

Top Tips for Video and Telephone Consultations

While it is obviously preferable to consult with patients in person, remote consultations by telephone or video link are becoming more and more frequent in order to protect everyone's safety and help prevent the spread of COVID-19.

Members should have regard to paragraph 43 of the *Medical Council Guide to Professional Conduct and Ethics* (available on the Medical Council website) relating to telemedicine. All professional and ethical obligations including good record-keeping and prescribing will be relevant when carrying out remote consultations.

We have compiled a checklist to bear in mind when carrying out remote consultations.

Preparation

- Ensure you have access to a **quiet room with sufficient time** and let your colleagues (or family members if at home) know there should be no interruptions (consider a sign on the door). When on video calls, the background should be well lit, professional, clean, free of clutter and any confidential paperwork. When on a video call, your appearance should be professional.
- **Review the patient's records** where possible before you make or receive the call to confirm the relevant medical history and medication. This will save precious time on the call itself.
- Ensure you have the **correct contact details available** for the patient and if applicable, family members to be able to resume a call. During this time, the internet may be slow and can disconnect so you may need to resume the call / video consultation.
- In the current climate you will be spending a lot more time on the telephone. **Headsets** can make it easier, allowing you to type freely and save a few precious minutes each time. If using video consultations consider using headphones and a microphone to ensure good sound quality for both you and the patient. If using your own personal telephone, consider hiding your caller ID to protect your privacy, but do ensure patients have relevant contact details.
- **Be clear** about what you are offering on the call – it is general medical advice, consider whether it can be safely given over the phone or whether a face-to-face consultation or immediate further referral may be necessary.
- There may be certain types of consultations that you deem **inappropriate** for a remote consultation. A **protocol** should be in place to ensure a plan for patients seeking these types of consultations. If you have doubts that it would be in the patient's best interests to proceed with a remote consultation, then you should recommend the most appropriate route for the patient to seek medical assistance, in accordance with HSE / HPSC guidance.
- If an intimate examination is clinically indicated in order to provide care or reach a diagnosis, we recommend considering whether it would be in the patient's best interests to defer the examination until they can attend in person. If delaying the examination could potentially cause further harm or delay further investigation, you may decide a remote examination is appropriate.
- While the relevant paragraph (35.3) of the Medical Council Ethical Guide refers to "physical and intimate" examinations, the same standards are relevant to consultations carried out remotely "*Where an intimate examination is necessary, you must explain to the patient why it is needed and*

what it will entail. You must ask the patient if they would like a chaperone to be present – for example, a nurse or family member - and note in the patient's record that a chaperone was offered. You should also record if a chaperone was present, had been refused, or was not available but the patient was happy to proceed." [Emphasis added]

- It is also important to consider a practice plan for consulting with **vulnerable groups** of patients, e.g. those who are hard of hearing, elderly patients, patients with mental health issues or learning difficulties and patients who have limited command of English, (is an interpreter required?) A remote consultation with such patients may not be appropriate.

Introduction

- **Introduce yourself clearly** stating your full name and your position. The patient may think the receptionist is the person calling them back.
- **Confirm the identity** (first and last name, address / date of birth) of the person on the phone and check you have the correct file. Check if you are speaking with the patient themselves or a carer/parent. It can be easy to make incorrect assumptions.
- If the caller is not the patient, **check that you have patient consent** to speak with the caller, even if the patient is with the caller.
- **Enquire about confidentiality** and check if the patient is alone or in earshot of others. If the patient is not in an appropriate place, arrange to call them back when they are.
- Explain the **reason why the consultation is being carried out remotely** and confirm the patient consents to proceeding by phone / video.
- Explain **what you type of consultation/advice you are offering** on the call – ensure the patient understands that your advice is limited by the fact you cannot examine the patient.
- Establish a **good rapport** in the absence of face-to-face contact with an appropriate tone of voice. Try not to sound rushed or impatient, however many calls you still have to make and if necessary, explain the time pressures you are under given the current COVID-19 situation.
- **Express empathy** - this is more challenging to express than in the face to face consultation and requires a self-projection over the telephone and verbal empathic statements.

The Consultation

- **Listen to the patient's presenting complaint** and write as much as you can during the consultation in the medical records. The more you have recorded the easier it will be to finalise the note immediately after the call and avoid confusion with other callers. Where appropriate, consider the use of a template to assist with accurate recording.
- **Ask relevant questions** to satisfy yourself that you can confidently advise the patient and utilise good listening skills. Remember that on telephone consultations, you will not have visual cues so listening skills are very important.
- During video consultations, you should **look straight into the camera** rather than at the patient themselves on the screen when addressing the patient, and explain that you will have to look away to type etc.
- **Explore what you can objectively**, for example, if a carer / parent says the patient is short of breath - ask to speak to the patient if appropriate so you can gather an idea of the severity.

- Ask **specific relevant clinical** questions and **record the answers** clearly, particularly in relation to respiratory function, eating and drinking, urination, diarrhoea, vomiting etc. Remember that you are reliant on individual patient's perception of the problem.
- Consider instructing the **patient to perform any self-tests for clinical information** such as taking temperatures, pulse rates etc with demonstrations on video link where possible. Some patients may have access to other equipment such as blood pressure monitors, pulse oximeters, etc. Note in the records the type of equipment used as it may differ from your own equipment in surgery.
- For certain consultations requiring physical examination, **you may wish to record how you normally would examine the patient** but that this is not possible given the circumstances. For example, if a patient complains of low back pain you could record that you would normally do a neurological examination of the lower legs, and you should advise the patient to attend for a face-to-face consultation if any neurological symptoms occur.
- Treat the call as a **formal consultation**, not a 'quick call'. The patient is relying on your considered advice. Spending a bit longer on the call can ultimately save you time and a possible misdiagnosis.

Concluding the consultation

- If you decide during the consultation that you need to see the patient in person, make the arrangement and conclude the call as further information will be gleaned when you are face-to-face.
- **Recount your understanding** of the situation, the management plan and what the "next steps" should be and **ask the patient / carer to repeat their understanding**. Be clear and specific when safety netting. If a prescription is necessary, confirm arrangements with the patient, such as direct delivery to the pharmacy. Consider arranging to email the patient a Patient Information Leaflet or direct them to an online version.
- **Listen to the "angel on your shoulder"** - if there is something about the consultation you are not happy with, err on the side of caution. You will sleep better as a result.
- Ensure you **take good contemporaneous records** including specifying that the consultation was by telephone / video link and the reasons why (e.g. due to COVID-19 concerns). Good records will be more important than ever to help protect doctors during this difficult time.
- Ensure that you update the patient's GP following the remote consultation as you would following a regular consultation.

Now more than ever, clinics have to work as a team in order to structure new ways of working in a safe environment. Reception, administration and nursing staff should receive adequate training in order to ensure the effectiveness of running consultations remotely with a well-structured approach.

While delivering safe effective patient care is a priority, it is also most important to look after your own health and well-being, taking breaks after every few calls, getting up, walking around and eating well. You and your patients will benefit greatly. Medisec appreciates that these are extremely challenging and unprecedented times for all doctors and their colleagues, and we are here to offer advice and support.

Please do not hesitate to contact a member of the Medisec advisory team with any query, no matter how small.

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