








REMOTE VIDEO CONSULTING

A guide for safe consulting using video communication.

Remote 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 remote video consultation.

Set-Up	<p>SUITABILITY </p> <ul style="list-style-type: none"> Follow up consultations Patient is known to GP Chronic disease Undifferentiated urgent care If exam needed Tech confidence <p><small>Are you offering preferential access to the more tech savvy?</small></p>	<p>Prepare Yourself</p> <p>Have you got access to notes (ideally second screen)?</p> <p>Have you a telephone number for the patient?</p> <p>Think: which consultations are appropriate?</p>	<p>Prepare the Environment</p> <p>Remove distractions for you and the pt</p> <p>Camera at eye level</p> <p>Close windows (Reduce background sounds) Check lighting Mute telephone & set do not disturb</p>	<p>Practice must have agreed processes in place to support video consultations:</p> <p>Patient information for RVC Emergency procedures Consultation coding...</p>	
	<p>4 Cs</p> <p>Communications Check</p> <p>Hello, can you hear me? Hello, can you see me?</p> <p>Optimise technology set up Troubleshoot problems</p> <p>Is it right to continue?</p>	<p>Confirm Identity</p> <p>Ask patient's name / DOB / Service number</p> <p>Confirm back up telephone number</p>	<p>Confirm Participants</p> <p>Check who else is there & make introductions (even if off screen)</p> <p>Confirm patient location</p>		<p>Consent</p> <p>Consent for video consulting</p> <p>Confirm confidentiality in place & no party is recording</p>
Connecting	<p>The 4 Cs may interfere with the normal methods for starting a consultation.</p> <p>Ready yourself before starting the opening gambit.</p>	<p>Opening Gambit</p> <p>Use an open question</p> <p>What would you like to talk about today?</p>	<p>EMPHASISE non-verbal communication</p> <p>ACKNOWLEDGE visual cues</p>	<p>Eye Contact</p> <p>Look at camera when talking</p> <p>Look at screen & camera when listening</p> <p>Signpost what you're doing when you need to look away</p>	<p></p> <p>Problem lists may not be offered</p> <p>Agenda easily missed</p> <p>Specifically seek psychosocial context</p> <p>Check health understand-</p>
	<p>Summarise</p> <p>RECEIPTS Verbally acknowledge what the patient says.</p> <p>Don't rely on NVC to show listening.</p> <p></p>	<p>EXAMINE (where appropriate)</p> <p>Visual cues Pain, posture, pallor...</p> <p>Know the Limitations</p>	<p>AFFIRM</p> <p>Check your understanding of the problem & the context.</p> <p>Clarify you have the whole picture.</p>	<p>BEWARE</p> <p>Rushing or skipping summaries.</p> <p>Beware missing information due to reduced non-verbal communication.</p>	
Handing Over	<p>Cross The Bridge</p> <p></p> <p>Data Gathering → Management Plan</p>	<p>EXPLAIN</p> <p>Clearly & using patient's own language</p> <p>Monitor for NVC cues from patient & explicitly check understanding</p>	<p>LIFESTYLE ADVICE</p> <p>May not be effectively received or understood by patient.</p> <p>Check understanding!</p> <p>What might you do differently now?</p>	<p>Practice must have agreed processes in place to hand over consultation outputs such as information leaflets, sickness forms, prescriptions etc.</p> <p>Patient & GP need to be aware of these.</p>	
	<p>Safety Net</p> <p>Is Face 2 Face Needed?</p> <p>Are you both content that face to face follow up isn't required?</p>	<p>SAFETY NET</p> <p>I need to see you again if...</p> <p>If this happens, what would you do?</p>	<ul style="list-style-type: none"> BEWARE turbulence of speech as warning of patient upset THINK PATIENT SAFETY! How do you follow up unstable patients? BACK UP PLANS for technology failure 		<p>Practice must have processes for patients in extremis or psychologically unsafe</p> <p></p>
House Keeping	<p>Maintain relationship for next time.</p> <p>Invite the patient to close the consultation. End clearly.</p>	<p>Generate Consultation Outputs</p> <p>Prescription Referral Investigations Future appointment Patient Information Leaflet</p> <p>How do you confirm the patient has received it?</p> <p></p>	<p>Look After Yourself</p> <p>Check your tech</p> <p>Are you ready for the next patient?</p>	<p>FEEDBACK</p> <p>Please share your experience:</p> <p>https://is.gd/RVCPilot</p> <p></p>	