**Background**

The skill of remote consulting was not considered something medical students needed to appreciate prior to the pandemic. Their focus was always on consulting and communication skills with the patient in the same room. As practices have moved to remote consulting, primarily by telephone, we hope that students will be able to learn through a combination of:-

* Observing the practice team members consulting (and discussion around these cases).
* Active participation in telephone and video consultations alongside the GP.
* Leading their ‘own’ consultations with GP observing and giving feedback.

In this document we consider ways to facilitate teaching ‘on the telephone’ and during video consultations. We recognise that GPs are under greater time pressures to complete long lists of telephone calls. This makes it potentially harder to teach “on the job,” compared to when patients were coming for face to face appointments (when there might be gaps between consultations). This guide is designed for use in the GP practice, but can also be used for students who are not in the building (e.g. self-isolating at home) but can log in remotely to a telephone or video call.

**Potential Learning Outcomes for students**

• To be aware of the variety of ways that patients now access care from their GP

• To understand the potential benefits and challenges of remote consulting

• To develop advanced consulting skills for telephone consulting (and video if used by practice)

• To understand some of the core problems we manage day to day in primary care

• To be better prepared for a workplace where increasing work is done on the telephone e.g. secondary care Follow-up, GP consultation, OOH triage

• To be able to balance risk of disease transmission to the patient/practice with the need for safe and comprehensive assessment

**Practical tips for teaching whilst remote consulting NEW STUDENT to practice**

1. Is the student aware of the limitations of the technology used?
2. Has the student used remote consultations previously?
3. Does the student need direct supervision or can they be left?
4. How will you communicate with the student before and after the consultation?
5. Is the student aware how to take consent for a remote consultation? Do they have a script?
6. Is the student aware of what examinations should not be carried out using remote consultations?
7. You may wish to notify patients when they request a contact that there will be a medical student with the doctor. If this is not possible or appropriate, then ensure you advise the patient early on during the call
8. If social distancing is necessary but not possible within the confines of a consulting room, then AccuRx can be used for up to 4 people for a video consultation (place student in another surgery)

**How can I prepare to teach students using remote consulting e.g. telephone?**

* Reflect on ‘good’ and ‘bad’ remote consultations that you have done recently that you may use as examples to share with your student
* Consider how equipment and available room space in the surgery will influence the teaching
* Review the “QUB Student code of conduct for remote consulting” to be familiar with the information provided to students

**What areas should I cover when remote consulting with medical students?**

* Discuss the pros and cons of remote consulting
* Discuss the differences between face to face, telephone and video consultations
* Talk through how patients in your practice can request to speak to a GP and how it is decided what format the consultation will take
* Consider common presentations in GP and discuss which might suit a telephone or video consultation and when a face-to-face appointment is more likely to be needed. What examination is possible remotely?
* Consider how we may use different consultation skills when consulting remotely and discuss the non-verbal communication that may not be possible
* Consider the various consultation models and how these are evident in remote consultations. In particular, consider “signposting” and “summarising”
* Discuss closing a remote consultation and features of a good “safety net”
* Consider possible advantages and disadvantages of the physical barrier created by remote consulting e.g. it may be easier for people to be rude or aggressive as they are not getting feedback on the impact to the other person but conversely it also makes it easier to ask difficult questions
* Consider possible outcomes of a remote consultation
  + Resolution e.g. prescription or self-care advice and follow up
  + More information needed e.g. convert from telephone to video or face to face, ask patient to email/text picture or drop off urine sample
  + See face to face for examination (need to consider how urgent and what transport they use). Risk assessment if during pandemic
  + Refer directly for further investigation e.g. book blood test at GP or request radiological investigation
  + Refer directly to secondary care (need to consider how urgent and what transport they use)
* Consider consent and confidentiality issues. Importance of checking patient identity
* Discuss how to recognise, assess and manage safeguarding issues remotely
* Discuss practice policies on:
  + Failed call policy
  + Answerphone policy
  + Confidentiality policy
  + Covid policy – where are patients seen, in hot/cold room, in car, what are students expected to wear (students have received “scrubs guidance”)
  + Consent and data protection with patient photos
  + Discuss the use of texting a mobile phone and email to support remote consulting Demonstrate this (or use the AccuRx demo video from YouTube).

<https://www.youtube.com/watch?v=BQ0n7FXU_zM&feature=youtu.be>

**Suggested Discussion topics with medical students**

1. Look together through a session of remote consultations.

For each, consider if a face-to-face appointment would have been appropriate/better in different circumstances

* + Was it the right type of consultation for the problem?
  + Do you think the doctor’s perspective on this may differ from that of the patient?

1. Compare a morning’s consultations from now (largely remote) and two years ago (largely face-to-face). A key factor to highlight is that remote consulting may take longer.

* e.g. in back pain you need to ask more questions rather than being able to see how they are functioning by watching them walk into the room
* There may be a “waiting for connection” time or extra time needed to explain the examination process in video consulting
* How does it differ in terms of number of patients seen, time taken, outcomes, repeat consultations?

1. Reflect on GP personal satisfaction and possible impact on doctor-patient relationship arising from different types of consultation
2. Think about **special patient groups** and how remote consultations may be beneficial or

problematic e.g. the elderly, children, mental health problems, disabilities

1. Focus on **people with** **vision and hearing impairments**.

* Consider the loss of visual cues and body language with remote consulting.
* How do BSL interpreters work remotely?

1. Think about **people with language difficulties**

How do telephone interpreting services work with remote consultations?

1. For a GP consulting from home, what other factors need consideration?

* What are the extra implications for confidentiality?
* What measures are needed to ensure we still act and feel professional in the home environment?

1. Think about how remote consulting is different for the doctor, and what we can do to mitigate any negative impacts.

* E.g. it can be more sedentary so we need to remember to take regular breaks, keep moving and ensure self-care.
* E.g. it may cause more cognitive overload and decision fatigue than face to face consultations

1. Think about how a pandemic may influence the range of patients presentations

* more domestic violence & child abuse
* more mental health problems
* financial worries
* some problems may be less common e.g. sports injuries

1. Consider criteria based risk assessment vs patient’s perspective and how this affects the consultation e.g. risk of Covid-19 when going to hospital/ GP surgery for further investigation or treatment vs. missed or delayed diagnosis
2. Consider risk of treatment e.g. steroids for COPD vs. immunosuppression and possible increased risk of Covid-19
3. Consider routine procedures e.g. joint injections - when do the benefits of this outweigh the risk of covid-19 transmission?
4. Consider would you discuss risk differently for shielding patients e.g. see them first in the day