Telehealth clinics – Top Tips

Technology aspects and being prepared

- Familiarise yourself with the telehealth platform and its functions.
- Ensure that you have remote access to the patient record as appropriate
- Consider having two screens (phone, laptop/computer, tablet) to allow you to maintain visual eye contact and also document your visit or reference chart information at the same time.
- Troubleshoot technical issues before your first visit (ensure the app is downloaded and functioning). Check sound and webcam if possible before visit. Can try calling a friend using another app like Messenger or Face Time.
- Ensure all your devices are charged and have the chargers handy in case your battery drains.
- Close other apps/programs prior to visit to improve speed/connectivity.
- Platform specific issues:
    - Some platforms enable you to take stills and include them in the patients record.
    - Consider using a virtual background with your hospital logo or design. Web-around backgrounds can be attached to your chair as well.
    - Some platforms allow invite functions to allow for multidisciplinary clinics or having other members of care team be present.
    - Learn the different functions such as locking the visit (to ensure privacy).
    - Learn the difference between leaving the waiting room vs exiting the waiting room.
    - Many visual platforms offer a virtual whiteboard function which can be helpful to illustrate points to the family.
- You may need to switch views during visit (normal view vs 'selfie'/front camera view). Sometimes you can show them the medical record by switching views from your second device.
- Think through logistics of camera set up how to get the best views of each part of the body.
- Be prepared for issues to arise. Have a phone number for the family in case the video doesn't function so that you can at least have a telephone check-in.
- Before you begin your session, get your workspace set up.
    - Preview yourself on the video platform.
    - Do you have adequate lighting?
    - Are there distracting objects in your background?
    - If you are working from home or outside a professional setting many platforms will allow you to use a background editor where you can substitute a blank blue ground or a high quality photo of your clinic or other hospital sponsored image.
    - Dress professionally and be prepared for an on time start.
- Take a minute to think about your ergonomics.
    - Unlike in person clinic visits which lend themselves to movement breaks, a telemedicine clinic involves uninterrupted stretches of screen time.
    - Some preparation ahead of time for height of your monitor and position of your keyboard can go a long way to avoiding eye neck and hand strain.

- Be aware that the first telemedicine visit can be disorienting for families and clinicians alike.
  - Especially for families you know well and are used to seeing clinic the visit may feel very different when you find yourself chatting with them in their living room.
  - For new visits, it can be harder to establish initial connection and rapport over the screen.
  - Without the usual boundaries of the hospital and clinic setting televisits can also feel disjointed or overly informal.
- Consider the role of the multidisciplinary team and admin support in e-visits.
  - Clear delineation of tasks and carving out specific roles and responsibilities.
  - Good communication allows seamless care with despite staff members being in different locations. Key components include:
  - Calling families ahead of the scheduled time - 'getting ready for the visit'.
  - Update allergies and reconcile medication lists.
  - Remote medication teaching (such as injection teaching) or these can be done after the visit separately at a suitable time.
  - 'After visit' summaries (AVS) being available before each clinic based off the last clinic visit for established patients.
  - These AVS are then updated following the visits, including patient information and tasks or next steps for the MDT or admin staff such as printing and mailing educational handouts for the families or obtaining prior records, laboratory studies or images.
  - If you normally have staff help you with visit wrap up or teaching, this may require a shift in workflow.

- After the visit, establishing a reliable method for follow up with staff is critical.
  - Consider a virtual 'check in' to review the clinic follow up or other ways to involve clinical support staff who normally would have been present during the visit.
  - Especially as telemedicine visits may be skewered towards families further away from your physical facility, ensuring a way to send laboratory tests and results, imaging requests and results, and after visit summaries to families is required.
  - It is important to document the contents of the visit (AVS) and the plan for the visit in a format that can either be sent to the family and family physician via patient portal or email or through traditional mail. Often this will documentation can also form the basis of your visit note / AVS.

The Physical Examination routine

- This is likely to be different from your usual practice so worth thinking about in advance.
- You will likely need to incorporate elements of a general examination as well as V-pGALS and potentially other manoeuvres such as CMAS. A suggested approach is below.
- The order is which you do things will be determined by the clinical scenario, room layout, the child and parent situation at home. Furthermore this will be affected if you have a health care professional (HCP) available as an observer as they can perform some of the examination (*in italics*).
- The Robot below refers to a person in the room able to control the camera(s).

Robot at Foot of Bed with Straight on View

Stethoscope: heart and lung examination.
Zoom in camera for:
- Eyes: Look for conjunctivitis, pallor, jaundice.
- Mouth: check especially for oral ulcers. Can use exam camera if needed.
- Neck: palpate for lymphadenopathy.
- Skin: if rashes present. Can use exam camera if needed.

Joint Examination Upper:
- Neck: range of movement.
- Jaw: *palpation of TMJ with patient opening and closing mouth noting any misalign*ment.
Zoom out camera
- Shoulders:
  - Active Range of Motion of Shoulders
  - *Passive abduction, internal and external rotation of shoulders*
- Elbows:
  - *Palpate for effusion*, extension and flexion
  - May need to move patient for lateral view of elbow
- Wrists and Hands:
  - Zoom in Camera and place patient's hands on solid background so physician can visually inspect for any joint swelling
  - Zoom out Camera and show patient how to make a "monkey paw" (flexion of fingers) and prayer sign (hands in prayer position with wrists extended)
  - Flex and extend wrists
    - May need to move patient for lateral view of the wrists
  - Based on concern for finger arthritis, may do the following:
    - Palpation of metacarpal phalangeal joints (MCPs) and proximal interphalangeal joints (PIPs).
    - Flexion and extension of MCP joints and flexion of PIP joints
  - Spine: palpation down back and over SI joints (depending on patient)

Abdominal Exam

Joint Examination Lower:
- Knees:
  - *Zoom in Camera* for Visual inspection of knees with patient lying down with knees extended
  - *Zoom out Camera*. Palpate for effusion of knee, flex knee to buttocks, fully extend knee
- Hips:
  - Start with log roll with knee extended
  - Internal and external rotation with knee in flexed position
- Ankles:
  - *Have patient flip over to prone position with feet hanging off of bed* (Note: can recheck hip ROM in this position if needed)
  - Inspect for ankle and Achilles swelling

Patient flip over to supine position and either have patient lie diagonally across bed or put robot at angle
- Dorsiflexion and plantar flexion of tibiotalar joint, eversion and inversion of subtalar joint
- Toes: inspect for swelling, flexion of toes and PIP joint. If particular concern for arthritis can individually palpate metatarsal phalangeal joints (MTPs) and PIPs