Virtual Consultations for Healthcare Professionals

10 top tips

1. Check if a preferred number has been given to call. If there is an answering machine remember to respect confidentiality with any messages left.

2. Introductions are important. Introduce yourself and explain your role. Check the identity of the patient, ideally with 3 identifiers (name, address, date of birth).

3. Is the patient able to speak freely? Check who else is involved in the conversation or whether there is someone else they would like to include? Make sure that appropriate agreements are in place if you are speaking to an advocate.

4. Over the telephone there is greater potential for misunderstandings. It may be harder to get a clear history or understand a description of a symptom without physical cues. It may need robust checking that both your understanding and that of the patient is correct ‘Let me just check I have understood your concerns fully’.

5. Communication without non-verbal cues can be challenging. Open questions allow patients time and space to express their thoughts and feelings, but closed questions may be required to bring the consultation into focus. Listen carefully and allow silences in order to pick up subtle audible clues (sighing, crying, breathing pattern).

6. Telephone consultations can increase health inequalities. It may be more difficult for patients with English as a second language; for example, evidence shows that asking a patient if there is ‘something else’ elicits significantly more needs than asking if there is ‘anything else’. There are also greater difficulties for patients with a learning disability, or those with hearing or speech impairments. Be prepared to facilitate face to face consultation, if necessary, for these groups.

7. Sharing information can be an important part of a consultation – be familiar with the ways you can do this via email, text message or integrated IT solutions. Be aware of online support and information services you could suggest; and be clear about the different ways that you can receive information from your patient.

8. Safety netting and proactive follow up may be even more important when consulting virtually. Be explicit when doing this – give clear timeframes for follow up. Ensure at the end of the consult that you are both clear regarding next steps.

9. Research shows that there is less problem disclosure from patients in telephone consultations. This is more pronounced in male patients. Be prepared to ask far more direct questions.

10. Do not allow the format to compromise essential aspects of care. Continually reflect on whether the patient requires a physical review. Audit your conversion rate from telephone to physical attendance as this will help service planning.