



**REMOTE
CONSULTATIONS**

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Health

NHS tells GPs they must offer patients face-to-face appointments

14 September 2020 388

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REUTERS

GP practices are being told they must make sure patients can be seen face to face when they need such appointments.



Dr Nikita Kanani @NikkiKF · 3h

I needed to take some time yesterday following some personal attacks but wanted to be clear:

I am SO proud of the way [#GeneralPractice](#) responded to the pandemic, safely assessing, speaking to and seeing patients as clinically needed.

1/3

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Dr Nikita Kanani @NikkiKF · 3h

Any conclusions drawn by the media about my colleagues are not mine, and I apologise for any hurt caused.

As you know the changes in our ways of working have made it even more important that we are clear with patients about how best to use our services, and that WE ARE OPEN.

5 14 107

Dr Nikita Kanani @NikkiKF · 3h

Please do use the communications toolkit shared if you find it helpful.

The pandemic continues to be very difficult for both our patients and practices and I'm grateful for the incredible work done by [#PrimaryCare](#) throughout 🙏.

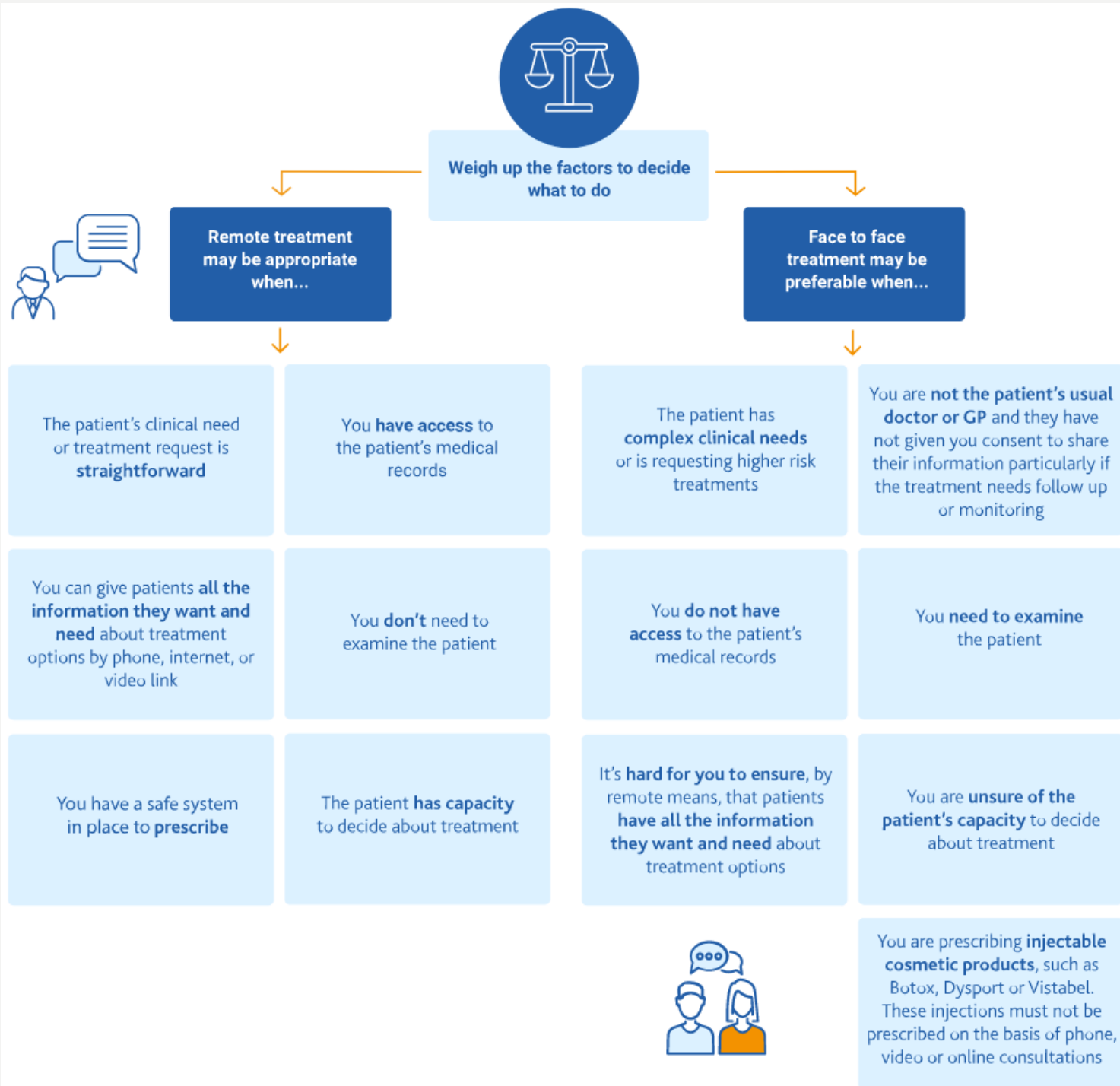
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REMOTE VS FACE TO FACE CONSULTING

- What are the differences?
- How should you choose what is right?
- Have you done any remote consulting yet?





REMOTE CONSULTING

- The patient's safety must always be your top priority. Don't be seduced into thinking that every problem can be dealt with remotely. If you need to examine the patient, you need to examine the patient.
- As well as your clinical competence, patients who are sick or worried also need to feel understood and cared about. The way you consult by video can go a long way towards reassuring the patient that they are in safe hands.



REMOTE CONSULTING

WHAT ARE THE COMMUNICATION SKILLS
DIFFERENCE BETWEEN VIDEO AND PHONE
CONSULTATIONS?



TELEPHONE CONSULTING

MYTH: *Telephone consults are quicker than face to face consultations*

Take care not to confuse TRIAGE with CONSULTATION

Can you hear each other properly?

Establish confidentiality – who else might be listening?

Treat as a face to face consult – don't multitask

Non-verbal cues don't get heard – switch to audible receipts, and better still, use summary to demonstrate listening

Signpost when you changing tactic/part of the consultation

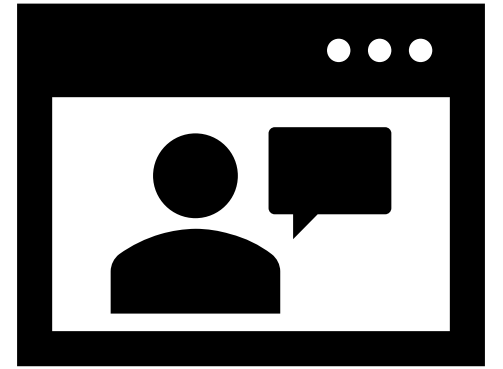
VIDEO CONSULTING

- MYTH: Video consulting is basically just face-to-face consulting
- Choose when to use: Will video help me make a decision or develop rapport?
 - Child examination
 - Seeing cues and clues
- Usual communication rules apply:
 - Consider setting: are you well lit and protected from external noise?
 - Establish confidentiality – who else might be off camera?
 - Maintain (perceived) eye contact by looking at your camera, not your screen
 - Verbal cues often disjoint a video call. Use non-verbal cues and summaries in preference



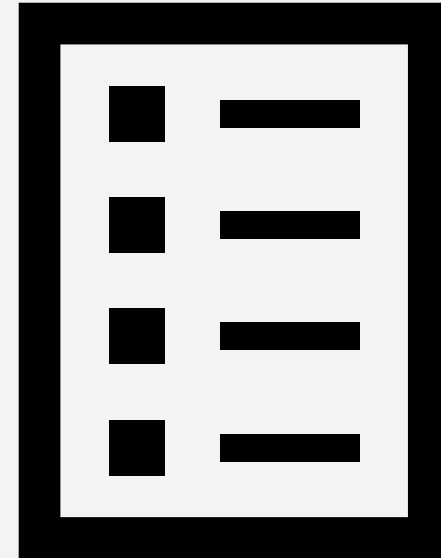
REMOTE CONSULTING

TIPS



PRE-PLANNING

- If you are setting up a video consulting service for the first time, see whether it is possible to give patients some prior information about what to expect, including:
 - when and how to establish the video connection;
 - any types of problem that are unsuitable for remote consulting, e.g. those clearly requiring a physical examination;
 - any details of their problem which the doctor could be told about in advance



SETTING UP

- **Location**
 - If you are working from home, choose a neutral setting and background so that the patient is not distracted by glimpses of your domestic circumstances.
- **Tech**
 - With some video platforms, or if bandwidth is an issue, there may be a small time delay in the system, or picture and sound may be out of synch, or the picture may periodically 'freeze'.
 - Be aware of the danger of missing significant information because of these distractions.
- **Privacy**
 - Make sure you will not be interrupted, and that background sounds are not intrusive.
- **Framing**
 - Landscape feels more natural, and gives a feeling of a comfortable separation between you and the patient; portrait view can feel too much 'in your face'. Adjust your position so that your head is central in the patient's view. The patient should be able to see your facial expression without straining, and preferably also your hands, as hand gestures are an important part of communication.
- **Lighting**
 - Make sure your face is well lit, and avoid having a source of bright light behind you

- On a video link, these cues may not have their usual effect. Visual cues may be harder to see on screen. The other person's speech over the link may not be as loud or as distinct as we are used to. If there is even a slight time lag between vision and sound, our 'uh-huh's and 'mmm's may become distracting interruptions. To minimise the effect of these problems:
 - Try to make sure only one person is talking at a time.
 - Keep your vocal cues to a minimum – a slow nod or a smile is better.
 - Show your interest and attentiveness by eye contact and facial expression
 - If you need to interrupt the patient, try a visual signal such as raising your hand
 - Rapid gestures or body movements can be distracting – try to slow them down.

PACING CUES

EYE CONTACT



BREAK

