









VIDEO CONSULTING

Video consultations can potentially replace some of the non-verbal communication (NVC) cues lost during a telephone consultation, but evidence suggests that it is not equivalent to face to face. This evidence-based guide illustrates the preparation necessary and the nuance modifications to consultation style required to navigate some of the potential pitfalls of video consultation (VC).

Set Up	SUITABILITY 	Prepare Yourself	Prepare the Environment	Eye Contact	Practice must have agreed processes in place to support video consultations: • Patient information for VC • Emergency procedures • Consultation coding...	
	<ul style="list-style-type: none"> Follow up consultations Patient is known to GP Chronic disease <p>Are you offering preferential access to the more tech savvy?</p>	<ul style="list-style-type: none"> Undifferentiated urgent care If exam needed Tech confidence 	Have you got access to notes (ideally second screen)? Have you a phone number for the patient? Think: which consultations are appropriate?	Remove distractions for you and the pt Camera at eye level—head and hands visible Close windows—Reduce background sounds Check lighting—not from behind Mute telephone & set do not disturb		Look at camera when talking Look at screen & camera when listening Signpost what you're doing when you need to look away
4 Cs	Communications Check	Confirm Identity	Confirm Participants	Consent	IS IT RIGHT TO GO ON?	
	Hello, can you hear me? Optimise technology set up Troubleshoot problems Hello, can you see me?	Ask patient's name / DOB / Service number Confirm back up telephone number	Check who else is there & make introductions (even if off screen) Confirm patient location	Consent for video consulting Confirm confidentiality in place & no party is recording		
Patient's Part Get the Story	The 4 Cs may interfere with the normal methods for starting a consultation. Ready yourself before starting the consultation.	Opening Questions With an open mind... Tell me more... What happened?	EMPHASISE non-verbal communication ACKNOWLEDGE visual cues	PAY ATTENTION Look & sound interested. Try not to interrupt; unlike face to face, encouraging sounds may upset the conversation due to even tiny audio delays. Acknowledge visual cues.	 GIVE RECEIPTS Verbally acknowledge what the patient says. Emphasise NVC to show you're listening.	 ICE Problem lists may not be offered Agenda easily missed
	Doctor's Part Summarise	SAFETY FIRST Clinical errors are more likely working remotely 	EXAMINE (where appropriate) Visual cues Pain, posture, pallor... Know the Limitations	AFFIRM Check your understanding of the problem & the context. Clarify you have the whole picture.	Cross The Bridge 	LIFESTYLE ADVICE Giving advice may be overlooked, or not received and understood by patient. Check understanding! Share online resources.
Shared Part Agree the Plan		THINK ALOUD I was just considering...	EXPLAIN Clearly & using patient's own language Chunk & Check Watch for NVC cues from patient Check understanding	BEWARE Rushing or skipping summaries. Missing information due to reduced non-verbal communication.	OFFER Realistic options Genuine choice Time for questions Further information	 IN DIFFICULTIES Tell patient what you're not sure about, and let them help you. IS FACE TO FACE NEEDED?
	Close Is it OK to Stop?	RECAP Assessment, diagnosis Management plan Decisions Follow-up	Maintain relationship for next time. Invite the patient to close the consultation. End clearly.	FURTHER ACTIONS Prescription Investigations Referral? Records & Notes	 HOUSEKEEPING Look After Yourself Check your tech Are you ready for the next patient?	 REFLECT Did you maintain the relationship? Is the patient safe? Is there a plan going forward?