

Video consulting with your patients



Frequently asked questions



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This guidance is intended for health professionals working in a setting where video consultations are available as a potential option for some patients. It is designed to help you decide whether to offer a video consultation, and if you do, how to get the best out of the consultation.

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Contributors



1. Is a video consultation appropriate?

In the current COVID-19 situation, video consultations are a matter of urgency to reduce risk of contagion. If you are self-isolating or need to protect the clinical workforce, a video link may provide an appropriate way of doing the consultation.

a) Is it likely to work for the patient?

- i) Patients are currently social distancing or even self-isolating. A video option allows them to have a consultation and see you while they stay home.
- ii) Does the patient have access to the appropriate technology and, if necessary, support? Even when the patient is not confident in using video technology, a member of their household may be able to set it up and get them started. If they are self-isolating from other members of their household and are not comfortable with technology, a telephone consultation is likely more appropriate. If the patient is in a care home, they may be able to get support from staff.
- iii) Are you confident that the patient will have adequate privacy, and if not that they are happy and comfortable with that? (It may be appropriate to ask them where they plan to receive the video call and who might be in the room.)
- iv) Does the patient or a member of their household have concerns about attending an appointment via video? Make it clear that the current pandemic makes it important to avoid any unnecessary face-to-face contact, to mitigate the spread of the disease and save lives. The patient is not being discharged from the clinic, and in urgent cases can still be offered a face-to-face consultation if clinically safe.
- v) Is the patient fluent in English? Do they need a health advocate in which case you may have to invite both the patient and advocate into the video call or postpone the consultation until it is safe to do face-to-face. They may prefer to use a member of their household – will that be appropriate for the consultation? The patient may be well, but anxious and require additional assurance. In this case a video consultation will be preferable to a telephone consultation.

b) Is it likely to work clinically?

- i) Although video consultations allow for a visual assessment of the patient and diagnostic clues, whether they are appropriate is always a matter of clinical and situational judgement. Always consider what the trade-offs are for the patient's condition between attending in person and staying at home. For example, in some frail older patients with multi-morbidity or in terminally ill patients, the advantages of video may outweigh its limitations.
- ii) If the patient is a COVID case or self-isolating (for example a contact of a known COVID case), or if the consultation concerns a routine check-up for a chronic disease and the patient is stable and has monitoring devices, a video consultation is appropriate.
- iii) Do you need to physically examine the patient? For potentially serious, high-risk conditions that involve a physical examination, a face-to-face appointment should still be considered. In other cases, you can attempt to conduct the examination over video first. If not, consider video follow up.

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- iv) If a physical examination is needed, could the patient do this themselves or with assistance from a carer or member of their household? For example, do they have the equipment and skills to take their own blood pressure? Have they or their carer demonstrated this to you?
- v) Will a remote assessment of the patient provide you with sufficient information to support the key clinical decisions and actions that are likely to emerge? This is a question of clinical judgement – there are no hard and fast rules. You may wish to discuss particular case scenarios with colleagues who are experienced in video consulting.
- vi) You can help the patient by demonstrating the procedure or how to use the device (for example an oximeter) on your own body.
- vii) Does the patient urgently have to attend in person for blood tests, scans, etc? If so, might the results be shared via a video appointment timed when the results are available

c) Would the patient prefer a video consultation?

- i) Research shows that where video consultations are an option, patients want to have a choice of whether to consult in this way. To maintain social distancing, it is best to always offer a video consultation first. Only in cases where a video consultation is inappropriate (for example when an internal examination cannot be deferred) should you consider offering a face-to-face consultation.
- ii) For first time patients, provide them with an information leaflet or a link an instruction video that explains what video consultations are and how they work. Make sure that patients have adequate time to prepare for a video consultation.
- iii) Make sure that the patients understand that the video consultation has to be scheduled in the same way as a face-to-face consultation, and that they will not be able to use video to talk their clinicians outside their appointments.

2. How do I prepare for a video consultation?

As with any new technology, there's a learning curve. Here are some ideas for how to improve and build your confidence.

a) Do I need to familiarise myself with how a video consultation happens?

- i) Get to know the technology that is used in your clinic. There are many different platforms (for example Skype, Microsoft TEAMS, Zoom, Attend Anywhere, NHS Near Me for Scotland). Your clinic will probably use just one of these, and will have some instructions on how to set it up.
- ii) If possible, shadow another clinician (with the patient's consent of course) to see a video consultation in action.
- iii) Understand how the consultation is going to work from the patient's perspective. For example, the patient will probably have been sent a letter or email containing a link and joining instructions. You will be more confident playing your own role if you understand how the patient is going to connect with you.
- iv) Be aware of your Trust's agreed governance requirements, for example, the processes for gaining and recording patient consent

b) How do I test the setting and adjust the technology before the actual consultation?

- i) Find out which room you are likely to be using. Ensure that there is adequate privacy and check everything that will fall within the patient's view. For example, if you will be consulting from a back office, consider whether the patient could catch sight of 'messy' areas. If you share an office, make sure you won't be disturbed. Adjust the light so you can be seen clearly.
- ii) If possible, make sure you have two screens (for example dual monitors, or a computer and a tablet). This way, you will be able to consult the medical record on one screen while consulting with the patient on the other. Using two screens has the added benefit that the patient knows whether you are looking at them when you are looking at the screen. If you have only one screen, you can still minimise the consultation screen while you access records and test results.
- iii) Laptop and desktop speakers can sometimes create a feedback loop, causing audio distortion for you or the patient. If possible, use a headset. This provides better quality audio, while also cancelling out possible background noise that can cause interruptions for you or the patient.
- iv) Test the video call at the start: make sure that the audio and video are working well and check if any automatic updates have been made to the software since you last used it. All of this can disrupt the clinic if not checked before the start (this is similar to making sure that the consulting room is suitable for the clinic at the start).
- v) If you are using a webcam fastened to the top of the computer screen, make sure it is attached to the centre of the computer. This way you will be looking directly at the patient as much as possible, and the patient will recognize more easily that your attention is directed at them.

Inform the others in your team that you will be conducting one or more video consultations (at least when you first start), so people don't enter the room during the consultation or allocate the room to something else assuming you don't have a patient booked.

3. How do I start a video consultation?

Many aspects of video consultations are similar to traditional face-to-face ones, but the first few seconds are very different because you need to make the technical connection. This can be daunting, but once you're 'in', things will become more familiar. Here are some tips:

a) How do I call the patient?

You need to do the virtual equivalent of calling your patient into the consulting room. Depending on which platform is in use in your clinic, this will happen in one of two ways:

- i) You may need to call the patient directly – for example by clicking on a hyperlink in the electronic record.
- ii) The virtual clinic may have a 'virtual waiting room'. If so, you should see your patient's name there. Just click on it. If the patient's name doesn't appear, this probably means they haven't 'arrived' yet. Try again in a few minutes. Make sure you connect with the correct person. There may be many people in a waiting area depending on the software you use and some patients may have a similar name (like in a "real" waiting room). Check the date of birth and other details before you click on their name and start the consultation.

b) How do I start the call?

When you connect with the patient via video, you will probably find that the initial discussion is all about the technology as you both confirm that everything is working well. You'll find yourself saying things like "can you hear me?" or "why can't I see you". If there's a technical problem (for example you cannot see or hear each other) try these suggestions:

- i) Test if the patient can hear you by calling their attention (for example say "Hello" as you might on the phone)
- ii) Type a message to the patient using the text-based chat window of the consultation software (or see if the patient has sent you a message).
- iii) Contact the patient by telephone.

c) How do I start the consultation?

Once you have established the technical connection (you need to take and record consent at the start of the first consultation), you need to shift out of 'set-up' talk and into your more familiar consultation talk. Here are some ways you might do this:

- i) If this is the patient's first video consultation, it might be appropriate to try to put them at ease by saying that from this point on, the video consultation is much like a face-to-face consultation. You could ask the patient if they've got any questions about how the video consultation is going to work.
- ii) If someone has been helping the patient get set up, now is probably the time to suggest that they might leave the room. As in a traditional face-to-face consultation, it is the patient's choice who sits in on their consultation. In a face-to-face consultation, you can often use body language to convey to the relative that it's time for them to leave. In a video consultation, you may have to make this suggestion explicit. Of course, if the patient wishes their relative to stay in the room, that's fine.
- iii) Once you've established a connection that is (as far as possible) private, you move the conversation onto the clinical phase in the conventional way.

4. How do I communicate in a video consultation

Research shows that once the technical aspects of set-up are completed, video consultations tend to be remarkably similar to traditional face-to-face ones. This guidance doesn't cover the clinical aspects of consulting (which you're probably very familiar with), but here are some areas where things may go a bit differently.

a) How do I convey to the patient that I'm engaged and interested in them?

- i) You do not need to look directly into the camera on your computer, tablet, or phone. Looking at the screen is sufficient for the patient to know that you are engaged in the consultation.
- ii) Because webcams tend to provide only a limited view, the patient may not be able to see when you are making notes or looking at medical records. It's a good idea to tell the patient when this is the case (for example "If I've gone quiet, it's because I'm writing",) to reassure them that you are still engaged in the consultation.

b) How do we know whose turn it is to talk?

Sometimes it can be hard to tell whose turn it is to talk during a video consultation.

This is usually due to delays in the connection. When this happens:

- i) Stop talking, acknowledge the problem with the patient, work out whose turn it is, and then continue.
- ii) Making the problem explicit, and flagging it as technical (for example "The Skype cut out briefly!") will help to reassure the patient that they haven't spoken out of turn.

c) What happens if there's technical interference?

Video consultations can suffer from technical interference, for example due to a busy network or problems with latency. This can result in garbled talk, or blurry or frozen faces on the screen.

- i) Having a good connection and equipment helps, but otherwise there may not be much you can do to change this. Be aware that some video consultations may turn out to be less fluent than a face-to-face or telephone consultation.
- ii) You may need to repeat things or ask for clarification more often. If there's been a technical glitch, a good way to resume the consultation is to repeat the last thing you heard (or said).
- iii) It may help to make the technical problem explicit and give the patient some signals that you're shifting from clinical talk to technical talk and back again – for example: "What you said just now was a bit garbled" and (after you've fixed the problem), "I can hear you now. What were you saying about your tablets?"
- iv) If you are exchanging safety-critical information with the patient (for example about medications or dosages), especially when there are technical problems, it's a good idea to ask them to repeat the information, to confirm you both have it correctly. You will most likely write to them about any change in medication anyway.

5. How do I conduct a physical examination in a video consultation?

You may need to perform a physical examination over video. Conventional thinking is that physical examinations are impossible via video link, but research shows that it is sometimes possible to undertake a limited physical examination, perhaps with the aid of the patient or a member of their household. Here are some tips:

a) How should I prepare for doing a physical examination?

Whilst not all physical examinations can be predicted, some can. If you are planning to do some aspect of a physical examination, inform the patient in advance and provide instructions on what they will need to do. For example:

- i) Take particular care to ensure that the room is well-lit and the patient is not in shadow.
- ii) Make sure any equipment is in working order and that the batteries work.
- iii) Ask the patient to use indirect light if you need to examine something on their body. If they shine a light directly on the skin, this may make it hard to see anything as a result of overexposure.

b) How shall I respond if a patient suggests a physical examination?

Be open to the patient suggesting that they would like you to do some kind of physical examination, and discuss in advance whether it is feasible in a video consultation that they perform the examination. As you know, physical measures such as taking the pulse have symbolic significance and may be linked to patients' expectations. You may both need to be creative to work out if and how the desired examination can be achieved in the virtual environment.

c) How can I help a patient to do their own examination?

When the patient is doing an examination (for example taking their own blood pressure or checking their ankles for swelling):

- i) Don't rush them. Remember that the patient is probably not a medical expert, so it is likely to take them longer to do the examination than you would take yourself.
- ii) When you explain a procedure, make use of video to show as well as tell them what to do. Demonstrate the procedure on your own body and (if relevant) use a duplicate of any equipment, so that you can say things like "Hold it like this".
- iii) Whilst the patient may be very knowledgeable about their own condition, they may not know the medical terms that you use. Try to provide descriptions using everyday language (for example call it "the blood pressure machine" not "the sphygmomanometer"). Alternatively, refer to the equipment by its function or what it looks like (for example "the little oxygen clip"). Better still, listen for the word your patient uses and use the same word.

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d) How can I make use of a carer or other third party?

Think carefully about how you will make use of a carer or other third party. Remember, this is not their consultation but they may be key to getting the examination done. Here are some tips:

- i) If the examination is likely to involve moving the webcam to visualise a part of the body other than the face and chest, another person may be needed to do this repositioning. It may be appropriate to ask the carer to leave the room once this part of the examination is complete.
- ii) Even when someone else is available to help, patients may want to do as much as possible themselves. Make sure you give them ample opportunity. If you think the patient requires assistance, ask them if they want to have the carer help them out.

e) Shall I provide feedback for the patient?

Provide feedback on how much of the examination you can see and how clearly.

- i) The patient and/or carer may have difficulty showing you what they are doing. You can help by explaining how they can best use their technology (for example if they have a tablet, use the camera on the back) and by telling them what you can see.
- ii) The view may be too bright, making it hard to see the patient. If this is the case, ask the patient if they can avoid having a light shine directly on them and use natural light (for example from a window). Webcams are very sensitive to overexposure.

6. How do I close a video consultation?

The final moments of a video consultation are usually very different from a face-to-face one. In the latter, you would probably stand up, shake hands and accompany the patient to the door. In a video consultation, you need to find other ways of achieving closure. Here are some ideas:

a) How do I indicate that the call is ending?

- i) Once the main reason(s) for the consultation have been addressed, you can ask the conventional questions that indicate that the consultation is coming to an end (for example "is there anything else you want to ask?").
- i) It may or may not be appropriate to ask the carer or third party if they have anything to add. Indeed, it may be appropriate to suggest that the carer may leave the room at this point to give the patient the opportunity for some confidential time with you.

b) Shall I summarise the consultation?

To reduce the chance that something is missed as a result of technical interference, it is useful to summarise the main points of the consultation before ending the call.

c) How do I end the call?

- i) To close the clinical phase of the consultation, follow your standard approach. For example, you might say something like "When shall we book the next appointment?".
- ii) After you've achieved clinical closure, you can close the consultation by providing conventional greetings (for example 'okay, bye') or waving, and then turning off the video.
- iii) Remember to complete your record-keeping in the usual way and (at the end of the virtual clinic) switch off the technology.
- iv) Arrange follow-on actions such as letters, blood test forms and make records accordingly. Sometimes, your own input to these follow-ons may be greater than it would normally be in a face-to-face clinic. For example, you may need to pass some administrative actions to a clerk because the patient was not physically present to queue at the booking desk.

7. How do I learn and improve over time?

If you've got this far, you have probably conducted one video consultation. Congratulations! This short section is about reflecting on your experience and considering how to take it forward.

a) What key points can I learn from in relation to the patient?

- i) After your first video consultation together, you and your patient may decide to do the next consultation face-to-face or via video. Revisit the advice given in the first section of this guidance – you now have a lot more information to help you decide if video is the right choice for this patient.
- ii) Take note of the patient's views. Just because you felt the consultation went fine by video doesn't mean the patient found it fine. Make sure you convey to them that (subject to clinical appropriateness) it is their choice whether to continue this way.
- iii) If the consultation could have gone better with a third party present, suggest this to the patient – they may be able to arrange for a member of their household to be with them next time.
- iv) Keep the dialogue open. In some cases, it works for some appointments (for example annual reviews) to be done face-to-face, some interim ones by video, and additional face-to-face appointments on an as-needed basis.

b) What key points can I learn from in relation to my own video consulting skills?

- i) As with any technology, you will get better and more confident over time.
- ii) Talk with other clinicians about the clinical and technical challenges you've encountered in video consultations. You will learn lots by sharing these stories.
- iii) You might want to reflect on, and write up, your experience for your annual appraisal.

c) How can I continuously improve the video consultation service in my department and organisation?

- i) Your team may wish to formalise the sharing of stories about video consultations that went well (and badly).
- ii) Capture evaluation data. Make sure that patients automatically receive a feedback questionnaire after their consultation in which they can share their experiences
- iii) Any video consultation that led to harm or a 'near-miss' needs to be treated as a significant event; follow the procedure that is in place for such events. Where appropriate, notify the technical provider of the (anonymised) issue.