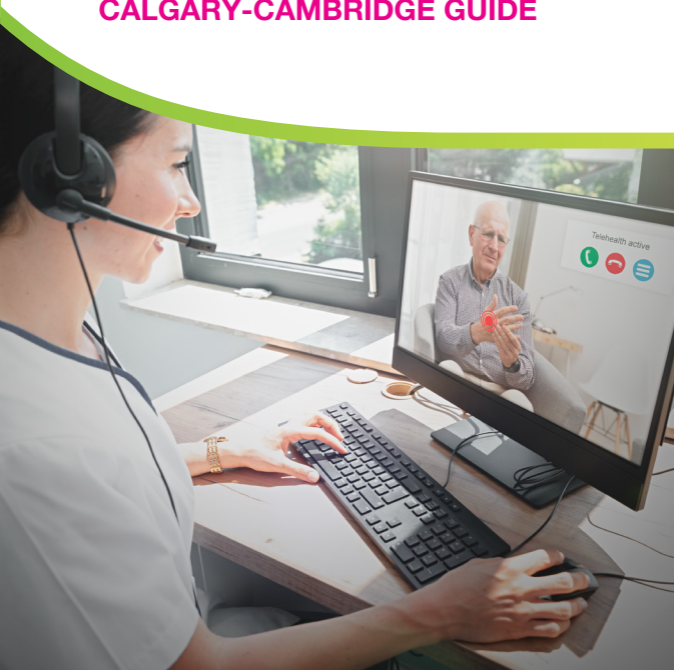




National Healthcare  
Communication  
Programme

# VIDEO CONSULTATIONS

**CALGARY-CAMBRIDGE GUIDE**



*Making conversations easier*

# Calgary-Cambridge Guide

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- Aid patient recall and understanding
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# Initiating the session

## Preparation

### Prepare yourself

- Dress appropriately for the consultation, check that you appear professional and avoid wearing stripes as this may cause dizziness for the patient. The **'picture-in-picture'** function on the screen can show you how you appear to the patient. Use this to check how you and your background appear before starting the consultation.

### Prepare the environment

#### Your room

- It is important to establish a **virtual therapeutic space** for your consultations. If you are not in the clinical environment, the space you are using should be similar to the one where you offer face-to-face consultations. Remove clues to your personal life that might be seen in the background, put a sign on the door to your consultation space to ensure privacy and avoid interruptions.
- Ensure that you have **switched off** applications and notifications as these might be distracting during the consultation. Have a pen, paper and any necessary devices or supports to hand.

## Initiating the session

### Patient's room

- Have you checked that the patient has **private space** that feels safe and is free of interruptions? If there is only one person at the remote site, he/she should sit 2-4 feet away from the camera and screen. For each additional participant, another 2 feet back from the camera will keep all participants in the screen's framing. What you want to achieve is – everyone in the frame and to make their image fill the frame as much as possible.
- **Lighting:** Consider light coming from windows, lamps, overhead lights and computer screens. Avoid windows or bright lights behind you. Adjust lighting to ensure that everyone can be seen clearly.
- **Equipment:** You need to test both your camera and sound system (microphone/speakers), ideally before each session. Headsets provide additional privacy because they mean that the patients' words cannot be overheard. Think also about your distance from the camera: you don't want to be too close, but you don't want to be so far away that your facial expressions are hard to read.

## Initiating the session

Position yourself and/or adjust the camera so that your eyes appear **one third down** from the top of the screen. Arrange the patient's picture on your screen so that it sits close to your camera. The result – is that you will appear to be looking at the person when you look at their image on your screen.

### TIP

- At the outset, you need to agree with your patient what you will do if there are technology issues: sound or video freezing, or getting lost at either end. This might mean agreeing to go to phones at some point during the consultation.

### Prepare your information

- What **records** do you need to read before the consultation? Summarise what you know and consider your main goals for the consultation. Check the name, email address (for sending the meeting invite) and phone number (in case the technology fails).
- Has **the patient** received all the information they need in advance to join the online session?

## Initiating the session

- are there any devices (an inhaler for example) that you might wish them to use during the video call;
- if it would be helpful to have other family members present, and so on?

### Establishing initial rapport

#### Greeting

- Initiate the consultation by calling or inviting the patient.
- Check the patient can see and hear you and is ready to start the consultation.

#### Start the consultation

- Take and record verbal consent for the video consultation.
- Introduce yourself. Give your name (first and family name), your role within the healthcare team.
- Introduce everyone in the room (even those off-camera), and ask the patient to do the same or confirm that they are alone.
- Reassure the patient that the consultation is confidential/secure.
- The technology may be used to establish rapport with children, e.g. to give the child a tour of your office or perhaps to show the child a close-up of his/her image on the monitor.



## Initiating the session

### Identifying the reasons for the consultation

#### Setting the agenda

- Identify the patient's agenda or problems that the patient wishes to address with appropriate opening question (e.g. *“What would you like to discuss today?”* or *“What questions did you hope to get answered today?”*).
- Listen attentively to the patient's opening statement, without interrupting or directing patient's response.
- Confirm list of patient's problems (e.g. *“So that's headaches and tiredness; anything else...?”*).
- Negotiate the agenda taking both the patient's and your needs into account and if necessary prioritise the items: *“That's quite a list to get through, and I don't think we'll have enough time to get through all of it today?. Can I suggest...? How does that sound...?”*

## Building the relationship

### Non-verbal behaviour

- During the video consultation **intentionally** communicate non-verbally, being even more aware of facial expressions, eye contact and tone of voice. Video conferencing can also lead to more prolonged eye-to-eye contact which can feel uncomfortable.

Find some way of keeping the connection with the patient without staring at them all the time.

### TIP

- Inform the patient when you are otherwise occupied (e.g. taking notes or reading something on another screen) as the patient may not know why you are looking down or looking away as notes or other screens may not be visible to the patient.

### Empathy

- During video consultations you can replicate **typical empathic behaviours** towards the patient with similar movement towards the screen – lean forward, maintain eye contact, pause, show concern using facial expression and so on.

## Building the relationship

- Respond to patient's **non-verbal cues**, silences, tears. If uncertain how to respond use silence to let them express their emotions. Use short, simple phrases *“this must be so hard”*.
- Specifically, **explore emotions** – *“What are your worries?”*
- **Elicit further concerns** and questions – *“What else would you like to know?”*
- Questions and statements are often expressions of emotion — **respond to the emotion** first – *“Why aren't the drugs working?”* could be responded to by saying *“You sound frustrated”* or *“This has hit you hard”* before giving any further information.
- Actively **enquire about emotions** if not expressed *“How does that leave you feeling?”*

## Providing structure

### Making organisation overt

- **Providing a structure to your consultation:** or conversation helps you and the patient/family negotiate their way through it and understand and process the information – *“First I want to find out how you are feeling today and then I want to talk about the treatment. So, how are you feeling...”*. Signpost a new section of the consultation – *“OK, so let's now talk about treatment”*.

### Attending to the flow

- Another form of structuring would be with relatives – you don't want relatives interrupting the patient when they are telling their story, so you need to **organise them and tell them what is going to happen...** you might say... *“It's great that you are with your mum today. What I would like to do is hear what has been going on from your mum and then I'll give you a chance to tell me what you have noticed and what has been worrying you”*. By saying these relatives know to keep quiet while mum is talking to you but they also know that you will give them time to express their own worries and concerns.

## Gathering information

### Explore the patient's problems

- **Good active listening skills** are crucial for video consultations. Do not assume that the patient can read your non-verbal listening skills and demonstrate these skills through longer pauses and appropriate short and long summaries.
- **Maintain good eye contact** and (whenever it is appropriate) nod and smile to encourage the patient to continue talking.

### Understand the patient's perspective (I.C.E.)

#### Ideas

- What has the patient (or their relatives) been thinking about their problem? *“Why do you think this has happened?” “What has your wife been thinking?”*

#### Concerns

- What are their main concerns? *“What would you say is the main worry?”*

#### Expectations

- What does the patient think would be useful? *“What do you think might be the best way forward?”*

# Physical examination

## Limitations

- The physical examination can be conducted during a video consultation but the clinician and patient should discuss and accept its **limitations**.
- The clinician may **observe appropriate parts of the body** to see rashes, swelling, bruising and other physical signs and may also be able to **observe movement of limbs, rapidity of breathing** and assess **shortness of breath** from ease of talking.
- Further examination, for example, **observing a patient walking** may require the patient to get a second person to film them.
- Some patients may be able to take their own peak flow, temperature, pulse, blood pressure, and oxygen saturation levels **if they have instruments at home** and are confident in using them.
- **Psychological assessment** using a mental health questionnaire should be considered when appropriate.

# Physical examination

## Communication skills

### TIP

- Bring your own device into camera view to show patients how to use their equipment if necessary.
- Summarise information gathered and then signpost that you are now moving to the physical examination stage of the consultation. Keep instructions simple and clear '*so now I would like to examine the rash*', '*I would like you to show me your knee*', and so on. Acknowledge that you cannot do this as thoroughly as in a face-to-face consultation.

# Providing information and planning

## Provide correct amount and type of information

### Assess the patient's starting point

- Find out what the patient already knows and what they want to know. This will help you to establish what advice or information might support the patient.

### Chunk and check

- Provide information in manageable chunks, check for understanding and use the patient's response as a guide to how to proceed. During virtual consultations, chunks need to be smaller as our natural inclination is to carry on talking. The patient should respond to your chunks with questions or responses.

### Ask what other information would be useful.

### Avoid giving advice or reassurance prematurely.

## Aid patient recall and understanding

### Slow down

- Speak more slowly and clearly, using longer pauses to give the patient time to respond. Combine this with other nonverbal communication skills (gestures, eye contact) to encourage the patient to share their thoughts and feelings.



# Providing information and planning

## Summarise

- Be particularly careful to summarise key points, since its possible something could have been missed due to technical interference. Ask the patient if they need you to clarify any information given.

## Incorporate the patient's perspective

### I.C.E. (Ideas, Concerns, Expectations)

- Relate explanation to the patient's ideas, concerns and expectations. *"You said you were worried the pain was angina. I can see why you thought that but I think it is more likely to be muscular pain"*.

### Non-verbal cues

- Listen out for and respond to the patient's non-verbal cues. *"You sound worried, are you concerned about the treatment?"*.

### Time

- Allow time and opportunity for patients to contribute. *"What questions do you have?"* instead of *"Do you have any questions?"*.

# Providing information and planning

## Shared decision making and planning

### Share your thinking

- *“It is not clear to me yet what the diagnosis is. We need to decide the best approach, either to treat or do some more tests to get a definite result”.*

### Involve the patient in all decisions about their healthcare

- Offer suggestions and choices, encourage the patient to share their own ideas...  
*“I think that there are two options that we should discuss”.*

### Explore options

- Include information about risks and benefits.

### Negotiate the plan

- Signpost your own preference regarding options and determine the patients preference...*“How do you feel about...?”*

### Check with the patient

- Have their ideas, concerns and expectations been addressed... *“Can I check that you are happy with the plan, do you have any questions?”.*

# Closing the session

## Forward planning

### Next steps

- Explain what will happen next – agree next steps for you and for the patient.
- Consider referral to another healthcare professional or other support.
- Agree on a time for a follow-up consultation.

### Safety-netting

- Be specific. Tell them what you would expect to happen if all goes well, when you would be worried (e.g. too breathless to talk, unable to keep down fluids) and what to do in that situation.

## Ensuring an appropriate point of closure

### Final check

- Check (and record) at the end of the session 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).

## Closing the session

### NOTE

- All remote consulting, including phone discussions, texts, emails and video consulting should be clearly documented and documents retained for placement in the patients' notes at a later date.

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This Guide is the work of Paul Kinnersley (EACH & Cardiff University), Peter Gillen & Eva Doherty (RCSI) & Winifred Ryan (HSE) with the help and support of Jonathan Silverman, Marcy Rosenbaum and many others in EACH.

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