

TELEPSYCHIATRY COMMITTEE

Lights, Camera, Action: Technical Telepsychiatry Skills



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This is the second article in our series on how to conduct telepsychiatry well. In the first installment, we discussed strategies that foster good patient engagement and a strong therapeutic relationship. In this installment, we discuss some technical aspects related to staging and lighting that you need to master to do telepsychiatry well.

Patient arrangement can make or break a session. Telepsychiatrists commonly struggle with managing young children at the origination (patient) site. Often a young child is being treated for conditions that further impair his or her ability to sit still and remain in the frame! Keeping a child with ADHD or autism in the camera frame can be a challenge, but there are simple strategies you can use (keep in mind super glue and velcro are not AACAP-approved options).



A good telepsychiatrist asserts control over the session from the very beginning and spends a few moments at the initiation of the session directing the family arrangement, the camera, and the lighting of the origination site. Keep in mind, you probably gave significant consideration to how you arranged your regular office to facilitate treatment sessions. You chose the furniture, the furniture arrangement, lighting, and decor to create a

professional atmosphere conducive to your work. However, in telepsychiatry you have to work with each family to properly set up the room they have chosen to use. In the beginning of the session, help the participants adjust their seating and camera position to ensure everyone feels comfortable and remains visible within the camera frame. Make sure they are close enough to the camera to be seen and heard, but far enough away that they don't move out of the camera frame with occasional movement. It feels very intrusive when you prompt them to readjust the camera or reposition themselves during the session.



You want to zoom in for a "headshot" for a single adolescent or young adult who can stay still. You want to widen the frame if you have two or more people in the session. You may want to zoom all the way out if you have a toddler or autistic youth moving around the exam room or between different parent laps. Forcing the fidgeting youth to remain on a parent's lap for the whole session can be difficult for the family and becomes a disincentive for continuing with telepsychiatry.

When framing a telepsychiatry session, your two competing priorities are to keep everyone in the frame, and to make their image fill the frame as much as possible. Larger and closer participant images feel more realistic and intimate, but they can easily drift (or wander) out of the frame.



Having participants positioned far away from the camera allows for more mobility, but a solitary subject seems small, distant, and removed from the interaction. When the patient is at a medical clinic using more sophisticated telemedicine equipment that has a pan/tilt remote-controlled camera at the patient site, you have to adjust it at the beginning of the session.



Ideally, you will follow the one-third rule used by television camera operators when positioning yourself and others in the camera frame. Position yourself and/or adjust the camera so your eyes appear to be about one third down from the top of the screen. This will create the natural framing you see when watching television newscasters.

Next you want to create what we call "relative eye contact." You want to arrange the participant's picture on your screen so that it sits close to your

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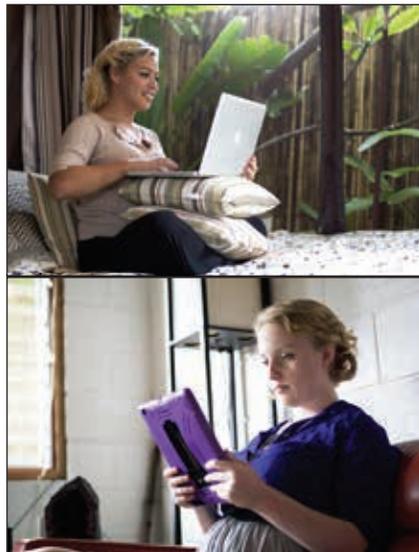
camera. This ensures that you appear to be looking at the person when you look at their image on your screen. If your camera is even a few inches away from the patient's image, you appear to be looking away from them or distracted when you are speaking at their image on your screen. If you have a traditional system like a Polycom with a monitor and separate camera, place the camera close to the monitor. If you are mounting the camera on the wall, place it below the monitor, close to your eye level.



Most people don't give these framing concerns enough consideration—and it has consequences! We have both repeatedly observed in distance education classes and administrative meetings that many of the participants seem unaware of the camera position. Subsequently, they sit in profile, at a distance, in the shadows, in front of a bright backlight, or surrounded by distracting and/or moving objects. They may have fully intended to participate in the videoconference, but their lack of eye contact, poor visibility, and the appearance of distance send a clearly different message to the rest of the participants. How you appear on camera communicates a lot of nonverbal information about you, your

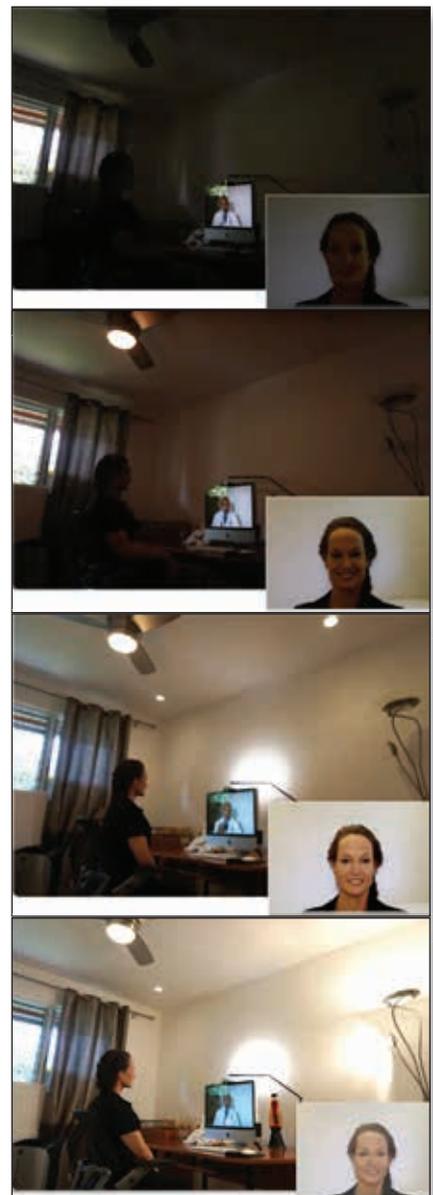
professionalism, and your intentions to the other participants. Ignore this at your own peril!

Similarly, the camera has to remain steady at both sites. Most expensive telemedicine equipment is mounted to a wall or cart, but increasingly people videoconference with a desktop, laptop, or handheld device. Coach your participants to prop their handheld devices up at eye level using something stable such as pillows, books, and picture frames. No one can hold the phone or tablet still for more than a few minutes, especially if two or more people are in the frame. When unstable devices move even a few millimeters, the image you are viewing moves in a distracting and sometimes nauseating way. This distracts the provider and detracts from the experience you can provide your patient.



Properly lighting a videoconference room is also very important. It ensures the experience feels authentic to all of the participants. When done well, the room lighting isn't noticed. When done poorly, it creates many distractions that take away from the session. Fortunately, once the room is properly lit, the lights just have to be turned on!

The principle goal of good lighting is for everyone to be seen clearly. This means eliminating shadows, glare, overexposure, and abnormal colorations. This is accomplished by thoughtfully controlling the light coming from windows, lamps, overhead lights, and computer screens.



The most common problem is insufficient lighting. Cameras need more light than the human eye to construct a detailed image. As a general rule, you need at least one more light source than you would use when patients are sitting in the same room. The following sequence of pictures demonstrates how much light it takes to be seen clearly by another participant.

The second most common lighting problem is when too much light is originating from behind or beside a participant. This creates shadows, uneven exposure, or backlighting. Control the light from a window with blackout curtains, especially if the light will change during your clinic hours (e.g. sunset). Balance the lighting by positioning an additional light in front of you that points towards you or bounces the additional light off the ceiling in front of you to fill in the shadows and give your face sufficient detail. Often standing halogen torchiere lamps work well for this purpose because you can adjust the amount of light and turn them off during face-to-face sessions in your office.



A common cause of abnormal coloration is the computer monitor. You can balance the colors being cast on your face by adjusting the colors on your screen. For example, if your EMR software is predominantly blue and white, fill the remaining space with a background picture dominated by earth tones. Another common cause of color problems is caused by light bouncing off your walls or bleeding through window treatments. Color choice is more than decorative when decorating a videoconferencing suite. We suggest using light/neutral color for the walls and avoiding white or dark background walls. Glossy paint can create glare, so when possible, use a flat or matte paint.



Paying attention to these technical aspects will enhance the quality and feel of your telepsychiatry sessions. By investing some time and attention on

these issues, your telepsychiatry sessions will feel as authentic, comfortable, and engaging as your traditional face-to-face sessions. Sharpening your telepsychiatry skills with practice and attention to these principles helps you feel more confident that you are taking full advantage of this exciting new venue for delivering psychiatric care. ■

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