Top Tips for Clinicians consulting remotely with patients on the Autistic Spectrum

Patients on the Autistic Spectrum may have social communication and sensory processing difficulties which make telephone or video consultations a particular challenge. It is essential that clinicians recognise this and make reasonable adjustments to ensure effective consultations and good patient care.

- Identify and record any reasonable adjustments that need to be made, if appropriate establish the patients preferred means of remote consultation – for example telephone or video. Ensure there is a permanent record of this on the patients notes for future use.
- Explain the process of the consultation and what will be achieved.

- Introduce yourself clearly, explaining who you are and what your role is.
  - Try to speak directly to the patient confirming their identity, speak to a parent or carer only if it is more appropriate or to gain further information at the end of the consultation.
  - Ask directly about the patient or parent/carer’s ideas concerns and expectations from the remote consultation.
  - Be aware of sensory processing issues: speak at an appropriate volume, avoid unnecessary tapping on the keyboard, rustling papers or background noise.
  - Ask direct and closed questions, start with the individuals name so they know you are talking to them and allow time for question to be processed.
  - Use literal language without medical jargon, idioms, metaphors, or irony as this may be confusing. Use concrete descriptions – is the pain like a cut from a knife?

- Be aware that some patients may over or underestimate pain, or may have an unusual response to pain, such as laughing, humming or singing. Listen to tone of voice and breathing pattern, and get information from those who know the patient as an indicator of pain severity.
  - Some may have difficulty localising and explaining symptoms.
  - Avoid diagnostic overshadowing. Co-morbidity is common and you should always consider a serious illness particularly if the persons behaviour changes.
  - Summarise information gathered back to the patient clearly and concisely to check your understanding.
  - Ask the patient to repeat back the plan to check their understanding – the verbal skills or apparent agreement may not mirror actual understanding of the information.

- Share decision making with the patient or their parent/carer. It may be appropriate to use the Mental Capacity Act to assess capacity in line with the patient’s communication ability and needs making appropriate adjustments to achieve a decision wherever possible.
  - If further assessment is required explain the process clearly and ensure reasonable adjustments are communicated to the receiving clinical setting.
  - Provide clear and simple worsening advice and allow sufficient time for this to be written down.