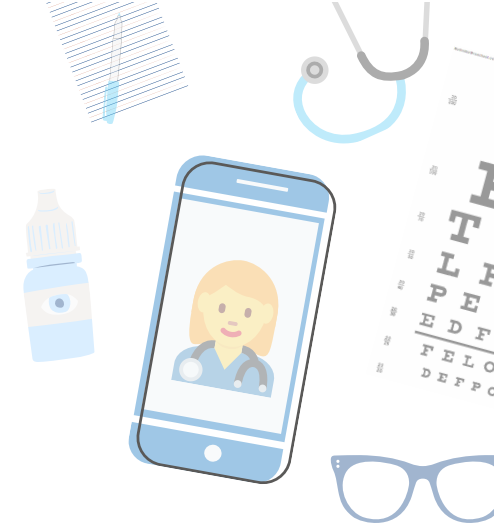


VIRTUAL VISITS GUIDE

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MARCH 2020



TECHNOLOGICAL OPTIONS

1 VIRTUAL VISIT APPLICATION THROUGH YOUR INSTITUTION

2 VIDEO CONFERENCING APPS

With the COVID-19 Public Health Crisis, providers are now able to use video conferencing apps such as Zoom, Skype, etc. without HIPPA concerns

BEST PRACTICES



KNOW YOUR TECHNOLOGY

Download and test the application you will be using on whatever device you plan to use at least 30 minutes prior to visit. Test video and audio.



USE A STABLE SURFACE

Place computer or camera on a stable surface, like a desk, and aim to have the camera at eye level.



HAVE GOOD LIGHTING

Make sure that you are not completely in the dark during the video visit and avoid being backlit. Face towards natural light from a window or have a good lighting source on the face.



FIND A QUIET SPACE

Conduct the visit in a quiet space that is free from distractions. Make the patient aware of who is in the room.



START WITH THE EXAM

Consider doing the exam before extensive history or counseling, as children may lose interest and their participation is key to success!



SPEAK SLOWLY AND CLEARLY

Communicate clearly by talking directly into the microphone, and speaking slowly so the patient can understand you.



DO VIRTUAL VISITS IN THE A.M.

Consider blocking all of your virtual visits for the morning hours so that you can have any patients who subsequently need to be seen come in that same day.



BE ON TIME

Log in early for your virtual visit to make sure everything is in working order.



LOOK AT THE CAMERA

Look directly at camera when counseling the patient/family to enhance "eye contact."



THE EXAM

1 Be Creative!

3 Ask for relevant pictures of findings ahead of the visit.

2 Ask for Patient Participation.

4 Share best practices & tips with your colleagues!

VIRTUAL EXAMINATION MANEUVERS

Visual acuity	<p>Infant/toddler Check fixate and follow with parent or sibling holding toy Screen share age-appropriate video and observe the child Observe differences in occlusion</p> <p>Verbal child Ask child to describe items around the room with both eyes and each eye individually</p> <p>Older child/teenager/adult Ask patient to read items across the room and give a report of their relative visual acuity Screen-share a visual acuity chart and understand relative acuity between eyes Future: Downloadable applications for checking visual acuity</p>
External Examination	<p>Observe under appropriate lighting</p> <p>Check for erythema, eyelid positioning and movement, margin-to-reflex distance, symmetry (or asymmetry of skin folds, etc.</p>
Pupils	<p>Observe Enhance with a flashlight if needed Relative afferent pupillary defect testing is difficult to teach; findings can be confounded by accommodation</p>



VIRTUAL EXAM MANEUVERS, CONT'D

Eyelids and adnexa	<p>Observe bring the eye closer to the camera</p> <p>Ask the patient to lift the lids and look down to observe lacrimal gland</p> <p>Ask the patient to evert the lower eyelids</p>
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Anterior segment	<p>Observe</p> <p>Enhance observation with external lighting if needed; light reflex testing can show health of ocular surface</p> <p>Illumination from the side (much as you would illuminate to check for keratoconus/Rizzuti sign) may give gross views of the anterior chamber and lens</p>
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Ocular motility	<p>Utilize a parent or sibling to move a toy in young children</p> <p>Ask the patient to look in all directions of gaze</p> <p>Consider Doll's head maneuvers while the child themselves on the screen or a movie via screen share</p> <p>Ask the patient to conduct smooth pursuit and saccadic eye movements</p>
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Eye alignment	<p>Observe the corneal light reflex in different directions of gaze</p> <p>Ask the parent or the patient to assist with cover-uncover testing and cross cover testing (this is difficult but doable; estimate the deviation)</p> <p>Ask the patient to describe the relative separation in diplopic images in directions of gaze</p>
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Color vision	<p>Ask the patient to do a subjective red desaturation</p>
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