



## Promoting High-Quality Engagement During Videoconference Visits

Many home visitation programs provide clients and home visitors with flexibility to determine the most appropriate and safest way to connect or “visit” with a client, whether it is by telephone, text, videoconference, or in-person. When connecting with a client through a videoconference platform, a common challenge is how to enhance the quality of the home visitor-client relationship. This practice guidance outlines strategies that can be employed to promote engagement during videoconference visits with clients.

### Rituals

Moving visits to a videoconference format can be disorienting if the home visitor or client aren't familiar with navigating this alternate context.<sup>1</sup> When humans feel disoriented in a new context, they often use rituals to achieve a greater sense of control and order to reduce feelings of awkwardness.

**Transitioning to video has disrupted the usual routines used with in-person visiting:**



Rituals are conscious and intentional practices that transform “mundane moments into special ones.”<sup>1</sup>

### Rituals to incorporate at the beginning of a videoconference visit to promote engagement

It is easy to introduce a few simple rituals into a videoconference visit. Before introducing a specific ritual, consider the purpose of the visit, which rituals might be more appropriate for where you and the client are at within the therapeutic relationship, and which rituals might be well received by your client.

## Personal Greeting

- Be the first to log on – microphone unmuted and camera on, have your display name (rather than an email address or cellphone #) and pronouns visible.
- As the client logs on – greet them by name.
- If this is an initial visit – don't forget to NOD<sup>2</sup> – share your Name, Occupation, and Duty!
- Ask for their preference for what they would like you to call them – and confirm pronunciation of their name.
- Ask to meet or say “hello” to anyone else in the room – including the baby! This also gives you the opportunity to assess privacy and who else is present. If other people are present assess if the client would like them involved or present during the visit. Depending on the situation, you might ask the client for permission to continue the visit (in the presence of others) in the “chat” function so that they can respond privately.

*Hi, my name is Amanda (NAME) and I am a public health nurse (OCCUPATION) with the Healthy Babies Healthy Children Program. The purpose of today's visit is to see how you and baby are doing since you left the hospital, answer any questions you have, and talk about other supports you may need (DUTY).*



## Prepare Yourself and Client to Be Present

- Life can be complex, chaotic, and overwhelming. Sometimes a home visitor is late to log onto a video visit or the client logs on and is already feeling exhausted from a busy day, tending to a crying infant, or a toddler wanting to play.
- Discuss and confirm if it is still a good time to connect – if yes --- then rather than immediately starting on the home visit content, ask the client if they would be interested in joining you in a brief guided breathing activity.



**Practice Tip:** If starting with a breathing exercise, this is a good time to coach the client to prop the phone/tablet on a table, leaning against a coffee cup or can. The client then has their hands free to relax. You can also coach the client on camera/phone position to have a full view of the client and baby.

*Make yourself comfortable where you are sitting and if possible, put your feet on the ground. If it feels safe to you, close your eyes. I'm going to walk us (including children when possible) through a guided breathing activity to help us move from everything that was happening before this visit to a place where we can both be fully present in this visit. Here's how the activity works – together we will take four seconds to deeply breathe in through our nose and let our lungs fill with air and to push out our belly, we will hold our breath for another four counts, then exhale for another four counts and then hold for four counts.*

*Are you ready? Any questions?*

*Let's start: Breathe in through your nose. One, two, three, four. Hold, one, two, three, four. Now breathe out through your mouth, one, two, three, four. Hold, one, two, three, four. (REPEAT another three times).*

*Thank you. Now that we are present together – let's discuss our plan for today!*



## Clear Expectations

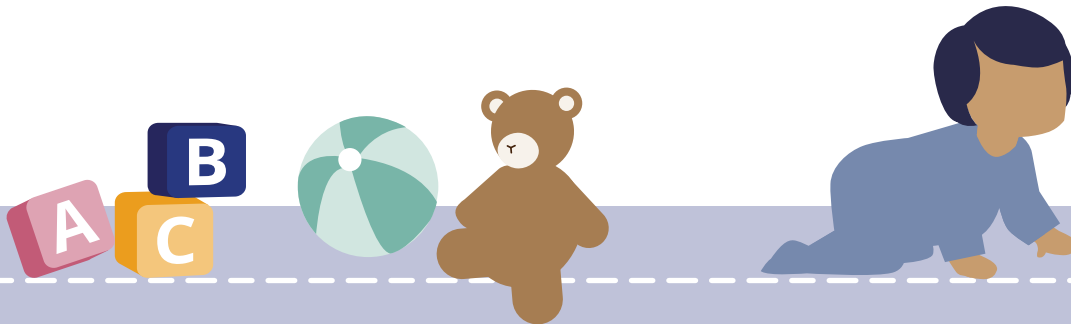
Reviewing the home visitor's and client's expectations for the visit can promote emotional safety, create trust, and reduce anxiety. It is important to collaboratively discuss and employ shared decision-making to determine:

- Their comfort and familiarity with meeting on video. Answer any questions they have.
- Consent to conduct the visit by video. Be aware of, and share as required, local agency policies regarding virtual service delivery, duty to report requirements, and any privacy statements.
- Share a story of why you feel more connected when you can see your clients.
- The goal(s) or purpose for this encounter.
- The client's prioritized needs.
- The nurse's tasks – confirm if an assessment is to be completed. If taking notes, share that with the client and tell them what information you are noting and how it will be used.
- How time will be used during the visit – and when the visit is scheduled to end.
- How to manage and navigate any disruptions that may occur including a dropped.
- Internet connection, attending to a child's needs etc.
- A ritual to acknowledge the end of the visit or encounter.



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**Reflection:** Think about how you handle common disruptions during an in-person home visit. Often the same strategies you use in-person can be transferred to a video visit. This may include coaching a client to recognize child's cues and attend to their needs or wait quietly while client steps away (e.g., to feed infant, put infant to nap).



### Toddlers on the Move!

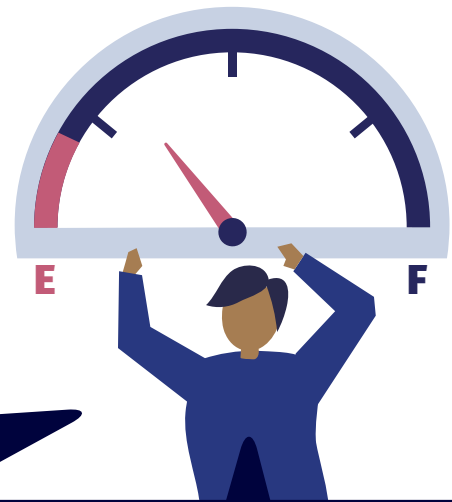
Curious infants and mobile toddlers often want to touch the screen, close the computer, or take the phone or tablet away from their parent! Strategies to consider with your client to minimize distractions:

- Plan a video visit around nap time
- Put the infant/toddler in a high chair next to their parent during the visit with some toys, a book, or snack
- Introduce and coach the parent on different distraction techniques
- Give the parent permission to step away as needed during the visit

## Ritual to Incorporate When Energy Feels Low in a Visit

### How Full is Your Gas Tank?

This is a fun and quick ritual that can be used at the beginning of a video visit – or at any other time during the encounter. It is quick, easy to do, allows for some humour and fun, and provides the home visitor with a quick assessment of how much energy the client has!



*When I'm not driving around so much, my car's gas tank is usually pretty full. But that's not always the case for my own gas tank of energy! Let's pretend our arms are like a gas tank on a dashboard (lay left arm flat, put bent right arm on top, at a 90 degree angle). Move it as far to the right if you are feeling energetic right now – or over to the left if you feel like you have lower levels of energy today (nurse role models where their energy level) is.*

*I notice that you moved your arm pretty close to "EMPTY." Can you tell me about some of the things that are draining your energy lately? What strategies are you already using to emotionally refuel? Would you like us to spend some time together brainstorming some other ideas?*

## Rituals to End a Virtual Visit

### Parting "A-Ha"<sup>1</sup>

Have you ever left a visit and wondered, "did the client take anything valuable away from this encounter?"

At the end of a virtual visit, plan to take about 5 minutes to create space for everyone present to reflect on the visit and share one thing they got out of it. Here's an example of how this works:

**1**

*As we end this visit today, I'd like to ask you (or everyone who is present) to think of one "a-ha" that you experienced during this time together. It could be anything – something that surprised you, an acknowledgment of one of your parenting strengths, or a piece of information that will be helpful to you in the future. I will do the same. (Take about 30 seconds in silence to think).*

**2**

*Would you like to share your "a-ha" first – or would you like me to share mine?*

**3**

*(Share "a-ha" moments)*

**4**

*Thank you for sharing what was (interesting, meaningful, challenging) to you today. I really appreciate this time I get to spend with you and your child.*



## Expression of Gratitude<sup>2</sup>

A virtual visit requires home visitors (public health nurses and/or family visitors), clients, their family members, and their child(ren) to create time and space to come together and to create an emotionally and physically safe space for sharing. This simple ritual is about publicly providing praise, saying thank you to each other and expressing gratitude.

### How it works:

- 1 The public health nurse starts by thanking one individual on the call and acknowledging a specific behaviour they are grateful for.
- 2 The nurse then asks that individual if they would like to express their gratitude or thanks to someone else who was present during the encounter. The nurse might even use this as an opportunity to encourage the client to say “thank you” to their infant or child!
- 3 If there is another adult present during the virtual visit (e.g., a family home visitor, a nursing student, the client’s partner or mother), invite them to express their gratitude towards someone else on the call.
- 4 It is important that the public health nurse monitors to ensure that an expression of gratitude and thanks is given to everyone present.



### Tech Tips

- Remind client (and self) to plug in devices (if possible) to avoid battery dying during a visit.
- Use a headset or external microphone to improve the sound quality of the connection, to increase the sense of personal connection, and to increase privacy (with headset).
- At the end of the visit remind the client to log off (press leave) so that the session ends.

# Best Practices for Enhancing Connection and Communication in Videoconferences<sup>3</sup>



1

Prepare for the encounter with intention

2

Actively and fully listen – remain visible on screen, lean in, nod, maintain eye contact, communicate through facial expressions and hand gestures, create space for the client to share and don't interrupt.

3

Collaborate and agree on what matters most (see points on Clear Expectations)

4

Be curious and connect with the client's experiences. Ask open-ended questions, explore what is meaningful to them, if appropriate (and safe) invite them to show you their favourite space, a meaningful object, or introduce you to others in the home.

5

Be attentive to emotional cues. Look for and validate emotional cues expressed through facial expressions, body language, and changes in verbal tone or volume.

6

Centre your body in the screen at approximately chest height to fill the frame. A closer view of your face more closely approximates an in-person visit for the client.

(After observing client yawn) "Wow, I really enjoy this time with you and your baby. We've talked about a lot today, what do you think about us saying good-bye right now – and making a plan to connect again in two weeks?"



**Change it up occasionally!** Incorporate different strategies for sharing information – videos, PowerPoint presentation, create a fun quiz or poll.

<sup>1</sup>Özenç, K., & Fajardo, G. (2021). Rituals for virtual meetings: Creative ways to engage people and strengthen relationships. Wiley.

<sup>2</sup>Alberta Health Services (2014). Patient and family centred care resource kit: How to improve the patient experience at the point of care. <https://www.albertahealthservices.ca/assets/info/pf/pe/if-pf-pe-patient-family-centred-care-resource-kit.pdf>

<sup>3</sup>Srinivasan, M., et al. (2020). Enhancing patient engagement during virtual care: A conceptual model and rapid implementation at an academic medical centre. NEJM Catalyst Innovations in Care Delivery. Accessed online: <https://catalyst.nejm.org/doi/pdf/10.1056/CAT.20.0262>

**Citation:** Jack, S.M & Lippolis, S. on behalf of the PHN-PREP Project Team [2022]. Promoting high-quality engagement during videoconference visits. [Professional Resource]. School of Nursing, McMaster University. [<https://phnprep.ca/resources/quality-virtual-engagement/>]

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