

## April 2019 Newsletter

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Hello REACH PC Clinicians!

We want to use this installment of the newsletter to highlight some of the unique aspects of responding to emotion during a telehealth visit. Many of you may say, “I use a lot of the same techniques as when I am in the same room with a patient.” Yes, we agree with you! First and foremost, don’t forget to draw upon what you do every day in your in-person encounters to convey empathy. Below are some strategies that the MGH REACH PC team came up with to respond to emotion. Please send along your tips as well.

In this month’s video, Isaac Chua, palliative care physician and lead REACH PC clinician from the Dana-Farber, and Mihir Kamdar, palliative care physician at MGH and co-investigator, discuss challenges and strategies to respond to emotion during telehealth encounters.

We are also attaching a recent perspective article in the NEJM from two clinicians who share their experiences living with metastatic cancer. This article is a nice preview for one of the topics we will cover in our annual retraining lecture. Please click [here](#) to access the article.

Vicki Jackson and the MGH REACH PC Team

### Techniques to respond to emotion in all settings:

1. **Naming and validating** - This response to emotion helps patients feel heard. We often name and validate strong negative emotions. “It makes perfect sense it feels hard to live in this uncertainty” Don’t forget to validate strong positive emotions too. This approach helps patients know that we are in all parts of the experience with them. “Wow, I see how happy you are that you are feeling well and looking forward to your trip with your family!”
2. **Normalizing** - “Most of my patients say the same things you are saying. It is so normal to feel angry that this is all happening.”
3. **Aligning/non-abandonment** - “I hear how hard it is to imagine talking to your children about what all this means. I want you to know that we will be here with you to help you navigate these conversations.”
4. **Simple reflection** - “I hear how very sad all of this is.”
5. **Complex reflection** - “I hear how sad this is and I wonder if it is even harder right now given that your daughter is going off to college?”
6. **Curiosity** - “What was that experience like for you? Tell me more about what specifically the hardest part was?”
7. **Silence** - A moment of silence provides patients with space to process what is being said and develop deeper prognostic awareness. The use of non-verbal communication (e.g. head nodding, empathic facial expressions) can help you stay connected to the patient during times of silence. Remember the secret to knowing when to break the silence is that patients will break the silence themselves or re-engage in eye contact letting you know it is ok to begin speaking again.

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### Unique aspects of telehealth:

1. **Environment**: If you anticipate there will be expressions of strong emotions, make sure to cue the patient to be in a more private setting in the house where they will feel comfortable expressing those emotions. For example, they may not want to have the kids around.
2. **Look into the camera**: Make sure you have your screen aligned in such a way that you can look into the camera directly, which the patient will experience as making eye contact.
3. **Attend to environmental cues**: In telehealth, we are invited into a patient's inner world. What do you notice? For example, are they in a darkened room? Are they wanting to have a conversation with family walking in and out? I find myself wondering why is the patient ok with this conversation not being private? Are they feeling comfortable with others hearing their conversation? Are they wanting to have it be more superficial today?
4. **Ending the session**: Ending a telehealth session can feel very abrupt. We don't get to walk the patient to the door and touch their shoulder to say goodbye. Think about how you might want to wind things down if a patient has expressed strong emotions. You may want to begin to move the conversation gently to another place so that the patient will feel more integrated and less emotional before the visit ends. You may also want to sign post that the appointment is coming to an end. "I see that we have about 10 minutes left. I wonder what might be most helpful to discuss as we finish up our appointment for today?"