

GUIDANCE ON EFFECTIVE REMOTE CONSULTATIONS

LET'S TALK RESPIRATORY

This checklist gives some helpful tips to help you maximise remote consultations with patients with respiratory problems.

BEFORE YOU START

- Be professional: wear appropriate clothing, make sure there is nothing inappropriate in the background, remove any distractions from your environment and carry out the consultation in a private space
- To ensure confidentiality, make sure that you cannot be overheard, keep patients' information safe, and do not have any confidential information in view
- Make sure the patient is able to talk freely and explain that a remote consultation should be private in a place without distractions
- If someone else is in the room with the patient, check why they are there and ask to speak to the patient alone unless there is a reason they are accompanied. If you are concerned that there is a safeguarding issue follow your professional body's advice on safeguarding
- Have the patient's telephone number to hand in case video technology fails

BEGINNING THE CONSULTATION

- Introduce yourself clearly (twice if necessary!)
- Clarify the patient's name and any other information you need
- An open and unstructured conversation using the ICE method of consulting (ideas, concerns and expectations) gives the patient opportunity to describe their worries and helps to manage their expectations
- Dr Roger Neighbour's 'Inner Consultation' method (see below) can be helpful to keep in mind
- Active listening is important
- Consider anxiety around COVID-19 as a possible factor in their illness.

HOUSEKEEPING

CONNECT

SUMMARISE

HANDOVER

SAFETY NET

Dr Roger Neighbour's 'INNER CONSULTATION' METHOD

A helpful way to organise a remote consultation, consisting of:

- Connect
- Summarise
- Handover
- Safety net
- Housekeeping

Neighbour R. *The inner consultation: how to develop an effective and intuitive consulting style*. 2nd ed. Radcliffe Medical Press, 2004

TIPS FOR COMMUNICATING SUCCESSFULLY IN REMOTE CONSULTATIONS

- Make sure the messages you give patients are simple, clear and concise
- Use open questions such as 'how did you feel about that?' and 'what would you hope to gain from this consultation?'
- Confirm that the patient has understood you by asking them to explain what you've told them in their own words (teach back method)
- Break information down into small pieces and share it bit by bit with the patient
- Show understanding about the patient's anxieties

Telephone consultations

- Telephone consultations may be preferable in areas not well served by broadband and for people who are not comfortable with technology
- Smile when talking as it can come across in your voice and help to build rapport with the patient
- Listen to the way the patient talks, as well as to what they say. You might hear that they are getting breathless and can assess how long they are able to talk before this happens

Video consultations

- Seeing the patient in their home environment can provide an insight into their life and may give extra clues about their health
- Observe the patient, how they look and any symptoms they are demonstrating, such as breathlessness
- Video consultations enable assessment and history taking:
 - Observe the patient breathing and count their respiratory rate
 - If the patient has a peak flow meter they can provide peak flow readings and you can check their technique
 - Demonstrate and assess the patient's inhaler technique
 - Some patients have pulse oximeters to measure their oxygen saturations and possibly even have home spirometer smart machines

Make sure you can't be overheard, keep patients' information safe, and any confidential information out of view



Consider anxiety around COVID-19 as a possible factor in their illness

ENDING A CONSULTATION

- Revert back to closed questions after an open discussion
- Give verbal cues the consultation is due to end, such as 'right then, to summarise ...' or 'well, to get back to your asthma'
- Do bear in mind that people with respiratory conditions may feel more isolated than normal during the pandemic and may appreciate the interaction

SAFETY NETTING

- Ensure you arm patients with all the information they need to self-manage their condition in the long-term as well as the short-term
- It is possible to send patients asthma action plans, self-management plans for COPD, or links to online technique videos directly to their phone
- Arrange a short consultation the day after an acute asthma attack to make sure the patient is responding to treatment and not deteriorating
- Give the patient specific information about any symptoms which mean they need to contact you