To excel with virtual care, listen closely and with empathy

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The value of a virtual exam performed during a telehealth visit is that it is an extension—and not a replacement—of traditional patient care. The intent is not to recreate an in-person exam, but to provide a different experience, one in which the absence of the human touch is made up for with focused observation and empathetic listening.

Matthew Sakamoto, MD, an AMA member and a San Francisco internist and clinical informatics specialist at the integrated Sutter Health system explained how to foster such a “webside manner” in an AMA webinar, “Developing digital empathy and the virtual physical exam.”

Along with rapid adoption of new technology and new concepts, Dr. Sakamoto noted that a time-honored medical tradition has been rekindled amid the pandemic, although in a different form.

“Telehealth really brought back the home visit,” he said.

The webinar outlines strategies to improve patient connection and communication when delivering care remotely and is part of the Telehealth Immersion Program designed to help physicians, practices and health systems implement, optimize, sustain and scale their telehealth efforts.

That program is part of the AMA STEPS Forward™ Innovation Academy that lets physicians learn from peers and experts and discover ways to implement time-saving practice innovation strategies.

Learn how to bring warmth to your virtual care visits.

Developing digital empathy
The action of performing a virtual exam and the words used to direct the patient are part of achieving digital empathy, which then gives the physician a “window to get what the patient is thinking and feeling,” Dr. Sakumoto said.

Another expert on the webinar is Sarah Krug, founder of a patient-engagement organization called Health Collaboratory. She noted that “empathy is our ability to see the world through another person’s eyes.”

Active listening is an essential digital health tool because, she said, it’s an extension of digital empathy and takes place “when you take the time to absorb and react to what the patient is saying unconditionally.”

Krug, also president of the Society for Participatory Medicine, said while patients’ stories are essential diagnostic tools, “not all patients are natural storytellers.” Being an active listener, giving prompts, and expressing curiosity can help coax the narrative along, she said.

In 2022, learn about moving beyond telehealth to digitally enabled care.

**Breaking the ice, building trust**

Old-fashioned ice-breaking techniques can help engage patients and foster communication. Dr. Sakumoto noted how his patient intake forms invite patients to tell a “fun fact” about themselves.

If patients tell him they are going on a trip, Dr. Sakumoto says he learned in medical school to make a note of it and to ask them about it when they return.

Another way to build a connection in a video visit is to pull back the camera so there is not a “talking head effect,” he said, and to allow patients to see your home or office—just as are seeing theirs.

Trust is vital to conducting a physician-directed patient self-exam. If patients provide honest assessments that their physician can trust, such an exam can provide quality assessments of a patient’s respiratory function, back or shoulder pain, lymph node conditions, discoloration of skin or lips or abdomen shape all without actually touching the patient directly, Dr. Sakumoto said.

He added that video visits tend to be more targeted and, therefore, shorter than an in-person visit with more counseling and less “information extraction” because many questions are answered in pre-visit, asynchronous communication.

Learn more about the AMA’s Return on Health telehealth framework for practices.
The webinar explores topics Dr. Sakumoto and Krug covered in a report they co-authored, “Enhancing Digital Empathy and Reimagining the Telehealth Experience,” published by *Telehealth and Medicine Today*. 


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