do in the event of technological issues arise.

2.0 Definitions

- **Patient:** A potential or actual recipient of virtual care services. For the purposes of this document, 'patient' includes 'client' and 'resident'.
- **Staff** - all employees (including management and leadership), medical staff members (including physicians, midwives, and dentists), nurse practitioners, residents, fellows and trainees, allied health care professionals, students, volunteers, contractors, and other service providers engaged by Island Health. Also referred to as "employees".
- **Virtual care** - the use of any technology (e.g. telephone, private messaging, videoconferencing) to support health care providers to collaborate and deliver remote care to patients.
- **Virtual visit** - refers to a technology-enabled remote interaction between health care provider(s) and patient (s) to address the patients' health.

3.0 References

Canadian Medical Association. (2021). *Virtual care playbook*. https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Ministry of Health. (2020). *Appropriate use of virtual care – draft*. <https://connect.islandhealth.ca/depts/vc/Shared%20Documents/Standards%20and%20Guidelines/Guidelines%20and%20Clinical%20Guidelines/MoH%20Virtual%20Care%20Policies%20and%20Guidelines/2020-06-19%20-%20Appropriate%20Use%20Guideline%20draft.pdf>

Provincial Health Services Authority. (2021). *Virtual health handbook*. <http://www.phsa.ca/health-professionals-site/Documents/Office%20of%20Virtual%20Health/Virtual%20Health%20Handbook.pdf>

4.0 Resources

- [PHSA Zoom for Virtual Health Visits Manual](#)