

Videoconference Trouble-shooting

Occupational Therapist – Michael: Troubleshoot prior. Allow time to troubleshoot. Speak clearly. Speak concisely. Frequently check that the people on the other end can hear you. And consistently ask for feedback - perhaps a little bit more so than what you would do in a face-to-face meeting.

Social Worker – Sharnia: Hi, can you hear me? Hi. You can hear me, okay?

Consumer Family Member – Sonya: Yes, I can hear you darl. I can hear you I just can't see you.

Social Worker – Sharnia: So, I've got both Sonya and Cheryl on. Is that right?

Consumer Family Member – Cheryl: That's correct.

Social Worker – Sharnia: Beautiful. Okay.

Consumer Family Member – Cheryl: I can see you and I can hear you.

Social Worker – Sharnia: Okay, lovely.

Geriatrician – Dr. Ranasinghe: So, who can't see?

Social Worker – Sharnia: Sonya but you can hear okay, is that right?

Consumer Family Member – Sonya: Yeah, but I would prefer to see you.

Social Worker – Sharnia: I can't see you either Sonya. Is your camera on?

Consumer Family Member – Sonya: I'm trying to press on it.

Social Worker – Sharnia: Sonya if I transfer you back out and then back in. I'll see if that makes a difference. Did you want me to try?

Consumer Family Member – Sonya: Yes please.

Social Worker – Sharnia: Sonya I'm going to try disconnecting you completely and then if you want to click the link and go back into it.

Consumer Family Member – Cheryl: Do you want me to send her a text message?

Social Worker – Sharnia: Yeah, I'm just going to disconnect her completely and then maybe just ask if she can click the link again, Cheryl, and go back into it.

Consumer Family Member – Cheryl: Just let me know when you're ready for her to click on the link.

Social Worker – Sharnia: So, if she wants to try now.

Consumer Family Member – Cheryl: I'll just send her a text message.

Social Worker – Sharnia: Thanks Cheryl. Are you there Sonya? Oh, there we go. Alright perfect.

Social Worker – Sharnia: When I was first being introduced to telehealth, it was quite daunting thinking about having to set that up and we're not IT workers in any way. So, it was quite daunting having to learn the software, but then also having to provide that education and discuss it with the family members who often it's also their first time using the service.

But the difference that it's made in your connection to the family members and being able to include them in meetings that wouldn't be able to happen if it was just over the phone is incomparable. It's a really important service moving forward to use.

So, during today's telehealth session, I noticed some background noise on one of the family member's end. They were in their workspace, and they obviously had their office environment was quite loud and it was interfering with the meeting. It was disrupting us on our end but also the other family member was hearing it as well and it was quite distracting for her. So, I noticed that was becoming frustrating within the meeting so I just paused what the doctor was talking about just so that I could mute both of the family members. And I communicated that I was doing that so that they knew when they wanted to speak, they just needed to either pop their hand up or just let us know in the chat system that they wanted to speak so that I knew to unmute them, or they could unmute themselves when they wanted to add something.

Social Worker – Sharnia: I'll just interrupt sorry. Cheryl and Sonya, I'm just going to pop you both on mute just for the time being. There's just some background noise but I'll take you off mute when you guys are needing to talk, okay? Just raise your hand.

Psychologist – Scott: So similar to face to face in a lot of ways - that when it does go wrong, as long as you've got your plan of how to reconnect with people, how to maybe manage that communication or technology issue, you can easily regain rapport with people. And I've found even that is a bit of a rupture of the rapport and then you repair it by you both working together to get the technology going. That's such an important thing that sometimes it ends with better rapport for that person after having been disrupted.

So that's something I hadn't really considered before. It is a little bit backed up in the literature too. After I got into the area and was looking into it more, the rapport issue by telehealth seems to be a little bit more a worry about the clinician's point of view and their anxieties rather than actually felt by the patient. It doesn't seem to be a huge difference with patients reports of therapeutic alliance and rapport. And that's been my experience. You get the same range, I think, as face to face.

Having said that, you having your backup plans and I'm using a telehealth service, I need to know when technology isn't working correctly what are many options as backup to contact patients. And I think that setting that up first is really all the work and then after that it's just a matter of following your process.

And really in our service we always try to get people up and running. Do a bit of problem solving with how they can get connected. Give them a bit of a try and if it doesn't work and it's continuing to be a real technology issue that stops us then sure we need to look at referral pathways elsewhere, perhaps locally. There's always the backup option of phone but it's never the preference and a lot of patients don't prefer that either. They seem to either want that face-to-face contact or via telehealth where they can see the clinician they're talking to.