

VIDEO CONSULTATIONS IN PRIMARY CARE 3: How to do a high-quality consultation

Before the consultation

- Confirm that (as far as you can assess in advance) a video consultation is clinically appropriate for this patient at this time
- Use a private, well-lit room and ask patient to do the same
- Take the patient's phone number in case the video link fails
- Ensure you have access to the patient's clinical record (ideally, have it available on a second screen)
- On the day, check that the technology is working

Starting the consultation

- Initiate the consultation by calling or inviting the patient
- Say something e.g. "can you hear me?" "can you see me?" to prompt patient to optimise the technical set-up
- Take and record verbal consent for a video consultation
- Introduce everyone in the room (even those off camera), and ask patient to do the same or confirm that they are alone
- Reassure the patient that the consultation is likely to be very similar to a standard one, and that the call is confidential / secure

Having a video consultation

- Video communication works the same as face to face, but it may feel less fluent and there may be glitches (e.g. blurry picture)
- You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine
- Inform the patient when you are otherwise occupied (e.g. taking notes or reading something on another screen)
- Make written records as you would in a standard consultation
- Be aware that video communication is a bit harder for the patient

Closing the consultation

- Be particularly careful to summarise key points, since it's possible something could have been missed due to technical interference
- Ask the patient if they need anything clarified
- Confirm (and record) if the patient is happy to use video again
- To end, tell the patient you're going to close the call now, and say goodbye (before actually closing the connection)