



## Planning and Conducting Virtual Videoconferencing Visits

The outreach or visiting work of public health nurses (PHNs) often occurs in locations that are external to places that clients call “home” or include modes of interaction beyond in-person encounters. During the COVID-19 pandemic, PHNs working in home visiting programs in Ontario shared their experiences of using different modes to conduct the ‘visit.’ This resource shares tips and strategies for planning and conducting safe, productive, and engaging videoconferencing visits with families.

### Virtual videoconferencing can complement in-person visiting and can contribute to many positive outcomes for families

- ✔ When an in-person visit is not possible/preferred, but when observation can enhance a visit
- ✔ To facilitate [warm referrals](#) by purposefully setting up a connection with a provider from another program or service
- ✔ When introducing new members of the home visiting team (e.g., family home visitors or nurses returning from redeployment)
- ✔ To promote accessibility, efficiency, and choice
- ✔ When intervention techniques such as demonstration, role modeling, and coaching can enhance a visit
- ✔ To provide interpreter services

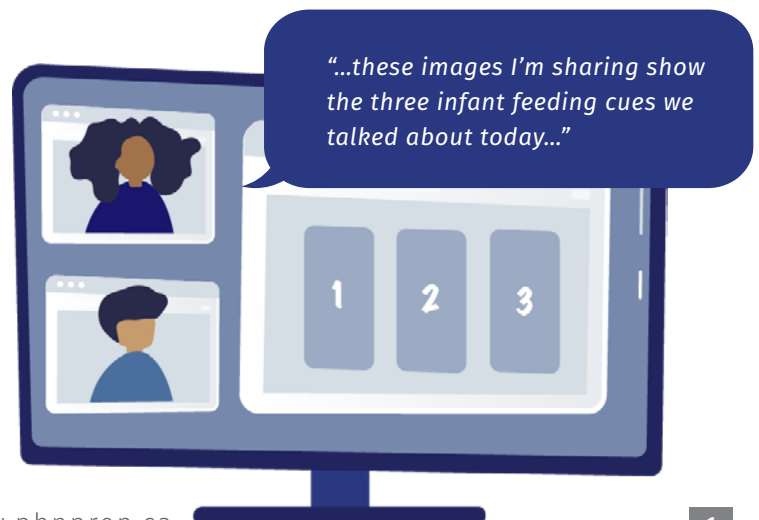


Warm referrals are a trauma- and violence-informed care (TVIC) strategy to prioritize clients’ emotional safety by actively supporting them to contact, access, and engage with other community supports or services.

### Tips to consider when planning for and conducting a videoconferencing visit:

#### SHARING RESOURCES

Have the materials you will use for the visit prepared and easily accessible; this includes assessment tools, health teaching resources, and demonstration aids. Creating 2-3 PowerPoint slides is an effective way to share the content covered in the visit. Screen sharing between nurse and client can facilitate reviewing resources or navigating websites.



## PRIVACY

Encourage the client to set up a virtual visiting space that is comfortable and allows for privacy. Remind clients that it is their choice whether to have their camera turned on. Ask the client who else may be present during the visit and ask to be introduced. Consider creating a plan or designate a safe word to indicate if a client fears speaking in the presence of another. Clients might also find it helpful to wear headphones. Consider turning off your camera when close observation is required (e.g., assessing for breastfeeding position and infant latching on the breast).



## PROMOTING ENGAGEMENT

Encourage the client to treat the encounter as if you were visiting them in their home or in person. Remind the client that the visit can take place wherever the client is most comfortable (e.g., where they typically relax or play with their child). It may be helpful to acknowledge that the videoconferencing visit may feel unusual or uncomfortable and to validate these feelings. Keep the visit as focused as possible, being mindful of the possibility for competing demands at home. To observe genuine interactions between parent and child it may be helpful to turn off your camera so as not to create a distraction. When the camera is on though, remember to be aware of your body language; provide eye contact by looking at the camera, not at yourself.

*“Don’t worry if you need to go and get something for baby ... I will still be here.”*

*“I know that virtual visits are new – and may feel a little strange – but try to imagine we’re together.”*

**PRACTICE TIP:** Adjust the pace at which information is delivered (i.e., talk less, pause/wait more). Even with the best connection, there will be a slight video/audio lag.

## TECHNICAL ISSUES

Poor internet connection, inexperienced users, and other platform-related issues can interrupt the encounter and be frustrating for nurses and clients. Create a list of common problems with detailed instructions on how to solve them and always have a back-up plan for when technology fails. Prepare the client with procedures if/when technology problems occur, including a phone number if the internet connection is unstable or gets disconnected and who will initiate a post disconnect call.



**Practice tip:** Allow extra time for delays or interruptions related to technical issues. This will ensure the visit is not rushed or cut short when challenges occur.

## CONFIDENTIALITY

If this is the first encounter with the family, review the program’s policy with respect to maintaining confidentiality, including outlining circumstances when a public health nurse would have a duty to report concerns of suspected or observed child maltreatment to a local child protection agency.

**PRACTICE TIP:** Don’t forget to review the parameters of the videoconferencing platform you are using ahead of the visit and remind the client about the measures in place to protect client privacy and confidentiality.

*“...is there anyone there with you today that I can introduce myself to?...”*



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