# SKILLS FOR REMOTE CONSULTATIONS

Primary Care has been using telephone consultations for many years, for a variety of purposes including triage, full consultations and also for follow up and review.

Remote consultations through messaging, telephone and video have increased as a response to the Pandemic scenario. The need to analyse and update our Consultation skills so we can safely and effectively deploy remote consultation skills is ever so vital. Here are a few strategies to enhance our remote consultation skills.

SAME BUT DIFFERENT

The same consultation domains that we consider in face to face encounters such as **effective beginnings**, **good rapport**, **information gathering**, **proper explanation and planning** and **safe endings** are important in a remote encounter. However, each domain takes on a different dimension and depth when performed remotely. Clarifying the similarities while being aware and being prepared for the difference is key for a safe and effective remote encounter.
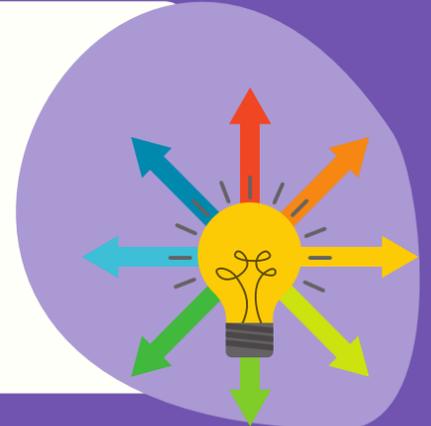
PROPER PREPARATION

Proper preparation and planning is essential for any consultation event and becomes more important for a remote encounter. Checking that the IT, communications equipment and network connections are working smoothly will be the obvious starting point. Planning also includes ensuring the remote encounter is the most appropriate for the problems presented, gathering information about the patient from their records and ensuring as much information has been gathered pre-emptively to help the interaction.

INTRODUCTION & CONFIDENTIALITY

Remember to introduce yourself even if you think they know you well. GMC states ensuring three identifiers in remote encounters (name, date of birth and Telephone number) It is also crucial to check their current location and not to assume that the patient is at their own residence. Ensure their capacity to consult and privacy – check who else in in the room for confidentiality as they may not be visible in video consults They may equally prefer to have a carer or a relative listening in.

INFORMATION GATHERING

Remote encounters may heighten communication difficulties and require proper skills are deployed to ensure rapport and explore the problems. Clear introductions, pace of speech, audio cues such as 'mmm' or short words (ok) to indicate you are listening are useful in a telephone encounter. Over video non verbals like a smile or a nod, slower gestures, a physical signal to indicate you are about to speak will help. Audio cues may become distracting over video if there is a lag as will rapid gestures. Multitasking is a useful skill face to face but can be detrimental in remote consulting.

STRUCTURE, SUMMARISE AND SIGNPOST

Structure and signposting become vital in a remote consultation even more so than the face to face encounter. Exploring patient narrative, clarifying ideas concerns and expectations including the level of urgency (why now?) help. Clarify what is coming next, chunk and check in short summaries to ensure information is taken and given in a meaningful manner. Expression of empathy and compassion is harder in a remote setting and need to compensate for the lack of physical proximity.

EFFECTIVE ENDINGS AND SAFETY

Clarity of the shared plan, their acceptance and ownership need ensuring. Safety netting in a remote encounter needs to ensure the patient know the what, when, where and how to act should things worsen. Checking this understanding and capturing this in the medical records is important. Clear follow up arrangements and how the follow up will be done (video, phone, face to face, message) need to be confirmed.

USE THE TALC RESOURCES

www.gmthub.co.uk/talc

The TALC modules are designed to mirror the flow of the consultations and have more detail on each of the essential steps to ensure a safe and effective clinical encounter. Each TALC module has a general introduction and suggestions for Educators about how to teach the topic.
Look out for downloadable chapters as pdfs, infographics, podcasts and videos,

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