**Telehealth Etiquette Checklist**

**Group #:**

**Patient Case:**

**As you view each version of a video consultation, please critique how well the clinicians demonstrate interpersonal skills using this checklist of 12 Critical Behaviors. For each critical behavior, three to five competencies that support the behavior are listed. Indicate the rating from 1 to 5 that you think applies best about the performance of each Critical Behavior using the following response scale:
1 = very poor performance; 2 = poor performance; 3 = fair performance; 4 = good performance;
5 = very good performance.**

**You can also add Coaching Comments at the end that you might say to the clinician.**

|  |  |
| --- | --- |
| **Critical Behavior*** Competency
 | **RATING** |
| 1. **Orientation**
* Explained expectations for the televisit
* Expressed positive views of telecare
* Checked for cultural/regional differences
* Introduced self
* Explained role on the health care team
 |  1 2 3 4 5 |
| 1. **Verbal Clarity**
* Used clear language
* Avoids or explains abbreviations and technical language
* Clarified unclear statements as needed
 | 1 2 3 4 5 |
| 1. **Active Listening**
* Used repetition and summarizing to reinforce information
* Specifically invited questions
* Checked for clear understanding of what the patient was saying
* Avoided interrupting patient
 | 1 2 3 4 5 |
| 1. **Patient-Focused**
* Explored problem impact in the patient’s life
* Allowed the patient to set the pace for the consultation
* Used adequate open-ended follow up questions to obtain a view of the whole health problem
 | 1 2 3 4 5 |
| 1. **Tone of Voice**
* Friendly
* Softened tone when conveying emotional content
* Used appropriate vocal volume and rate for patient understanding
 | 1 2 3 4 5 |
| 1. **Eye Contact**
* Made eye contact before speaking
* Appropriate length to enhance patient comfort
* Stayed visually attentive
 | 1 2 3 4 5 |
| 1. **Other Body Language**
* Open posture- arms uncrossed (neutral/positive)
* Appropriate and engaging facial expressions
* Kept position facing patient/camera and unobscured
* Limited distracting movements or note-taking
* Appeared comfortable in the virtual environment
 | 1 2 3 4 5 |
| 1. **Empathy**
* Conveyed empathy nonverbally
* Showed openness to patient’s emotions
* Showed acceptance of patient’s emotions
* Responded to patient’s nonverbal indicators of emotional state
* Used silences to facilitate the patient’s expression of thoughts and feelings
 | 1 2 3 4 5 |
| 1. **Rapport**
* Created rapport
* Encouraged patient to express self
* Showed interest in the patient as a person
 | 1 2 3 4 5 |
| 1. **Respect**
* Acknowledged patient’s coping efforts
* Accepted legitimacy of patient’s views and feelings; is not judgmental
 | 1 2 3 4 5 |
| 1. **Therapeutic Alliance**
* Responded to patient with emotional vs. informational comments, appropriately
* Collaborated with decision-making
* Offered partnership
* Dealt with embarrassing topics sensitively
 | 1 2 3 4 5 |
| 1. **Environment**
* Limited background noise or distractions
* Explained role of any others present
* Explained setting
* Assured privacy of patient consultation
 | 1 2 3 4 5 |
| **Overall Rating** **Coaching comments:** | 1 2 3 4 5 |

**Please provide your general feedback on using the checklist here.**

**Telehealth Exam/Education Rubric**

**Group #:**

**Patient Case:**

|  |  |
| --- | --- |
|  | **Check** |
| 1. Identifies reason for the visit
 |  |
| 1. Confirms that patient agrees with the reason for the visit and accepts that it is delivered by telehealth
 |  |
| 1. Obtains history of symptoms
 |  |
| 1. Obtains approaches/treatments patient has taken to address the issue
 |  |
| 1. Obtains allergy history
 |  |
| 1. Conducts an appropriate physical exam using equipment at home, and/or other individuals to assist ***or*** provides education using learning styles
 |  |
| 1. Discusses findings
 |  |
| 1. Develop plan (follow-up, referral, medication, etc.)
 |  |
| 1. Determines patient’s understanding of plan/education
 |  |
| 1. Determines how patient will get information on the visit (email, portal, secure text, etc.)
 |  |
| **Total (1 point each)** | **/10** |