TELEPSYCHIATRY COMMITTEE

Lights, Camera, Action: Practical Answers to Common Questions About Telepsychiatry

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So I hear you do a lot of telepsychiatry. How do you make it feel real to you and the patient?

It's about intentionally adapting your bedside manner to the limits and strengths of this technical venue. You can easily recreate an authentic clinical experience in a telehealth videoconference. Although there are many important factors, we'll focus on just a few pieces of the 'action' during a telepsychiatry session.

So you think the kids like telehealth visits?

Absolutely, most kids love the experience and novelty. Many kids are less distracted during the telehealth session because they find the video so engaging. Most adolescents are already comfortable using video chats socially. Studies have demonstrated that many adolescents feel more comfortable with a telehealth session vs. a traditional clinic session and offer up more information than they would in other settings (see references). A great rapport builder is to comment if the child is making faces at the camera and watching their own image. Similarly, if you notice details such as the kid’s toy or clothing make a comment to demonstrate you can really see them.

Do you greet your patients differently than you do in a clinic room?

Yes, I have added a new line to my normal greeting as I begin a session. After introducing myself, I ask, “How are you? Can you hear me ok?” This engages the patient in the technical aspect of the videoconference before the clinical work begins. It gives both of us a chance to adjust our camera, microphone, speakers, and lighting to ensure we look and sound lifelike and that the session feels authentic. It is really easy for physicians and patients to be distracted by the imperfections in what we see or hear. It is important to minimize or at least acknowledge the imperfections at the beginning of the session. One time I was meeting with an angry teenager and we bonded over the distracting sounds of the nearby train. What could have been a distraction, turned into an asset. It also gives the patient some sense of control and makes the interaction feel more bilateral and collaborative. Many child and adolescent patients are still mastering Industry vs. Inferiority. Learning how to setup and run their side of the videoconference can add to their sense of capacity and industry. The telepsychiatrist can use this as an opportunity to praise the child’s industry and model delivering real-life positive praise.

So, usually the first thing I do is shake my patient’s hand. What do I do instead?

You need to create your style of greeting a patient in a videoconference. You have to intentionally overcome the physical separation and your inability to exchange your normal greeting. You have to replace it with another gesture that is seen but not felt. Some of my favorites are waves, fist bumps, and in Hawaii the ‘shaka wave’. It is important to keep the gestures within your shoulders so they stay within the camera frame. It looks weird when your hands are cut off or you move outside the frame.

How do you build and maintain rapport during a telehealth visit? Does the session seem distant and disconnected? Is it not hard to relate to a person’s picture on a phone or tablet?

You may need to revisit the basic tenets of good bedside manner as you adapt to this new patient care venue. You should intentionally communicate more often with congruent facial expressions, gestures, eye contact and tone of voice. The camera and microphone visually and emotionally has a flattening effect. TV newscasters and actors talk about the need to exaggerate tone somewhat to sound normal.

How do I show interest, concern and empathy on camera?

Asking about their physical comfort in the space including privacy, temperature, and lighting also helps overcome the physical gap between you and your patient(s) and build empathy. You can replicate the typical movements towards a patient with a movement towards the camera. Sometimes just opening your body towards them and leaning forward instead of being slightly turned away, slouching or leaning back in your chair, can indicate this concern. Obviously, you can not reach out and touch someone or offer them a tissue, but you can pause, maintain eye contact and let your concern show on your face. In many ways, this technology forces us to be a better listener because we have to take turns speaking and our pauses become more dramatic and encouraging.
Do I have to sound like a newscaster to be a good telepsychiatrist?

You do not want to sound like an announcer or a stylized reporter, but you do need to adjust your voice to accommodate for the transmission delays and occasional lack of clarity. The most important adjustments are to speak more slowly, and clearly. You should also use longer pauses to invite responses. One way to be certain you are doing this well is to record a session or a practice session with a friend and play it back. Amateur telepsychiatrists often sound monotonous, nervous, or unnatural. With practice, most of us naturally adapt to include these necessary changes to our voice. Even a brief signal delay can complicate turn-taking and you will find yourself talking over your patient. Taking longer pauses after you finish a thought is necessary to allow your patient a chance to respond. Although it seems artificial at first, these longer and more frequent pauses will become a key means of fostering good reciprocal communication during your telepsychiatry session. You can make these pauses even more effective by combining them with other nonverbal communication strategies like gestures, facial expressions, and distance changes which signal your reaction to the patient and encourage them to share more of their thoughts and feelings rather than speaking.

Since we are not trained actors or newscasters, do we need special training to be telepsychiatrists?

No, but it sure helps to have had experience in the theater or on TV. Theater training is a great way to understand how to respond to a patient in a traditional face-to-face visit and do it better in telehealth. It forces you to be more in the moment and mindful of how others perceive you as you interact with them. Your gestures and expressions provide your patient with a window into your intentions and feelings. Trained telepsychiatrists are better at monitoring their own gestures and facial expressions and especially how they use them to respond to the patient. A good telepsychiatrist will employ clear and congruent nonverbal communication like gestures and tone of voice to convey emotion and emphasis.

All this self-monitoring seems complicated and I do not think I can do it all the time. Is there one gesture I can do that will make my telehealth session better?

Yes. Whenever it is appropriate, nod and smile. You can do this when listening to a patient, when you are documenting, looking something up on Medscape, or lost in thought. It will also encourage you to do the second most important thing, which is to maintain eye contact with your camera. When you position the patient’s image near your camera, you will appear to be looking at them when you look at their image. This replicates good eye contact without the need to stare uncomfortably into your camera. Good eye contact is very important because it shows sincerity, trustworthiness, engagement, and your emotions. With good eye contact, patients begin to feel comfortable with the telepsychiatrist. When you consistently look towards the camera it is calming, helps the patient maintain their focus on your image, and helps you convey your interest, empathy, and attention. Doing this will strengthen the therapeutic relationship, promotes patient retention, and makes your telepsychiatry program sustainable.

How should I setup my camera and lights to make it seem real?

There are several things to consider, which will be covered in a later article—so stay tuned.

References


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