

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 	<p>Have you got access to notes (ideally second screen)?</p> <p>Have you a phone number for the patient?</p> <p>Think: which consultations are appropriate?</p>	<p>Remove distractions for you and the pt</p> <p>Camera at eye level—head and hands visible</p> <p>Close windows—Reduce background sounds</p> <p>Check lighting—not from behind</p> <p>Mute telephone & set do not disturb</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>
4 Cs	Communications Check	Confirm Identity	Confirm Participants	Consent	IS IT RIGHT TO GO ON?	
	<p>Hello, can you hear me?</p> <p>Optimise technology set up</p> <p>Troubleshoot problems</p> <p>Hello, can you see me?</p>	<p>Ask patient's name / DOB / Service number</p> <p>Confirm back up telephone number</p>	<p>Check who else is there & make introductions (even if off screen)</p> <p>Confirm patient location</p>	<p>Consent for video consulting</p> <p>Confirm confidentiality in place & no party is recording</p>		
Patient's Part	Get the Story	Opening Questions	EMPHASISE non-verbal communication	PAY ATTENTION	GIVE RECEIPTS	ICE
	<p>The 4 Cs may interfere with the normal methods for starting a consultation.</p> <p>Ready yourself before starting the consultation.</p>	<p>With an open mind...</p> <p>Tell me more... What happened?</p>	ACKNOWLEDGE visual cues	<p>Look & sound interested.</p> <p>Try not to interrupt; unlike face to face, encouraging sounds may upset the conversation due to even tiny audio delays.</p> <p>Acknowledge visual cues.</p>	<p>Verbally acknowledge what the patient says.</p> <p>Emphasise NVC to show you're listening.</p>	<p>Problem lists may not be offered</p> <p>Agenda easily missed</p>
Doctor's Part	Summarise	SAFETY FIRST	EXAMINE (where appropriate)	AFFIRM	Cross The Bridge	LIFESTYLE ADVICE
	<p>Clinical errors are more likely working remotely</p> 	<p>Visual cues</p> <p>Pain, posture, pallor...</p> <p>Know the Limitations</p>	<p>Check your understanding of the problem & the context.</p> <p>Clarify you have the whole picture.</p>		<p>Giving advice may be overlooked, or not received and understood by patient.</p> <p>Check understanding!</p> <p>Share online resources.</p>	<p>Specifically seek psycho-social context</p> <p>Check health understanding</p> <p>How do you follow up unstable patients?</p>
Shared Part	Agree the Plan	THINK ALOUD	EXPLAIN	BEWARE	OFFER	IN DIFFICULTIES
	<p>I was just considering...</p>	<p>Clearly & using patient's own language</p> <p>Chunk & Check</p> <p>Watch for NVC cues from patient</p> <p>Check understanding</p>	<p>Rushing or skipping summaries.</p> <p>Missing information due to reduced non-verbal communication.</p>	<p>Realistic options</p> <p>Genuine choice</p> <p>Time for questions</p> <p>Further information</p>	<p>Tell patient what you're not sure about, and let them help you.</p> <p>IS FACE TO FACE NEEDED?</p>	
Close	Is it OK to Stop?	RECAP	Maintain relationship for next time.	FURTHER ACTIONS	HOUSEKEEPING	REFLECT
	<p>Assessment, diagnosis</p> <p>Management plan</p> <p>Decisions</p> <p>Follow-up</p>	<p>Invite the patient to close the consultation.</p> <p>End clearly.</p>	<p>Prescription</p> <p>Investigations</p> <p>Referral?</p> <p>Records & Notes</p>	 <p>Look After Yourself</p> <p>Check your tech</p> <p>Are you ready for the next patient?</p>	<p>Did you maintain the relationship?</p> <p>Is the patient safe?</p> <p>Is there a plan going forward?</p>	

REMOTE VIDEO CONSULTING

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	Suitability	Prepare Yourself	Prepare the Environment	Eye Contact	Practice must have agreed processes in place to support video consultations: . RVC Patient information . Emergency procedures . Consultation coding...
	<ul style="list-style-type: none"> Follow up consultations ✓ Patient is known to GP Chronic disease 	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 patient. 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	
	<ul style="list-style-type: none"> Undifferentiated urgent care ⚠ If exam needed Tech confidence 				
	Are you offering preferential access to the more tech savvy?				
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 Is it right to continue? 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	

REMOTE VIDEO CONSULTING

Patient's Part

Get the story

The 4 Cs may interfere with the normal methods for starting a consultation.
Ready yourself before starting.

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 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.



Specifically seek psycho-social context
Check health understanding
How do you follow up unstable patients?

Shared Part

Agree the Plan

THINK ALOUD

I was just considering...

EXPLAIN

Clearly & using patient's 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?

