Tele-Presence 5: A ritual of connection for virtual visits
Strategies to foster humanism and meaningful connection during virtual encounters

| Prepare with intention | • Stand up and take a deep breath between visits  
|                        | • Perform a brief chart review, emphasizing key elements of the social history  
|                        | • Minimize distractions to focus on the person you are about to see |
| Listen intently and completely | • Sit up, lean forward, stay in the frame, and look directly at the camera to maintain eye contact  
|                        | • Nod and use facial expressions to communicate that you are listening  
|                        | • Pause before responding to account for lag time and prevent interruptions |
| Agree on what matters most | • Ask about your patient’s priorities and expectations, and share your own goals for the visit  
|                        | • Use open-ended questions and utilize teach-back to assess understanding  
|                        | • Reassure your patient that you are there for them, despite the virtual nature of the interaction |
| Connect with the patient’s story | • Invite your patient to comment on their visible personal items such as pets, photos, or furnishings  
|                        | • Ask individuals who are present to introduce themselves to learn about the patient’s social support  
|                        | • If appropriate, inquire about the patient’s home environment and safety |
| Explore emotional cues | • Tune into patient emotions evident through body language and tone or volume of speech  
|                        | • Ask the patient how they are feeling about their health concerns and other stressors  
|                        | • Name and validate observed emotions |

Share your #telepresence5 practices on Twitter and learn more about Presence 5 at https://stan.md/39olGgZ

These recommendations for virtual visits were adapted from Zulman DM & Verghese A, et al. Practices to foster physician presence and connection with patients in the clinical encounter. JAMA. 2020;323(1):70–81.