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Views and Perspectives

Headache Virtual Visit Toolbox: The Transition From Bedside Manners to Webside Manners

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The COVID-19 health emergency has led many Headache providers to transition to virtual care overnight without preparation. We review our experience and discuss tips to bring humanity to the virtual visits.

Key words: bedside manners, webside manners, compassion, virtual visits headache toolbox

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INTRODUCTION

Human presence is intrinsically engrained in the way we practice medicine. Being physically present for our patients throughout their medical trajectories is much more comforting than words alone. When we sit together with our patient, it allows all of us to establish a connection. *Harrison's Principles of Internal Medicine* begins by acknowledging that despite more than 70 years of scientific and technological progress since its 1st edition, "a trusting relationship between physician and patient still lies at the heart of successful patient care."

Most of the diagnostic process comes through observation. Dr. Norma Braun, a Clinical Professor of Medicine at St Luke's Hospital in New York City with 55 years of experience, always tells her mentees: "You have to watch and see; and listen and hear." When greeting our patient in the waiting room, we observe their posture, the way they stand up, their gait, their handedness, whether they have company, whether they are struggling with the intake form, listening to music, reading a book, or playing with their phones. As Dr. Ronald Epstein describes in *Attending: Medicine, Mindfulness, and Humanity*, accompanying patients back to the waiting room after a visit shows them that we will continue to be there for them.

Transitioning from in-person visits to virtual visits without training due to the COVID-19 health emergency came as a shock. Even *Bates' Guide to Physical Examination and History-Taking* does not guide us (yet) as to how to conduct a thorough virtual visit. In our field, there is paucity of literature on the topic.[1-3] One of the authors, OBdD, noted how she felt naked without her ophthalmoscope or reflex hammer, but

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the issue was much deeper than that. That 1st virtual visit during the COVID-19 health emergency showed OBdD how much she relies on body language, the exam, and observation to build a human connection and make a diagnosis. The authors (OBdD and CB) have spoken of wanting to pass a patient a tissue when hearing sobs –and being unable to do so. OBdD and CB felt reassured that some of their colleagues had the same experience about the impersonalizing nature of virtual visits. Hence, OBdD and CB have decided to share the techniques they use to attempt to bring some humanity between the distanced screens.

CONSENT

The authors start each visit by 2-way patient identification and oral consent to participate in a telehealth visit. They discuss that the visit will not be recorded in any way. If a patient asks, they recommend against recording the visit and offer to invite family members to join the telemedicine visit if the patient needs extra support. They also recommend asking patients if there are anyone else in the room with them, out of the range of the camera.

VIDEO

The authors find it easier to build human connection with video visits than phone visits; it is genuinely heartwarming to make eye contact and be able to see patients' facial expressions and responses. Even if virtual, video capability enables communication via body language. Providers have to be mindful to look at the camera directly and not at the screen where the patients' eyes appear so that providers appear to look in their patients' eyes.[4]

In addition to helping with empathy, video capability might help providers observe acute events such as observing facial autonomic symptoms during a cluster attack. OBdD witnessed transient expressive aphasia during a patient's migraine attack; a finding only reported by history previously.

Waiting room observations are now replaced by glimpses into patients' lives at home. Providers gain a better understanding of patients' screen setup at home, their postures, the lighting, and the conditions in which they live. It can be fun to meet patients' family members and pets. Patients can see the providers' homes too. CB has had patients comment on wall art, including prayer flags, in the background. There is a duality in the connection that is entirely different than the anonymity of a waiting room.

As providers work to get their documentation done, they have learned to focus on looking at the camera and engaging with their patients who describe their fear, anxiety, and uncertainties in addition to their medical issues.

Table 1.—Tips to Strengthen Human Connection during Headache Medicine Virtual Visits

- Identify all the participants of the visit, including those not in camera range and the loved ones whom patients want to add to the virtual visit remotely
- Favor video visits to be able to communicate with body language and observe patients' facial expressions
- Ensure patients feel safe and comfortable with their virtual visit set-up. Otherwise, offer to reschedule the visit
- Ensure a neutral background and peaceful set-up on your end
- Mute all potential distractions: email, phone, beepers
- Acknowledge the inherent limitations of virtual visits
- Ask patients how the COVID-19 health emergency has impacted their lives. Be ready to offer resources on ways to cope with the situation
- Look directly at the camera to make virtual eye contact
- Smile and use positive body language
- Pause to recollect your thoughts and to show patients you are actively listening
- Show support by sending patients visit summaries and offering sooner follow-up appointments if possible
- Maintain healthy habits and practice self-care
- Be comfortable with the telemedicine technology you are using
- Get feedback from patients and discuss the transition to telemedicine with colleagues

SET-UP

Set-up is crucial. The clinic room provides a safe and neutral space away from home where people can feel free to discuss their deepest concerns in a private manner. Patients' children, partners, and pets may wander in. One patient was shouting from the bathroom as the visit started. It is important to be flexible and reschedule if needed. Patients might not feel comfortable talking in front of family, pets might interfere. One patient held her computer as she

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prepared a cup of tea; she was gently prompted to sit and focus on the visit and save the tea for after. One patient had to do a virtual visit in his car, the only place where he could have privacy. As difficult as it can be for patients, providers might gently recommend that they adjust their lighting if possible, so providers can see them.

The authors have learned to think about their own setting, comfortable chair, agreeable lighting, and a peaceful background. Although patients do enjoy a glimpse into their providers' worlds and telehealth platforms offer the option to add sometimes creative virtual backgrounds, the authors recommend keeping the background as neutral and non-distracting as possible. As providers, the authors want to remain as professional as possible and maintain the focus on the visit itself. The authors ensure to have adequate lighting on their faces and ask patients if they are comfortable.

ACKNOWLEDGING THE SITUATION

Contrary to starting in-person visits by an open-ended question on the chief complaint, the authors start virtual visits acknowledging the inherent limitations of virtual visits and asking patients how the COVID-19 health emergency has impacted their lives. Sickness, lost loved ones, new unemployment, uncertainties, and fears must be addressed 1st. The socioeconomic changes might impact illness. For example, the increased stress from sudden unemployment and irregular schedule at home might worsen headaches. Being ready to provide patients with resources on different ways to cope with the situation helps.

COMMUNICATION

Slowing down and pausing is key. Those pauses also help us as physicians to recollect our own thoughts and assess emotional reactions to the situation. The easy back-and-forth of conversation can vanish in a virtual visit. Space helps patients process the information and shows them that their providers are actively listening. It is important not to interrupt. We work to stay focused and present during the visit as much as possible, avoiding any distractions. Turning off email, phone, and beeper notifications helps. As challenging as it can be for providers to get used to the process and tempting to squint eyes to better see the screen, it is important to smile and keep a positive body image. Maintaining a good posture is important. Looking close to the camera might look intimidating. The authors wave goodbye at the video camera at the end of the visit as they remove the patient from the meeting room so that we use positive body language.

SUPPORT

The authors make an effort to offer follow-up appointments sooner than after in-person visits to ensure that patients have all the support they need. As providers get used to practicing telemedicine, patients also have to get used to the process and may not feel comfortable sharing all their concerns during their initial virtual visits. The authors send a visit summary through the electronic medical record messaging system to provide some guidance and support. Regardless of the visit setting, providers must strive to meet patients' reasonable expectations.[5]

SELF-CARE

Building a human connection with patients is one of the biggest highlights of being a healthcare provider. Feeling distanced from patients and colleagues can be emotionally difficult. Maintaining healthy habits and social connection with colleagues is important. The authors have started sharing their mindfulness practices with each other, talking about new ways to stay well and move their attention from the nearly unbearable stress everyone carry in this pandemic.

PRACTICE

It is important to be comfortable with the virtual technology you are using. OBdD practiced with colleagues and watched a recording of herself before starting. CB sought detailed training from the hospital virtual visit support staff. The authors have benefited tremendously from patients' feedback after concluding visits saying "it was great meeting/seeing you although virtually." The authors welcome patients' ideas on what they can do as providers to make the virtual visit process easier for patients. Engaging in a partnership

around this new care delivery model transforms the experience and helps to improve the duality.

CONCLUSION

This fundamental change has forever altered the way providers practice medicine. It happened overnight due to the COVID-19 health emergency, but providers must ensure medical students and trainees get adequate education on the topic and can practice virtual visits in simulation labs to feel comfortable.

It is crucial to maintain a human presence during virtual visits. Ways to maintain human connectedness during a virtual visit include video capability, setting up a comfortable for both patient and physician, being prepared, acknowledging the current anxieties and stress, finding creative ways to communicate via body language through the camera, clearly delivering medical information and thoroughly explaining the assessment and plan, and showing support. Let's seize this chance to be pro-active and share what we, as providers, are experiencing as we work toward "best practice" for virtual visits.

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