

Communications skills in Telemedicine

- Patient safety is paramount - you may need to arrange for the patient to be assessed face-to-face urgently!
- Having a structure to follow has been shown to reduce error and increase safety in telemedicine.

Preparation	<p>Prepare your environment –</p> <ul style="list-style-type: none"> • Make sure all technology is working and ready, ensure privacy, avoid interruptions, • Wear headset with mouthpiece, for best audio and to enable typing (patient will hear clicks of the keyboard if no headset) if not available at least make sure you are in a quiet area; get into a comfortable position <p><i>Extra considerations if a video call</i></p> <ul style="list-style-type: none"> • Two screens are helpful (one for the video, one for patient notes) but this may mean not looking at the patient directly (or minimise the video app so you can still see the notes on one screen) • Ensure you are well-lit, your head and shoulders are visible and your face is clearly visible • The background should be simple, with no distractions <p>Be prepared to switch from one modality to another, depending on technical, patient, or clinical factors</p> <p>Prepare your information - Check the reason for the call. What information do you have from the booking? Is this a new problem initiated by the patient or a follow-up call? Read any available notes/information beforehand, check PMH/chronic illnesses, any recent appointments</p>	
Starting the call	<ul style="list-style-type: none"> • Introduce yourself (name, position) <i>“Hello, I believe you are expecting a call from Kijabe Hospital? I am X, a clinician here”</i> • Say something: <i>“Can you hear me well? Can you see me well?”</i> to prompt patient to optimise the technical set-up • Check their ID: <i>“May I just confirm your name, date of birth and phone number to confirm I have the right notes in front of me?”</i> • Check how they want to be addressed and in what language to converse • Contingency plan - make sure you have their phone number so that you can contact them if the network fails or if there’s an emergency • Check where the patient is at the moment and who is with them – are they private to talk? Get them to introduce anyone else in the room • If a parent/relative/friend is speaking, confirm who this is (document carefully) and check and record that you have consent where applicable; try to confirm this with the patient if possible/appropriate. There may be issues of confidentiality. • Let the patient know that you will be typing or looking at the screen sometimes so not always looking directly at them 	<p><i>Introduce anyone else who is in the room with you</i></p> <p><i>Ask patient to adjust lighting, camera position or to speak louder as necessary</i></p> <p><i>Knowing where they are is also important in knowing referral options should that be necessary</i></p> <p><i>You should not continue if you do not have consent from an adult patient to share their medical information</i></p>
Gathering information & initial assessment	<ul style="list-style-type: none"> • Start with an open question to let them speak (this will save time later) – listen to what they are saying. Take notes if you are able to type at the same time but try to look at them as much as possible. • When they stop talking check for further problems: <i>“So that’s the headaches and tiredness; was there anything else you wanted to discuss today..?”</i> (Better to get the list of problems at the start) • Establish their agenda - this may have come out already but you may have to ask directly about ideas, concerns and expectations • Work out what you will cover from the list of problems taking into account your need to prioritise and their expectations. <i>“how does that sound..?” Can I suggest that we discuss....”</i> • Signpost/organise/prioritise <i>“so let’s start with the chest pain....”</i> 	<p><i>Assess the patient as you begin:</i></p> <ul style="list-style-type: none"> - do they look/sound sick? - are they distressed? - too breathless to talk? <p><i>Go straight to key clinical questions if appropriate!</i></p> <p><i>In general use open questions to begin with and then try and listen; ask more closed questions as you carry on</i></p>
Clarification and checking for red flags	<ul style="list-style-type: none"> • Clarify what you need to know about the problem(s) SOCRATES – site, onset, character, radiation, associated features, timing, exacerbating/relieving, severity Be specific: <ul style="list-style-type: none"> - <i>If short of breath – what does this mean?</i> - <i>If not drinking – how much?</i> - <i>If vomiting – how many times yesterday/overnight/today?</i> • If answers are not clear, ask yes/no questions to get the information you need • Check for red flag symptoms and ask specifically about any recent deterioration. • What about functional status? Are they able to go about their normal activities? • Take concerns of patient or family seriously 	<p><i>The important decision you are making is “does this person need to be seen urgently?”</i></p> <p><i>Allow caller time to talk, wait for him/her to speak if you have asked a question</i></p> <p><i>Use short sentences, asking ONE question at a time, avoid jargon</i></p>
Check PMSH, DH, SH	<ul style="list-style-type: none"> • Check PMSH + DH, any current follow-up. Especially check for chronic disease which may be related to the CC • You may need to ask very carefully about drugs • Understand social situation and support systems, other relevant SH 	<p><i>If they are not sure of the drug they may be able to show you, read the packet carefully, or to send you a photo</i></p>
‘Examination’	<p>If audio:</p> <ul style="list-style-type: none"> • Listen and check for hard evidence – the way they breathe, speech flow, confusion; do they sound in pain? • Ask them for more information or to do things, for example: <ul style="list-style-type: none"> - Can they or someone check pulse? Able to describe a rash? - Can they weight-bear after trauma etc - Can they raise both arms? Can they walk? <p>If video :</p> <ul style="list-style-type: none"> • General physical assessment e.g. sweating, laboured breathing, agitation, signs trauma • You can direct the exam to look at specific areas e.g. throat, skin, trauma, rash 	<p><i>Sending a photo from a smartphone may give a higher definition image than even a video call. e.g. tonsils, rashes</i></p> <p><i>They may have medical equipment which you could direct them to use e.g. BP monitor, sats monitor, thermometer</i></p>

	<ul style="list-style-type: none"> Musculoskeletal system – you can give instructions e.g. place your hands behind your head Nervous system – gross assessment of cranial nerves, speech, raising both arms, ability to walk Psychological assessment e.g. do they look upset or distressed? Do you need to use a formal mental health instrument for anxiety/depression? Are there relevant family issues in view e.g. small children? 	
Assessment and planning	<p>Share your thoughts and conclusions about what is going on Go through the problems logically, providing small pieces of information (less than you would face-to-face) and check they have understood. Ask if other info would help. Refer back to their ideas, concerns and expectations as appropriate</p> <p>Give clear information about the management plan, giving choice when appropriate:</p> <ul style="list-style-type: none"> Give reassurance and advice on self-management where appropriate Empower the caller to take action when possible If prescribing something – explain what this is, how to take it and how they will get their prescription If requiring investigations, give patient details on how to arrange Follow-up – explain where and when If there are options at any stage of management, say how many first and then explain for them to decide: Check there is agreement and understanding of your suggested plan. <p>Clear and specific safety netting advice</p> <ul style="list-style-type: none"> The expected path and timeline to recover Explain what would be signs of getting worse (e.g. too breathless to talk, unable to keep down fluids) and what to do in that event Timeframe for review “if no better in 5 days...” 	<p><i>“You said that you were worried that the pain was from your heart. I can see why you thought that but I think it is more likely to be muscular pain”</i></p> <p><i>“So now let’s talk about treatment” “So my advice is...”</i></p> <p><i>“So there are two options – you can either go to Westlands clinic next wednesday to see the consultant, or you can come here to main hospital to see the consultant any day next week. What would you prefer?”</i></p> <p><i>“So my suggestion would be another course of the tablets. How do you feel about that?”</i></p> <p><i>“Call back if worse” is not clear safety netting advice</i></p> <p>Just check! Approximately 70% of incorrect diagnoses involve cancer, acute vascular events and serious infections. Have you considered all these?</p>
Closing the call	<ul style="list-style-type: none"> If necessary recheck patient understanding and acceptance of your plan Allow time for patients to contribute or ask further questions To end, tell the patient you’re going to close the call now, and say goodbye (before actually closing the connection) 	<p><i>“Does that make sense? Do you need anything clarifying?”</i></p>
Afterwards	<ul style="list-style-type: none"> Complete any documentation Complete jobs such as ordering tests, arranging appointments, sending further information to back up your advice Time to reflect, discuss with colleague if necessary 	

General Communication Tips	Specific scenarios
<ul style="list-style-type: none"> Try to behave as though you are speaking to them face-to-face, listen attentively Be clear, audible and speak with pauses in short sentences to account for transmission delays Be calm, cheerful, interested and empathetic throughout the call; be aware of the tone of your voice, especially on an audio call Use non-verbal language (nodding, smiling) or verbal signals (“mmm”, “go on”, etc) to encourage the patient. This can be useful during pauses to show you are still listening. Do not make too many noises or it becomes confusing! Maintain eye contact during the video consultation by looking into the camera when you can (for example at the start); looking at the screen is not too bad. Touchtype if you can! If you need to look down at another screen for information explain to the patient so they know why you are looking away or why you have gone quiet. It can be helpful to chat to the patient throughout so that there is not a silence and they feel they have to speak or ask if you are still there. E.g. “I’m just checking your notes...” “I’m just checking some information on-line which relates to this...” This is particularly helpful during an audio call. Avoid giving advice or reassurance prematurely Summarising as you go is a good way for to check that you have understood properly and shows the patient that you are listening. This is also important as something could have been missed due to <u>technical interference</u> “Can I just check I’ve got this right...?” Using ‘I’ phrases build rapport and confidence e.g. I am wondering, I get the feeling that... I am concerned that... I am sorry that... Maintain professionalism and give your full attention throughout – do not turn your back to the camera, do not take other calls or start checking Facebook, look smart, do not eat and drink 	<p>Speaking to parents about sick children</p> <ul style="list-style-type: none"> Naturally this will involve concerned and anxious parents. Check carefully for red flags. Useful information is whether playing, drinking and peeing. Get information about what the child is doing at the moment of the consultations – e.g. if the child is running about they are probably ok. If the child is old enough, ask to speak to them as this might give better information that the parent and you can assess useful information directly such as shortness of breath. <p>Mental health problems Check carefully for suicidal ideation, possibility of self-harm or of harm to others. If you are concerned at all, arrange an urgent face-to-face assessment</p> <p>Angry patients Stay calm, speak in low tone and slowly. Use ‘I’ statements rather than ‘you’ e.g. <i>I understand that you’re angry; I am sorry that...; I am concerned that....”</i></p>

References

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