ARIZONA TELEMEDICINE PROGRAM

SOUTHWEST TRC TELEHEALTH RESOURCE · CENTER™

# How to Incorporate Telehealth to Build the Relationship with Clients for Positive Outcomes

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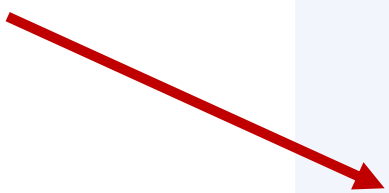
Q: What types of conditions would you seek telemedicine treatment for?

**48%**
ALLERGY, EAR NOSE THROAT

**45%**
ROUTINE PREVENTIVE VISIT

**45%**
MENTAL / BEHAVIORAL HEALTH / COUNSELING / THERAPY



- **34%** COVID-19 screening
- **30%** GI / stomach-related issue
- **29%** Pain management / regenerative medicine
- **25%** Arthritis (rheumatology)
- **24%** Dermatologic or cosmetic surgery consultation
- **22%** Eye-related issue
- **19%** Physical / occupational therapy
- **19%** Respiratory issue
- **19%** Urgent care
- **15%** Pediatric care
- **13%** Heart-related (cardiology) issue
- **12%** Oral / dental care

## Q: Which factors would help you decide to make a telemedicine appointment?


**69%**

**EASY-TO-USE TECHNOLOGY**


**57%**

**COMMUNICATION THAT TELEMEDICINE SERVICES ARE AVAILABLE**

**47%**

**ONLINE SCHEDULING OPTIONS**

**47%**

**IMMEDIATE AVAILABILITY**

**42%** Understanding how my insurance covers telemedicine

**42%** A secure communication platform that protects my privacy

**42%** Reading reviews from other patients about their telemedicine experience

**39%** The ability to see the same provider in a practice

**33%** Information on what types of services can be provided via telemedicine

**30%** Credentials and expertise of the physician / healthcare provider

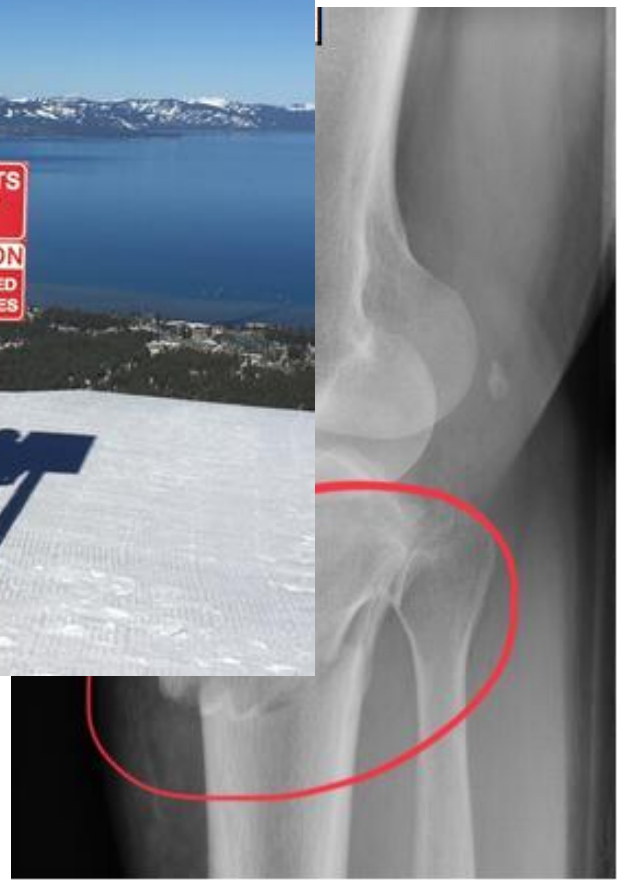
# Keys Successful Telemedicine Practice

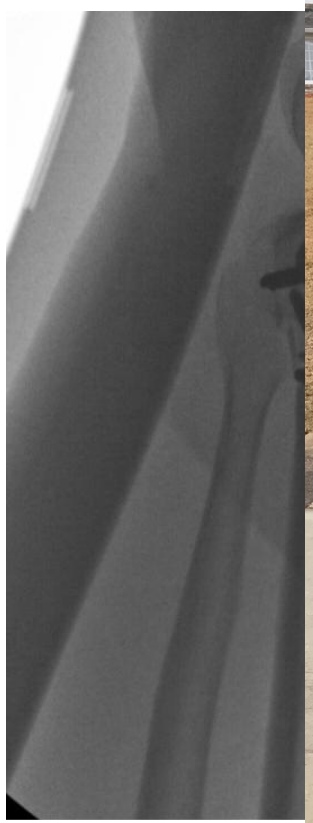
- Business plan, reimbursement, licensure, champion, technology etc. etc. etc.
- Integration into existing practice
- Hub-spoke, enterprise-wide system, service provider, direct-to-patient
- Workflow, workflow, workflow
- It's the people – not the technology!

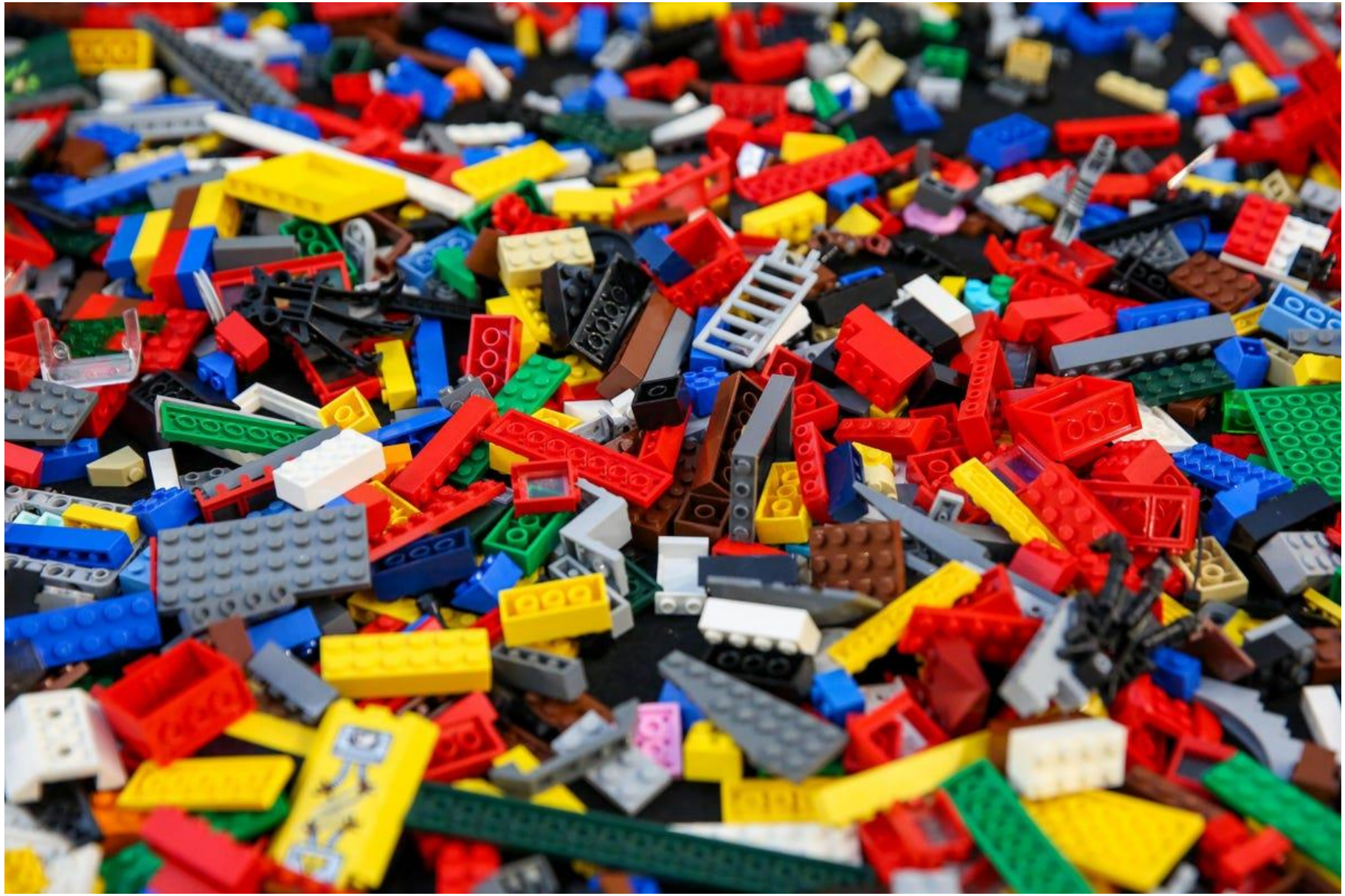
# What Works?





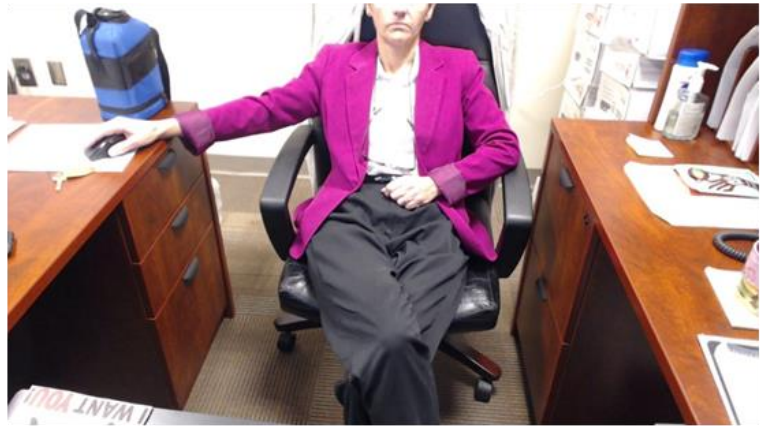


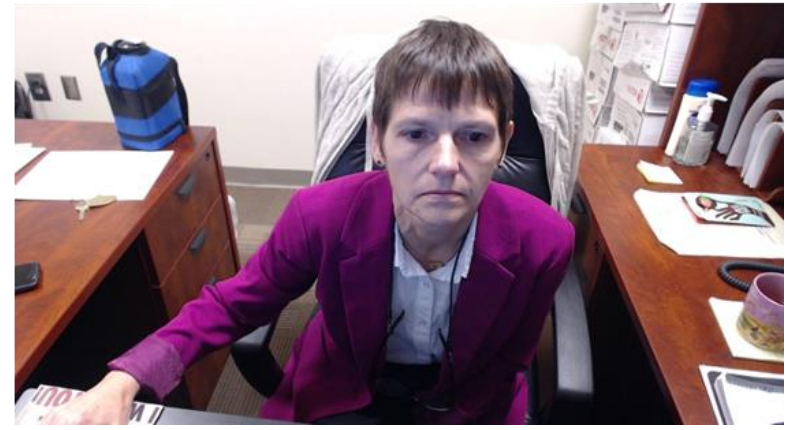




# "Human" Factors

- Senses
  - Touch – healing/therapeutic, handshake, pat on back, hug
  - Visual – impairment, scope/FOV, subtle movements
  - Smell – alcohol, drugs, hygiene
  - Hearing – impairment, changes tone, volume, tremor
  - Taste - ?
  - 6th sense – presence, gut reactions
- Comfort, ease, rapport, satisfaction
- Outcomes





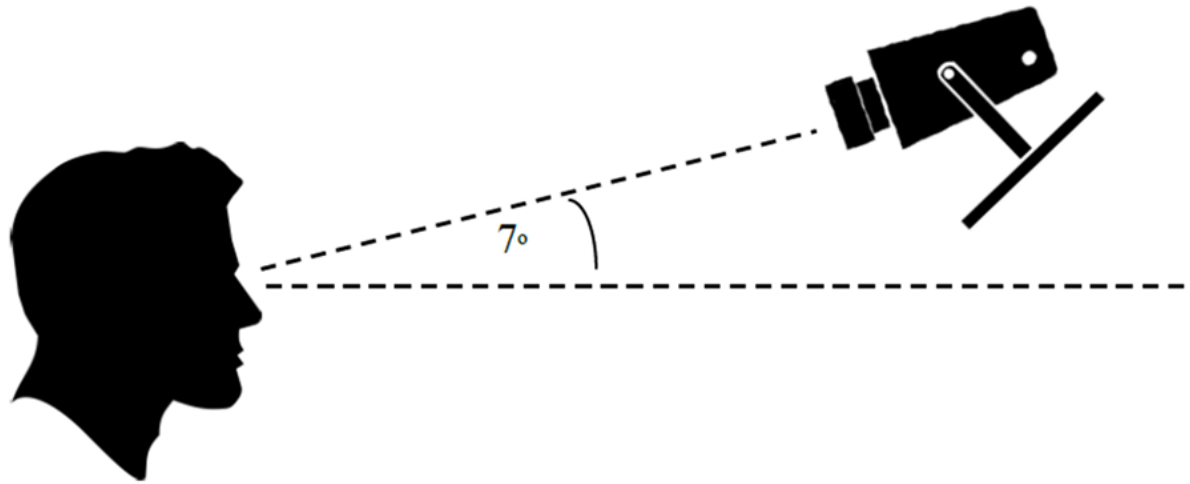
# The Eyes are the Windows……

- Eye contact one of most important aspects human interaction
- Fundamental to REDE (Relationship, Establishment, Development, Engagement) model patient provider interaction
  - Skill set checklist covers eye contact
  - Impacts patient's sense dignity

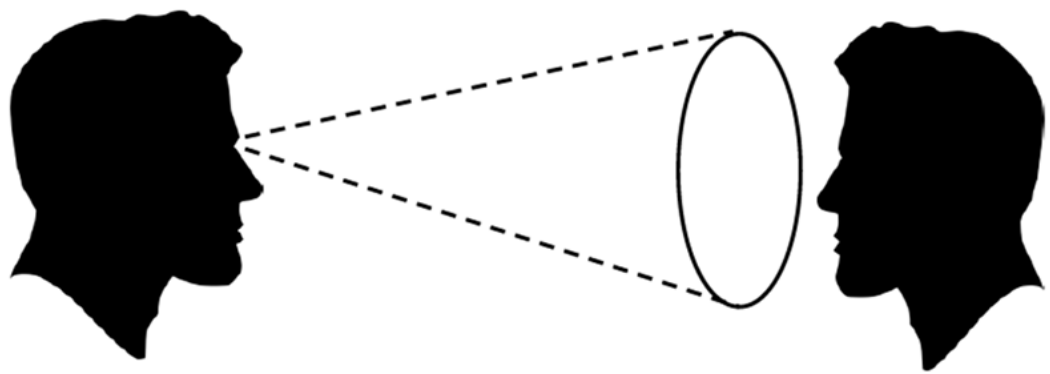
# What Does Eye Contact Do?

- Mutual eye contact = two people make eye contact simultaneously
  - Helps establish rapport & trust
  - Keeps participants focused on each other (i.e., gaze directs attention)
  - Encourages interaction
  - Facilitates memory
  - Influences likeability & attractiveness
  - Affects perceived emotion
  - Creates sense inclusion when present & sense isolation when not
  - Allows use non-verbal cues

## Camera Position




## Cone of Gaze



# Cultural Factors

- Different cultural associations with direct eye contact versus indirect eye contact
  - Arabs, Latin Americans & Southern Europeans make more eye contact during conversation than Asians & Northern Europeans
  - Japanese consider eye contact rude & people taught to look at person's Adam's apple instead of eyes; also social rank - eye contact with superiors avoided
  - In general women make more eye contact than men
  - Eye contact changes with age: increases ages 4-6 & 6-9, decreases from 10-12, increases into adulthood

## About this Guide

The purpose of this guide is to provide basic information for Federal disaster responders and other service providers who may be deployed or otherwise assigned to provide or coordinate services in American Indian/Alaska Native (AI/AN) communities.

This guide is intended to **serve as a general briefing to enhance cultural competence** while providing services to AI/AN communities. (Cultural competence is defined as the ability to function effectively in the context of cultural differences.) A more specific orientation or training should be provided by a member of the particular AI/AN community.

Service providers should use this guide to ensure the following Five Elements of Cultural Competence* are being addressed:

1. Awareness, acceptance and valuing of cultural differences
2. Awareness of one's own culture and values
3. Understanding the range of dynamics that result from the interaction between people of different cultures
4. Developing cultural knowledge of the particular community served or to access cultural brokers who may have that knowledge
5. Ability to adapt individual interventions, programs, and policies to fit the cultural context of the individual, family, or community

*Adapted from Cross, T., Bazron, B., Dennis, K., and Isaacs, M. (1989). Towards A Culturally Competent System of Care Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

## Myths and Facts

***Myth:*** AI/AN people are spiritual and live in harmony with nature.
***Fact:*** The idea of all AI/ANs having a mystical spirituality is a broad generalization. This romantic stereotype can be just as damaging as other more negative stereotypes and impairs one's ability to provide services to AI/ANs as real people.

***Myth:*** AI/AN people have distinguishing physical characteristics, and you can identify them by how they look.
***Fact:*** **Due to Tribal diversity, as well as hundreds of years of inter-Tribal and inter-racial marriages, there is no single distinguishing "look" for AI/ANs.**

***Myth:*** Casinos have made AI/ANs rich.
***Fact:*** Out of more than 560 Federally recognized tribes, only 224 operate gaming facilities. About three-fourths of those tribes reinvest revenue in the community. In 2006, only 73 tribes distributed direct payments to individual Tribal members.

***Myth:*** The Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS) are the only agencies responsible for working with tribes.
***Fact:*** The U.S. Constitution, Executive Orders, and Presidential memos outline policy requiring that ALL executive departments have the responsibility to consult with and respect Tribal sovereignty.

***Myth:*** AI/ANs have the highest rate of alcoholism.
***Fact:*** While many tribes and AI/AN villages do experience the negative effects of alcohol abuse, what is less known is that AI/ANs also have the highest rate of complete abstinence. When socioeconomic level is accounted for in a comparison group, alcoholism rates are no different for AI/ANs than for other ethnic or racial groups. Most AI/AN-sponsored events ban the use of alcohol and even "social" drinking is often frowned upon.

***Myth:*** AI/AN people all get "Indian money" and don't pay taxes.
***Fact:*** Few Tribal members receive payments from the BIA for land held in trust and most do not get significant "Indian money." AI/ANs pay income tax and sales tax like any other citizen of their State while the U.S. Alaska Natives may get dividend payments from their Native Corporation or the State of Alaska as State citizens.

## Tribal Sovereignty

**Presently, there are more than 560 Federally recognized AI/AN tribes in the United States.** Over half of these are Alaska Native villages. Additionally, there are almost 245 non-Federally recognized tribes. Many of those are recognized by their States and are seeking Federal recognition.

**There is a unique legal and political relationship between the Federal government and Indian tribes** and a special legal relationship with Alaska Native Corporations.

The U.S. Constitution (Article 1 Section 8, and Article 6), treaties, Supreme Court decisions, Federal laws, and Executive Orders provide authority to the Federal government for Indian affairs with Federally recognized tribes.

As sovereign nations, Tribal governments have the right to hold elections, determine their own citizenship (enrollment), and to consult directly with the U.S. government on policy, regulations, legislation, and funding.

Tribal governments can create and enforce laws that are stricter or more lenient than State laws, but they are not subservient to State law. State laws cannot be applied where they interfere with the right of a tribe to make its own laws protecting the health and welfare of its citizens, or where it would interfere with any Federal interest.

Criminal legal jurisdiction issues are very complex, depend on a variety of factors, and must be assessed based on the specific law as applied to a specific tribe. In general, the Federal law applies.

The Indian Self-Determination Act (Public Law 93-638) gives the authority to Tribal governments to contract programs and services that are carried out by the Federal government, such as services provided by the BIA or IHS.

The Alaska Native Claims Settlement Act was signed into law on December 18, 1971. Settlement benefits would accrue to those with at least one-fourth Native ancestry, and would be administered by the 12 regional corporations within the State.

## Regional and Cultural Differences

Prior to European contact, AI/AN communities existed throughout various areas of North America. Federal policies led to voluntary and forced relocation from familiar territory to the current day reservation system.

When the reservation system was formed in the late 1800s, some bands and tribes were forced by the U.S. government to live together. In some instances, these groups were related linguistically and culturally; in others, they were not closely related and may even have been historic enemies.

On reservations where different AI/AN groups were forced to co-exist, repercussions occurred that still can be experienced today in those communities. **Historic rivalries, family or clan conflicts, and "Tribal politics" may present challenges for an outsider unaware of local dynamics who is trying to interact with different groups in the community.**

While there is great diversity across and within tribes, there are within-region similarities based on adaptation to ecology, climate, and geography (including traditional foods); linguistic and cultural affiliations; and sharing of information for long periods of time.

Differences in cultural groups are closely related to regional differences and may be distinguished by their language or spiritual belief systems. They are also a result of the diversity of historic homelands across the Nation and migration patterns of Tribal groups.

Cultures developed in adaptation to their natural environment and the influence of trade and interaction with non-Indians and other AI/AN groups.

**Urban Indian communities can be found in most major metropolitan areas.** These populations are represented by members of a large number of different tribes and cultures that have different degrees of traditional culture and adaptation to Western culture norms. They form a sense of community through social interaction and activities, but are often "invisible," geographically disbursed, and multi-racial.

## Cultural Customs

Cultural customs can be viewed as a particular group or individual's preferred way of meeting their basic human needs and conducting daily activities as passed on through generations.

**Specific cultural customs among AI/AN groups may vary significantly, even within a single community.**

Customs are influenced by: ethnicity, origin, language, religious/spiritual beliefs, socioeconomic status, gender, sexual orientation, age, marital status, ancestry, history, gender identity, geography, and so on.

Cultural customs are often seen explicitly through material culture such as food, dress, dance, ceremony, drumming, song, stories, symbols, and other visible manifestations.

Such outward cultural customs are a reflection of a much more ingrained and implicit culture that is not easily seen or verbalized. **Deeply held values, general world view, patterns of communication, and interaction are often the differences that affect the helping relationship.**

A common practice of a group or individual that represents thoughts, core values, and beliefs may be described by community members as "the way we do things" in a particular tribe, community, clan, or family. This includes decision-making processes.

**Respectful questions about cultural customs are generally welcomed, yet not always answered directly.**

Any questions about culture should be for the purpose of improving the service provider's understanding related to the services being provided.

Many AI/AN people have learned to "walk in two worlds" and will observe the cultural practices of their AI/AN traditions when in those settings, and will observe other cultural practices when in dominant culture settings.

**Sharing food is a way of welcoming visitors, similar to offering a handshake.** Food is usually offered at community meetings and other gatherings as a way to build relationships.

## Spirituality

A strong respect for spirituality, whether traditional (prior to European contact), Christian (resulting from European contact), or a combination of both, is common among all AI/AN communities and often forms a sense of group unity.

**Many AI/AN communities have a strong church community and organized religion that is integrated within their culture.**

**Traditional spirituality and practices are integrated into AI/AN cultures and day-to-day living.**

Traditional spirituality and/or organized religions are usually community-oriented, rather than individual-oriented.

Spirituality, world view, and the meaning of life are very diverse concepts among regions, tribes, and/or individuals.

**Specific practices such as ceremonies, prayers, and religious protocols will vary among AI/AN communities.**

A blend of traditions, traditional spiritual practices, and/or mainstream faiths may coexist. It is best to inquire about an individual's faith or beliefs instead of making assumptions, but be aware that many AI/AN spiritual beliefs and practices are considered sacred and are not to be shared publicly or with outsiders.

Until passage of the Indian Religious Freedom Act in 1978, many traditional AI/AN practices were illegal and kept secret.

Social/health problems and their solutions are often seen as spiritually based and as part of a holistic world view of balance between mind, body, spirit, and the environment.

**It is a common practice to open and close meetings with a prayer or short ceremony.** Elders are often asked to offer such opening and closing words and given a small gift as a sign of respect for sharing this offering.

## Communication Styles

### Nonverbal Messages

- **AI/AN people communicate a great deal through non-verbal gestures.** Careful observation is necessary to avoid misinterpretation of non-verbal behavior.
- AI/AN people may look down to show respect or deference to elders, or ignoring an individual to show disagreement or displeasure.
- A gentle handshake is often seen as a sign of respect, not weakness.

### Humor

- **AI/AN people may convey truths or difficult messages through humor,** and might cover great pain with smiles or jokes. It is important to listen closely to humor, as it may be seen as invasive to ask for too much direct clarification about sensitive topics.
- It is a common conception that "laughter is good medicine" and is a way to cope. The use of humor and teasing to show affection or offer corrective advice is also common.

### Indirect Communication

- **It is often considered unacceptable for an AI/AN person to criticize another directly.** This is important to understand, especially when children and youth are asked to speak out against or testify against another person. It may be considered disloyal or disrespectful to speak negatively about the other person.
- There is a common belief that people who have acted wrongly will pay for their acts in one way or another, although the method may not be through the legal system.

### Storytelling

- **Getting messages across through telling a story (traditional teachings and personal stories) is very common** and sometimes in contrast with the "get to the point" frame of mind in non-AI/AN society.

# CultureCard

## A Guide to Build Cultural Awareness

## American Indian and Alaska Native

This guide was developed by an ad hoc group of U.S. Public Health Service Commissioned Officers, American Indian/Alaska Native (AI/AN) professionals, and family advocates working together from 2006-2007. The abbreviation AI/AN is used for American Indian/Alaska Native in the interest of space and consistency.

The authors of this guide wish to thank the many AI/AN professionals and community members across the country who contributed their thoughts and comments to this guide. The challenge in developing a basic guide for an incredibly diverse group of people such as AI/ANs cannot be understated. The authors hope the result is accurate, respectful to the communities, and helpful for the users.

## Historic Distrust

Establishing trust with members of an AI/AN community may be difficult. Many Tribal communities were destroyed due to the introduction of European infectious illnesses. Similarly, many treaties made by the U.S. government with Tribal nations were broken.

From the 1800s through the 1960s, government military-style boarding schools and church-run boarding schools were used to assimilate AI/AN people. Children were forcibly removed from their families to attend schools far from home where they were punished for speaking their language and practicing spiritual ways in a stated effort to "kill the Indian, save the child." Many children died from infectious diseases, and in many schools physical and sexual abuse by the staff was rampant. Boarding school survivors were taught that their traditional cultures were inferior or shameful, which still affects many AI/AN communities today.

The Federal "Termination Policy" in the 1950s and 1960s ended the government-to-government relationship with more than 100 Federally recognized tribes. The result was disastrous for those tribes due to discontinued Federal support, loss of land held in trust, and loss of Tribal identity. Most of the tribes terminated during this time were able to re-establish Federal recognition through the Congressional process in the 1980s and 1990s.

The Federal "Relocation Policy" in the 1950s and 1960s sought to move AI/AN families to urban areas, promising jobs, housing, and a "new life." Those that struggled and stayed formed the core of the growing Urban Indian populations. Ultimately, many families returned home to their reservation or home community. Today, many families and individuals travel between their home community and urban communities for periods of time to pursue education and job opportunities.

Churches and missionaries have a long history of converting AI/AN people to their religions, and in the process often labeled traditional cultural practices such as songs, dances, dress, and artwork as "evil." Today there is a diverse mix of Christian beliefs and traditional spirituality within each AI/AN community.

## Cultural Identity

When interacting with individuals who identify themselves as AI/AN, **it is important to understand that each person has experienced their cultural connection in a unique way.**

An individual's own personal and family history will determine their cultural identity and practices, which may change throughout their lifespan as they are exposed to different experiences.

The variation of cultural identity in AI/AN people can be viewed as a continuum that ranges between one who views himself or herself as "traditional" and lives their traditional culture daily, to one who views himself or herself as "Indian" or "Native", but has little knowledge or interest in their traditional cultural practices.

**Many AI/AN families are multicultural and adapt to their surrounding culture.**

From the 1950s to the 1970s, the Federal government, adoption agencies, state child welfare programs, and churches adopted out thousands of AI/AN children to non-AI/AN families. The Indian Child Welfare Act was passed in 1978 to end this practice. There are many AI/AN children, as well as adults, who were raised with little awareness or knowledge of their traditional culture; they may now be seeking a connection with their homelands, traditional culture, and unknown relatives.

When asked "Where are you from?" most AI/AN people will identify the name of their tribe/village and/or the location of their traditional or family homeland. This is often a key to self-identity.

**It is important to remember that most Alaska Natives do not refer to themselves as "Indians."**

Age is another cultural identity consideration. Elders can be very traditional while younger people can either be multicultural or non-traditional. In many communities, leaders and elders are worried about the loss of the use of the traditional language among children and young adults. Still, in other communities, young people are eagerly practicing the language and other cultural traditions and inspiring older generations who may have felt shame in their identity growing up as AI/AN.

Historical trauma and grief events, such as boarding schools or adoption outside of the tribe, may play a dramatic role in shaping attitudes, sense of identity, and levels of trust.

## Role of Veterans and Elders

**Elders play a significant role in Tribal communities.** The experience and wisdom they have gained throughout their lifetime, along with their historical knowledge of the community, are considered valuable in decision-making processes.

**It is customary in many Tribal communities to show respect by allowing elders to speak first**, not interrupting, and allowing time for opinions and thoughts to be expressed.

**In group settings, people will often ask the elder's permission to speak publicly, or will first defer to an elder to offer an answer.**

Elders often offer their teaching or advice in ways that are indirect, such as through storytelling.

When in a social setting where food is served, elders are generally served first, and in some traditional Alaska Native villages, it is the men who are served first by the women. It is disrespectful to openly argue or disagree with an elder.

AI/AN communities historically have high rates of enlistment in the military service. Often, both the community and the veteran display pride for military service.

Veterans are also given special respect similar to that of elders for having accepted the role of protector and experienced personal sacrifice. AI/AN community members recognize publicly the service of the veteran in formal and informal settings.

AI/AN community members who are veterans are honored at ceremonies and pow wows, and by special songs and dances. They have a special role in the community, so veterans and their families are shown respect by public acknowledgment and inclusion in public events.

The AI/AN community's view of Uniformed Service members being deployed to an AI/AN community in times of crisis or disaster (such as the U.S. Public Health Service Commissioned Corps or National Guard) will vary greatly. There may be respect for the uniform similar to that shown to a veteran, but there may also be feelings of distrust related to the U.S. government's and the military's historical role and presence in AI/AN communities.

## Strengths in AI/AN Communities

It is easy to be challenged by the conditions in AI/AN communities and to not see beyond the impact of the problems or crisis.

**Recognizing and identifying strengths in the community can provide insight for possible interventions.** Since each community is unique, look to the community itself for its own identified strengths, such as:

- **extended family and kinship ties;**
- **long-term natural support systems;**
- **shared sense of collective community responsibility;**
- **physical resources (e.g., food, plants, animals, water, land);**
- **indigenous generational knowledge/wisdom;**
- **historical perspective and strong connection to the past;**
- **survival skills and resiliency in the face of multiple challenges;**
- **retention and reclamation of traditional language and cultural practices;**
- **ability to "walk in two worlds" (mainstream culture and the AI/AN cultures); and**
- **community pride.**

## Health and Wellness Challenges

Concepts of health and wellness are broad. The foundations of these concepts are living in a harmonious balance with all elements, as well as balance and harmony of spirit, mind, body, and the environment. Health and wellness may be all encompassing, not just one's own physical body; it is holistic in nature. AI/ANs define what health and wellness is to them, which may be very different from how Western medicine defines health and wellness.

Many health and wellness issues are not unique to AI/AN communities, but are statistically higher than in the general population. It is important to learn about the key health issues in a particular community.

**Among most AI/AN communities, 50 percent or more of the population is under 21 years of age.**

Health disparities exist with limited access to culturally appropriate health care in most AI/AN communities.

**Only 55 percent of AI/AN people rely on the Federally funded IHS or Tribally operated clinics/hospitals for care.**

Suicide is the second leading cause of death among AI/AN people age 10-34. The highest rates are among males between the ages of 24 and 34 and 15 and 24, respectively.

Following a death by suicide in the community, concern about suicide clusters, suicide contagion, and the possibility of suicide pacts may be heightened. A response to a suicide or other traumatic occurrence requires a community-based and culturally competent strategy.

Prevention and intervention efforts must include supporting/enhancing strengths of the community resources as well as individual and family clinical interventions.

Service providers must take great care in the assessment process to consider cultural differences in symptoms and health concepts when making a specific diagnosis or drawing conclusions about the presenting problem or bio-psychological history.

**Every effort should be made to consult with local cultural advisors for questions about symptomology and treatment options.**

## Self-Awareness and Etiquette

Prior to making contact with a community, **examine your own belief system about AI/AN people related to social issues, such as mental health stigma, poverty, teen suicide, and drug or alcohol use.**

You are being observed at all times, so **avoid making assumptions and be conscious that you are laying the groundwork for others to follow.**

**Adapt your tone of voice, volume, and speed of speech patterns** to that of local community members to fit their manner of communication style.

**Prefered body language, posture, and concept of personal space** depend on community norms and the nature of the personal relationship. Observe others and allow them to create the space and initiate or ask for any physical contact.

You may experience people expressing their mistrust, frustration, or disappointment from other situations that are outside of your control. **Learn not to take it personally.**

If community members tease you, understand that this can indicate rapport-building and may be a form of guidance or an indirect way of correcting inappropriate behavior. **You will be more easily accepted and forgiven for mistakes if you can learn to laugh at yourself and listen to lessons being brought to you through humor.**

Living accommodations and local resources will vary in each community. Remember that you are a guest. Observe and ask questions humbly when necessary.

**Rapport and trust do not come easily in a limited amount of time; however, don't be surprised if community members speak to you about highly charged issues (e.g., sexual abuse, suicide) as you may be perceived as an objective expert.**

Issues around gender roles can vary significantly in various AI/AN communities. Males and females typically have very distinct social rules for behavior in every day interactions and in ceremonies. **Common behaviors for service providers to be aware of as they relate to gender issues are eye contact, style of dress, physical touch, personal space, decision making, and the influence of male and/or female elders.**

Careful observation and seeking guidance from a community member on appropriate gender-specific behavior can help service providers to follow local customs and demonstrate cultural respect.

### Etiquette – Do's

**Learn how the community refers to itself as a group of people (e.g., Tribal name).**

**Be honest and clear about your role and expectations and be willing to adapt to meet the needs of the community. Show respect by being open to other ways of thinking and behaving.**

**Listen and observe more than you speak. Learn to be comfortable with silence or long pauses in conversation by observing community members' typical length of time between turns at talking.**

**Casual conversation is important to establish rapport, so be genuine and use self-disclosure (e.g., where you are from, general information about children or spouse, personal interests).**

**Avoid jargon. An AI/AN community member may nod their head politely, but not understand what you are saying.**

**It is acceptable to admit limited knowledge of AI/AN cultures, and invite people to educate you about specific cultural protocols in their community.**

**If you are visiting the home of an AI/AN family, you may be offered a beverage and/or food, and it is important to accept it as a sign of respect.**

**Explain what you are writing when making clinical documentation or charting in the presence of the individual and family.**

**During formal interviews, it may be best to offer general invitations to speak, then remain quiet, sit back, and listen. Allow the person to tell their story before engaging in a specific line of questioning.**

**Be open to allow things to proceed according to the idea that "things happen when they are supposed to happen."**

**Respect confidentiality and the right of the tribe to control information, data, and public information about services provided to the tribe.**

### Etiquette – Don'ts

**Avoid stereotyping based on looks, language, dress, and other outward appearances.**

**Avoid intrusive questions early in conversation.**

**Do not interrupt others during conversation or interject during pauses or long silences.**

**Do not stand too close to others and/or talk too loud or fast.**

**Be careful not to impose your personal values, morals, or beliefs.**

**Be careful about telling stories of distant AI/AN relatives in your genealogy as an attempt to establish rapport unless you have maintained a connection with that AI/AN community.**

**Be careful about pointing with your finger, which may be interpreted as rude behavior in many tribes.**

**Avoid frequently looking at your watch and do not rush things.**

**Avoid pressing all family members to participate in a formal interview.**

**During a formal interview, if the person you are working with begins to cry, support the crying without asking further questions until they compose themselves and are ready to speak.**

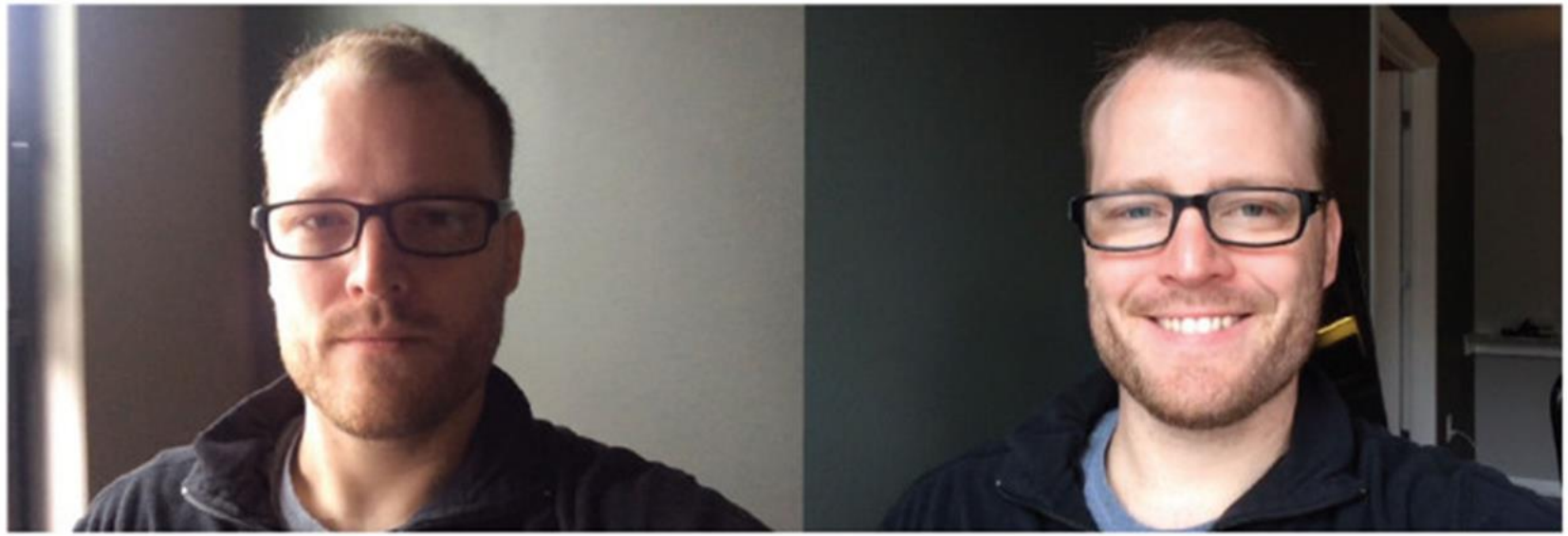
**Do not touch sacred items, such as medicine bags, other ceremonial items, hair, jewelry, and other personal or cultural things.**

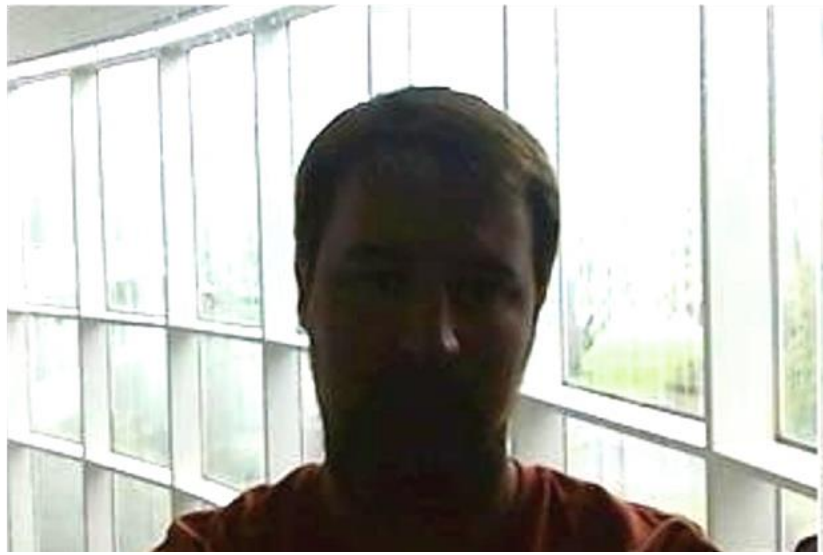
**Do not take pictures without permission.**

**NEVER use any information gained by working in the community for personal presentations, case studies, research, and so on, without the expressed written consent of the Tribal government or Alaska Native Corporation.**

Bad Lighting

Good Lighting





# Zoom Tips

- **Stands for tablets/phones (so not looking down/moving)**
- **Test microphone & speakers before you start – consider headphones**
- **Check your video & look at yourself before connecting**
- **Introduce everyone at beginning**
- **Ensure clean, work-appropriate background**
- **Features to practice: share screen, break-out rooms, chat, waiting rooms**
- **Record only if necessary – note to client & get permission**
- **Practice – do fake sessions with different scenarios with colleagues!**


**Didactic UAMS & UofA**


**Simulated Patient**

**Simulated Counselor**

**Observers**

# Crucial First Minute

- **Professional, confident, authentic tone - if anxious, unsure, hesitates awkwardly, has informal tone caller won't trust with personal thoughts & feelings**
- **Be warm, open, respectful, participatory (not 1-way) – in their world, talk at their level, explain things using common language, smaller words, metaphors, be motivational**
- **Setting stage or pre-education –expectations, limitations, follow-up processes etc. & allow for Q&A – solidifies trust & makes everyone comfortable**

# Additional Factors

- Environmental factors – minimize distractions (both sides), lighting, room size, need for activity, furniture, toys, tools
- In case lose connection – this is what we'll do
- Cultural competencies – selecting right provider, if possible someone with similar background as patient or at least experience/comfort with
  - Gender, race, ethnicity, age, sexual orientation …….
- Clarify roles & expectations – include others (parents, caregivers etc.)
- Review prior info/history with them
- Teachable moments
- Post-visit communication
- Always be aware of escalations & ER contacts

- Warmth opening & closing greetings – smile!
- Confirm patient can hear & see you clearly
- Allow for extra pause after patient speaks to ensure they have completed their sentence to avoid interruptions
- Explain if have to look away to reference EHR or other documents
- Identify reason for visit & priorities
- ID anyone else in room + their room
- Ask twice, is there anything else – keep asking until confirm nothing else
- Consistently convey empathy – be active listener, get their opinions

# Basic TH Intro

- Ask if ever seen a doctor on a phone or computer
- Explain why telehealth being used
- Communicate/affirm session happening in “real time” - comment on the patient’s gestures, or what they are wearing - children seem to enjoy as proof being seen
- Discuss security if needed
- Reassure session not “on the internet” nor will it be placed online
- Inform if being recorded & obtain explicit consent
- Establish your visual context - ask patients if would like to see your office & use camera’s zoom & pan features or manually move to give patients a virtual tour of your office

# Closing Checklist

- **Summarize plan**
- **Reinforce any care provider actions, such as calling in prescription, labs,**
- **Reinforce any actions patient will take, such as increasing activity, changing diet, complying with medication**
- **Review questions & answers**
- **Provide guidance on what to watch for should problem worsen**
- **Offer instructions for follow-up questions or concerns**

# Resources

- AMA Telehealth Implementation Playbook
- ATA QuickStart Guide to Telehealth
- AHRQ How to Obtain Consent for Telehealth
- TRC fact sheets, tips & videos for providers & patients
- Most professional societies especially psychiatry/psychology
- Talking with others to see what works

# Summary

- Technology should not be barrier to & establishing rapport
- Tech tools can facilitate & enhance what can learn about health status & how can help them
- TM creates very different work environment & devices must interact with
- Lots of resources with tips, methods, protocols

# Thank you!

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