Digital Compassion in Primary Care Settings: Enhancing Clinician-Patient Communication During Video Visits

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BACKGROUND

Compassion refers to the ability to acknowledge patients' suffering and understand their context and needs; it is action-oriented and driven by the desire to help.[1]

In the evolving landscape of digital healthcare, the concept of compassionate care extends into the digital realm, termed "digital compassion". [2]

Seven digital compassionate care domains and technology attributes have been identified[3,4]:
1. Digital literacy
2. Ethical implications
3. Collaboration and co-design
4. Patient preferences
5. Therapeutic relationships
6. Patient safety
7. Technology safety

Given that patients' experiences of compassionate care are influenced by what healthcare providers do (i.e. their behaviours), it is of utmost importance to understand how providers translate compassion when conducting video visits.

There is a paucity of knowledge on operationalizing healthcare providers' digital compassionate behaviours.

AIM

Adapting existing evidence-based **skill-building intervention** (via virtual patient simulation) for delivery to **new target populations** (primary care physicians), with **updated focus** (compassionate digital therapeutic relationships).

OBJECTIVES

1 To identify behaviours that operationalize compassionate digital therapeutic relationships *(The main focus of this poster presentation)*

2 Explore whether an existing skill-building intervention (virtual patient simulation) aimed to foster relational skills can be adapted to foster compassionate digital therapeutic relationships

METHODS

Approach

This project is anchored in a collaborative approach guided by an advisory committee. The committee consists of experts in digital compassion, education and in intervention development (e.g., researchers, clinicians, experience advisors) from various backgrounds (e.g., nursing, education, psychology).

Objective 1

▶ **To identify behaviours that operationalize compassionate digital therapeutic relationships**

Guided by the Behavioural Change Wheel[5], we undertook 2 steps:

1. Defining the digital compassion in behavioural terms.
- Synthesizing key literature on (digital) compassionate care[3,4,6-9]
- Consulting with advisory committee to prioritize the foundational compassionate care domain

2. Selecting target behaviours.
- Generating a list of behaviours
- Validating the 22 preidentified behaviours, through a survey, with advisory committee:
  - **A.** Do you think this behaviour reflects a core action for compassionate care or an advanced action?
  - **B.** Is it a discrete behaviour that you could observe in practice?

Objective 2

▶ **Explore whether an existing virtual patient simulation can be adapted (ongoing)**

Guided by an Intervention Adaptation Method[10], we are undertaking those steps:

1. Deconstructing the original virtual patient simulation[11,12] into its theory, modality of intervention delivery, and clinical processes

2. Reconstructing the intervention
  - **A.** Mapping compassionate behaviours (Objective 1) with original virtual patient simulation
  - **B.** Validating the adapted intervention among field experts (n=12) through semi-structured interviews
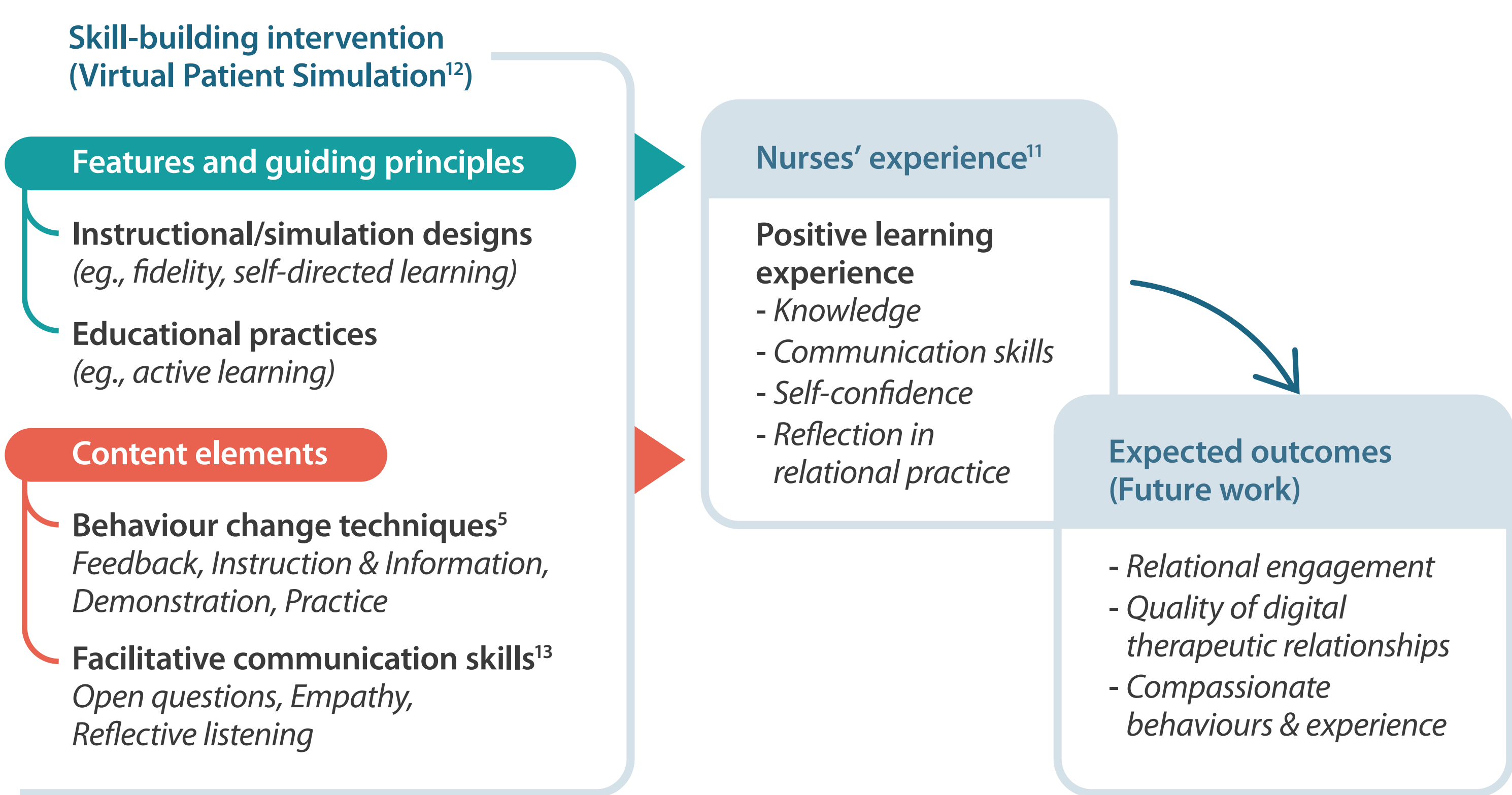
RESULTS

Actions that operationalize compassionate digital therapeutic relationships
- 11 advisory committee members responded to the survey.
- Some behaviours were removed, specified, and divided.

Table 1. List of compassionate actions to build digital therapeutic relationships

#	Action	#	Action
1	Asking the patient whether they can see the clinician	12	Using head nods
2	Asking the patient whether they can hear the clinician	13	Smiling when appropriate
3	Asking the patient whether they have privacy for the current consultation before it begins	14	Using an active posture (i.e., forward trunk lean)
4	Placing the camera at eye level	15	Using words of encouragement during the interaction
5	Sharing the clinician's screen	16	Using verbal statements valuing the patient's strengths, abilities, efforts, behaviours or good intentions
6	Asking the patient if they can see the clinician's screen	17	Using plain language (e.g., avoiding jargon and long multisyllabic words)
7	Asking the patient to describe their symptoms, suffering or emotions in their own words	18	Utilizing short sentences
8	Asking the patient to share their perspective about the situation	19	Utilizing pauses to check for understanding
9	Demonstrating knowledge about the patient's situation and needs through verbal acknowledgement	20	Engaging in small talk tailored to the patient's situation
10	Using brief verbal statement mirroring the meaning of the patient's preceding speech (e.g., thoughts, feeling, suffering)	21	Providing a concise, accurate, and timely overview of a patient's narrative
11	Using eye contact as the patient speaks (including looking up or down)	22	Asking the patient at the outset if there are ongoing concerns
		23	Having a discussion with the patient to explore next steps

Figure 1. Ongoing deconstruction of the virtual patient simulation

Skill-building intervention (Virtual Patient Simulation[12])

Features and guiding principles
- **Instructional/simulation designs** (eg., fidelity, self-directed learning)
- **Educational practices** (eg., active learning)

Content elements
- **Behaviour change techniques**[5] *Feedback, Instruction & Information, Demonstration, Practice*
- **Facilitative communication skills**[13] *Open questions, Empathy, Reflective listening*

Nurses' experience[11]
Positive learning experience
- Knowledge
- Communication skills
- Self-confidence
- Reflection in relational practice

Expected outcomes (Future work)
- Relational engagement
- Quality of digital therapeutic relationships
- Compassionate behaviours & experience

CONCLUSION

The difficulty of recognizing verbal and nonverbal cues during video visits, and the loss of shared physical space present barriers for communication. Building providers' capabilities in overcoming barriers and communicating compassionately is fundamental for the delivery of digital compassionate care.

Funding AMS advancing innovative healthcare with compassion at its core

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