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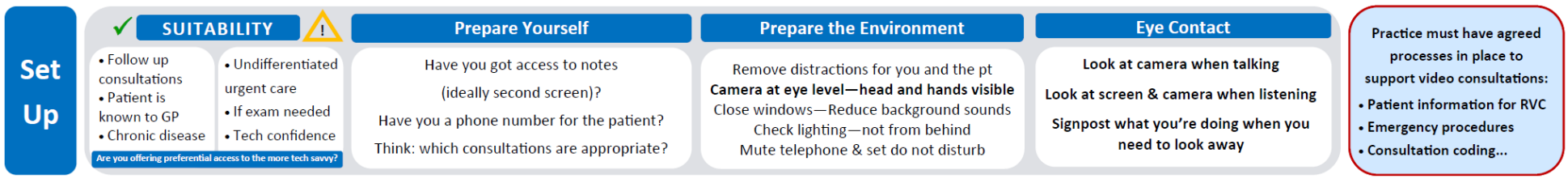
Guidance for Delivering Safe & Effective General Practice Using Video Consultation

GUIDANCE FOR DELIVERING SAFE AND EFFECTIVE GENERAL PRACTICE USING VIDEO CONSULTATION

PRE-CONSULTATION CHECKLIST

Set-Up



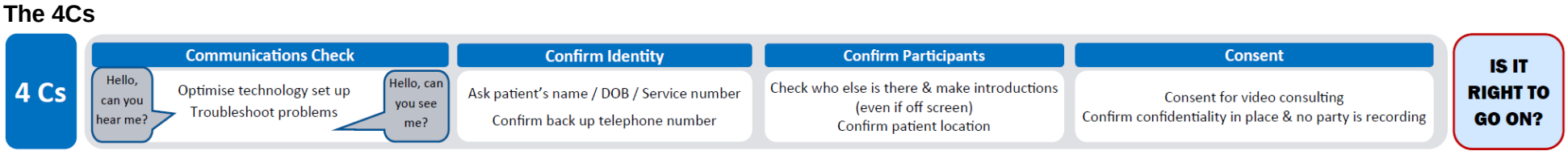
The focus of this phase is to briefly assess the suitability of the presenting complaint, prepare yourself for the consultation and prepare the surrounding environment. Many of the considerations will be familiar to GP trainers and those that have used video during GP training.

Suitability. Is there an advantage to using video or will a telephone call suffice? Consensus opinion recommends video consulting for follow-up consultations, patients already known to their GP, the management of chronic disease or any condition in which the trade-off between attending in person and staying at home favours the latter [1]. Caution is recommended for cases of *undifferentiated* urgent care where a physical examination is likely to be required. Most physical examinations cannot be replicated using video consulting which potentially introduces more risk than a face to face consultation.[2]

Prepare yourself. Are you confident using this technology? Generic IT skills do not necessarily translate into telemedicine literacy skills[3]. The success of video consulting is partly reliant on your confidence using the equipment and understanding of the supporting processes. Failure to do so will reduce your clinical bandwidth. Have a plan for dealing with unplanned interruptions and consider the potential for breaches of confidentiality; in particular, how will you restore patient trust in you? What is your back-up procedure for lost video communications? Your normal face to face sitting posture may need to be modified, how will this affect your consultation style?

Prepare the environment. Consider the relative position of your camera and the electronic patient record system to reinforce active listening and good eye contact. Place the camera at eye level so that you're not 'looking down' on your patient. Ensure the quality of your image and sound provides a good patient experience. Remove obvious background distractions including noise from your surgery. Check that there is no patient identifiable information visible.

The 4Cs



A consistent theme in the literature is that robust, high quality technology is essential for video consultations. The ability to use, and confidence with, the equipment impacts on the quality of the patient interaction[3,4]. Technology that is not easy to use or unreliable undermines both clinician and patient confidence. Clinicians without confidence offer reduced quality, shorter consultations and increased consultation endpoints such as prescriptions or referrals[5,6]. Buffering, degradation of the screen quality and problems establishing video links impair the consultation experience and quality. Screen resolution, transmitted and received, impacts on how effective the consultation can be[6]. Running through the 4Cs provides confidence to the GP and patient that the system is working and allow them to focus on the consultation itself.

Communication Check. Establish a two-way video call using the established protocol. Guide the patient to optimising their image and sound set-up. Time spent establishing a good quality, reliable communication link is the foundation of a quality video consultation. One sided video is not recommended.

Confirm Identity. Confirm the patient's identity and confirm a back-up telephone number.

Confirm All Participants on the Call. Introduce everyone in the room (especially those off camera) and ask the patient to do the same or confirm that they are alone.

Consent. Obtain and code a verbal consent for a video consultation. Reassure the patient that the call is confidential and secure. *Confirm that no party is recording the consultation*.

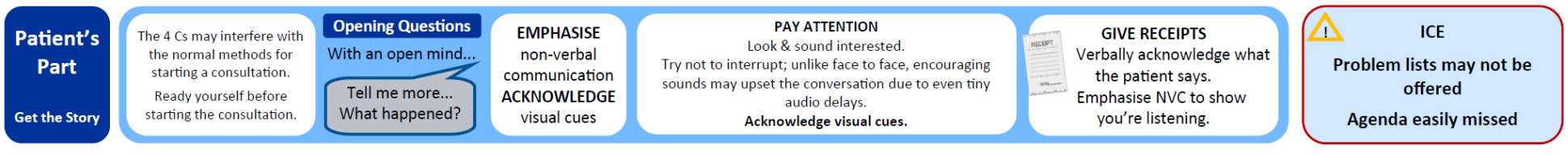
Now ask yourself, is it appropriate and safe to proceed with this consultation? Is a telephone call or face to face a better option in this particular instance?

[1] There is no clear consensus about remote physiological monitoring or examination at present.
[2] Medico-legally, the failure to undertake, or dissatisfaction with, clinical examination is a commonly cited reason for complaint.
[3] Rygg LO, Brataas HV, Nordtug B. Introducing Videoconferencing on Tablet Computers in Nurse–Patient Communication: Technical and Training Challenges. International journal of telemedicine and applications. 2018
[4] Russell J. Research Proposal: Video-based primary care consulting: the development of a new consultation model to assist primary care clinicians to use video-based technology to consult with their patients. University of Leeds, 2019.
[5] Russell J. An Exploration of Video-Based Consulting to Develop a Consultation Teaching Framework. University of Leeds; 2019.
[6] Hammersley V, Donaghy E, Parker R, McNeilly H, Atherton H, Bikker A, et al. Comparing the content and quality of video, telephone, and face-to-face consultations: A non-randomised, quasi-experimental, exploratory study in UK primary care. Br J Gen Pract. 2019 Sep 1;69(686):E595–604.

THE CONSULTATION

There is a misassumption that the interpersonal skills used in face to face consultations directly transfer to video consulting[7]. Video may improve the therapeutic presence, but it is also likely to have subtle effects on the dynamic between the patient and doctor[2]. Be mindful that the process of establishing the video connection and the 4C's check may well interrupt the normal flow of the conversation and interfere with opportunities for the patient's "curtain raiser" or "opening gambit"[6].

The Patient's Part

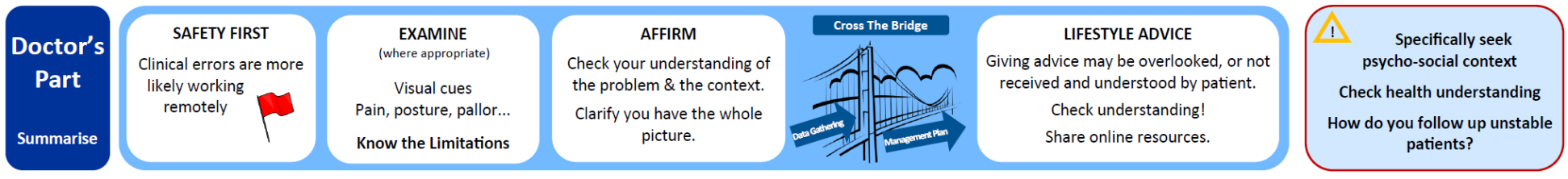


The opening of the consultation may feel less fluid then a telephone call or face to face due to the need to make sure the technology and set us is working. Technical glitches may exacerbate this. It may therefore be beneficial to ready yourself with a metaphoric pause to move thoughts from tech to the consultation itself. Lead with an open question to restore the flow of the conversation and empower the patient to take over the talking.

Empathy can be more difficult for patients to detect in video consultations[8], so consider placing an emphasis on your non-verbal communication (ensure your hand gestures are on screen) and physically acknowledge what you see on the screen to affirm active listening. It may be beneficial to look at the camera when you are talking and glance between screen and camera when you are listening. The use of long silences may be misconstrued as a technical glitch so are best avoided unlike face to face consultations. It is important to explain to the patient when you are engaged in concurrent tasks off screen.

Patients often have several problems to present, but may not offer these when using telephone or video. The clinician needs to be especially aware of hidden agendas as they may not see the non-verbal communication (NVC) cues over the video[3]. The psychosocial context of the consultation is commonly overlooked in video consultations for the same reasons[8]. An emphasis on repeated verbal acknowledgement of key information both confirms your understanding and compensates for any loss of NVC reassurance.

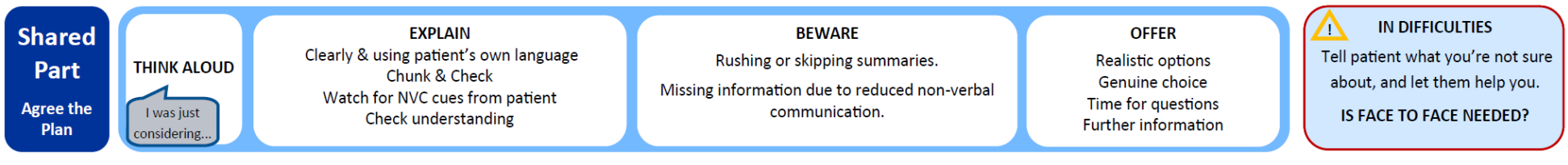
The Doctor's Part



Consider what is reasonable and achievable to examine on video. Be mindful that the lighting and image quality may affect what you and your patient see. It is difficult to examine the whole body and you may not be able to derive a sense of texture. Examination using video may provide additional diagnostic clues and be useful for risk stratification but beware of false reassurance[9].

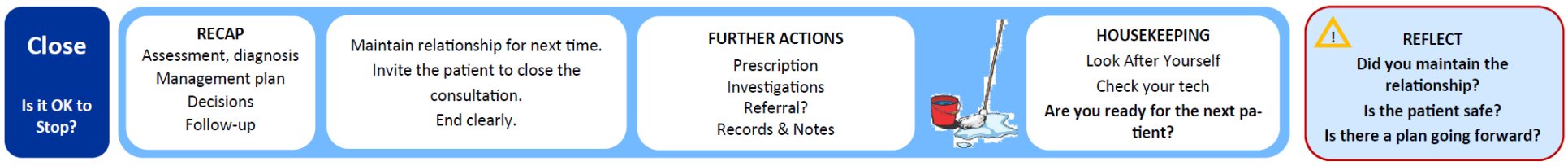
Be particularly mindful of regularly summarising the key points that you have heard so far. It acts a safeguard against technical interference, overlooked cues and an provides an additional opportunity to empathise. The summaries can be helpful in the move from data gathering to the management plan. It should be noted that providing lifestyle advice from a holistic perspective is commonly overlooked in video consultations[11].

Shared Part



Thinking aloud may allow a further check that you have listened effectively and understood the patient. Consider whether you have put the appropriate safeguards in place and confirm that the patient is reassured by the plan. Ask the patient how the video consultation was for them. Do either of you feel that a face to face consultation is needed?

Closing the Consultation



To finish the consultation, consider asking the patient to end the call. Ensure your IT system is able to generate the outputs from your consultation and seamlessly transfer them to the patient. Consider whether your mechanism for prescribing medications meets the regulatory standards.[10] Confirm with the patient how they are going to access the outputs from your consultation. Do you need to confirm if the patient has any barriers to accessing this information?

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[7].Pappas Y, Vseteckova J, Mastellos N, Greenfield G, Randhawa G. Diagnosis and decision-making in telemedicine. Journal of patient experience. 2019 Dec;6(4):296-304.

[8] Rakita U, Giacobbe P, Cavacuiti C. Opioid use disorder patients' perceptions of healthcare delivery platforms. SAGE open medicine. 2016 Sep 21;4:2050312116670405.

[9] Donaghy E, Atherton H, Hammersley V, McNeilly H, Bikker A, Robbins L, Campbell J, McKinstry B. Acceptability, benefits, and challenges of video consulting: a qualitative study in primary care. British Journal of General Practice. 2019 Sep 1;69(686):e586-94.

[10] GMC prescribing guidance. https://www.gmc-uk.org/-/media/documents/Prescribing_guidance.pdf_59055247.pdf. Last accessed 13 Apr 20.