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Brief Report

Webside Manner during the COVID-19 Pandemic: Maintaining Human Connection during Virtual Visits

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Abstract

Background: As the death rate numbers in the United States related to COVID-19 are in the tens of thousands, clinicians are increasingly tasked with having serious illness conversations. However, in the setting of infection control policies, visitor restrictions, social distancing, and a lack of personal protective equipment, many of these important conversations are occurring by virtual visits.
Objective: From our experience with a multisite study exploring the effectiveness of virtual palliative care, we have identified key elements of webside manner that are helpful when conducting serious illness conversations by virtual visit.
Results: The key elements and components of webside manner skills are proper set up, acquainting the participant, maintaining conversation rhythm, responding to emotion, and closing the visit. Other considerations that may require conversion to phone visits include persistent technical difficulties, lack of prerequisite technology to conduct virtual visits, patients who are too ill to participate, or who find virtual visits too technically challenging.
Conclusions: Similar to bedside manner, possessing nuanced verbal and nonverbal webside manner skills is essential to conducting serious illness conversations during virtual visits.

Keywords: palliative care; telehealth; telemedicine; virtual visits; webside manner

As the death rate numbers in the United States related to COVID-19 are in the tens of thousands, clinicians are increasingly tasked with having serious illness conversations. However, in the setting of infection control policies, visitor restrictions, social distancing, and a lack of personal protective equipment, many of these important conversations are occurring by phone or videoconferencing with key participants in different geographic locations.

Virtual visits, which describe clinical encounters through video platforms, are an innovative means to address the communication barriers presented by the pandemic.[1] Compared with telephone encounters, virtual visits possess the important benefit of patients, families, and clinicians being able to see each other. Virtual visits are becoming increasingly common, and the federal government has provided a greater opportunity and incentive to use virtual visits by easing HIPAA regulations and broadening reimbursement policies during the COVID-19 pandemic.[2] Despite the need and opportunity for virtual clinical interactions, many physicians have not received training in delivering optimal care through a video medium.[3] Similar to bedside manner, possessing nuanced verbal and nonverbal webside manner skills is essential to conducting effective virtual visits.[4]

Effective webside manner begins before the actual virtual visit (Table 1). A well-lit private setting is ideal. To create a sense of presence without being too far or too close to the patient, the clinician's head and upper one-third of the torso should be visualized onscreen. Similar to in-person visits, eye contact between clinician and patient or caregiver is essential to foster a feeling of connection. We suggest slightly minimizing the video image of the patient or caregiver and then moving the participant's image as close as possible to the camera to create the sense that the clinician is looking directly at the participant.

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Table 1. Key Elements and Components of Webside Manner Skills

Key element	*Components*
Proper set up	Quiet environment with minimal potential for disruptions
	Professional backdrop
	Test platform before first virtual visit
	Body position
	Neutral relaxed posture
	Head and one-third of upper torso should be visualized
	Maintain eye contact
	Camera at eye level
	Situate patient's onscreen image adjacent to the camera
Acquainting the participant	Wave hello at the start of the visit
	Name the dilemma with the participant
	New or awkward format
	Unexpected disruptions and ambient noise may occur
	Check in: ''How can I make this experience better?''
Maintaining conversation rhythm	Avoid prolonged silence. Thoughtful brief pauses are favored.
	Minimize overtalking
	Avoid saying ''mm-hmm.'' Gently nod instead.
Responding to emotion (e.g., sadness)	Focus on verbal responses
	''I wish…''
	''Take your time. I am here.''
	Consider nonverbal responses
	Lean in slightly to convey intentional listening
	Nod gently
	Place hand over heart to convey empathy
Other considerations	Use phone when there are:
	Persistent technical difficulties
	Participants who either do not have access to the requisite technology or find the virtual visit platform too technically challenging to navigate
	Patients who are too ill to participate
	Non-English speaking patients who require interpreters. Consider using a virtual visit platform that possesses interpreter services, or use the video platform to visualize the patient and use a separate interpreter phone service for audio.
Closing the visit	Summarize the visit
	Verify participant understanding
	Provide opportunity for the participant to voice thoughts, questions, or concerns
	Outline next steps based on goals of care conversation

Once the visit begins, we find that a simple wave hello often establishes rapport and puts the participant at ease. At the start of the visit, it can be helpful to acknowledge the novelty of the format and to express a wish that they could be in the same room together under more usual circumstances. Asking whether there is anything that the clinician can do to make the experience better (e.g., to speak louder or softer, to adjust the positioning of the camera, *etc.*) can reduce participant anxiety about using the platform, particularly when discussing serious matters.

Clinicians are often surprised to find that, once they settle into the virtual visit, it feels similar to an in-person visit. However, there are key verbal techniques that can foster a deeper connection between clinician and patient or caregiver. Silence, often used as an effective communication tool by skilled clinicians, may cause the patient or caregiver to feel as if there is a delay in Internet connectivity. Conversely, in a video format, it can be easy for a clinician to inadvertently begin responding before the patient or caregiver is finished speaking. Therefore, we recommend pausing for one to two seconds after the patient has finished to prevent talking over the participant.

In clinical practice, clinicians often say ''mm-hmm'' to convey that they are listening. In a video format, this can disrupt the flow of conversation. Instead, we recommend using verbal reflections to paraphrase and restate the words or feelings heard by the clinician. For example, one could use a *simple reflection* that summarizes what the patient said (''I hear how very sad all of this is'') or a *complex reflection* that summarizes what the patient said and presumes why (''I hear how sad this is and I wonder if it is even harder right now given that your daughter is going off to college?''). Verbal reflections create a sense of feeling heard and can deepen the conversation between patient and clinician.

In a virtual format, many common nonverbal empathic gestures, such as gently placing one's hand on a patient's shoulder or offering a box of tissues, are not possible. Therefore, verbal responses to emotion become even more important when conducting video visits. The aforementioned verbal reflections are a good example of this. Simple ''I wish'' statements can also be powerful and be used to verbalize the nonverbal response to emotion that a clinician would otherwise perform but cannot, due to physical separation. For example, if a patient is crying, the clinician could say, ''I wish I could be there to comfort you. I'm sorry you're going through this,'' or ''Take your time. I am here.''[5] Nonverbal gestures can still be deployed through a video format, such as leaning in slightly to convey intentional

listening or placing one's hand on one's own chest as a sign of empathy and understanding.

Finally, thoughtfully closing the encounter is important after discussing serious matters. We recommend summarizing what was discussed, verifying patient or caregiver understanding, providing an opportunity for participants to ask questions, and to outline the next steps in the care plan based on the goals of care conversation. Thanking participants for taking the time to share such important and personal information through the virtual format is often appreciated.

Although virtual visits offer a unique opportunity to have important conversations during the COVID-19 pandemic, social, economic, and demographic barriers to virtual care do exist. Many patients are unable to afford devices or Internet services to conduct virtual visits. Moreover, not all patients possess the technological skills to participate in a video visit and necessitate the need to switch to a telephone encounter. Language itself can be a barrier. Some video platforms have integrated interpreter services. However, if this is unavailable, the clinician can use the video platform for the visual element while simultaneously accessing a phone interpreter for the audio component. These barriers need to be addressed by our health care system so that all patients and families can benefit from virtual visits.

The COVID-19 pandemic presents a clear need and opportunity for clinicians to engage in virtual serious illness conversations with patients and families. Effective webside manner skills are essential to help clinicians maintain their empathic connection as they virtually guide patients and families through these unprecedented times.

Disclaimer

All statements in this report, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors, or Methodology Committee.

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