

Video consulting with the HSE



Frequently asked questions
for service users of Linn Dara CAMHS



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Funders



Contributors



Adapted by



1. Is a video consultation appropriate for me?

Video consultations are appropriate for some patients, some of the time. These questions may help you decide if they're right for you.

a) Putting aside the actual illness, is the video option likely to work for me?

- i) Do you find travelling to service difficult? If so, you may feel it's worth learning how to connect by video.
- ii) Do you have access to the right technology and support? You'll need a reliable internet connection and a smartphone, tablet or laptop computer. Most video platforms can run on most internet browsers.
- iii) Even if you're not confident in using computers, a carer or relative may be able to help you set it up and get started.
- iv) Will you have enough privacy to talk to the clinician confidentially? If you have problems getting this kind of privacy at home, you could arrange to have your video consultation from a different place (for example a friend's house) – or just keep coming to the service.
- v) When you sign up for video consultations, you're not being discharged from the service, You can always choose to have a face-to-face consultation instead. Just ask your clinician or one of the reception or administrative staff.

b) Is the video option likely to work for my condition?

- i) Your clinician will need to decide whether it's appropriate and safe to do the consultation by video link. Research shows that in many but not all cases, a video consultation is a safe and convenient alternative to a traditional face-to-face appointment. But whether your particular condition can be effectively and safely managed that way is a matter of clinical judgement.

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- ii) One factor to take into account is whether you will need a physical examination. In some cases, the clinician can assess you via video link (for example if you can take your own blood pressure, perhaps with help from a relative). But in other cases, there's just no substitute for attending the service in person.
- iii) Do you need to attend the service for blood tests, assessments and so on? If you're going to be there anyway, it makes sense to have a traditional appointment (though in some cases you might be able to get your results via a video consultation).
- iv) You won't get better care by consulting via video link, but you won't get worse care either. Research has shown that the actual words exchanged and things talked about are very similar whether the consultation is face-to-face or by video. But if you're concerned about whether a particular aspect of care will be affected by the video link, ask your clinician.

c) Can I decide whether to choose the video option?

We know from research that if video consultations are available, most patients want to be offered that option. But because your clinician is professionally responsible if anything goes wrong, the decision to do a video consultation needs to be a shared one.

2. How do I get ready to have a video consultation?

As with any new technology, there's a learning curve. Here are some ideas for how to improve and build your confidence.

a) What technology will I need?

There are many different platforms (for example Skype, Microsoft TEAMS, Attend Anywhere). Your service will probably use just one of these, and will have some instructions on how to set it up. At minimum, you will need access to the following

- i) A desktop or laptop computer (Windows or Mac) OR an Android tablet or iPad OR a smartphone or iPhone
- ii) A webcam (camera), speakers and microphone (these are almost always already built into laptops or mobile devices)
- iii) A good connection to the internet (If you can watch a YouTube video, you can make a video call)
- iv) An internet usage plan that is sufficient to cover the data consumption of a video call

b) Can I get more information about how a video consultation happens, and can I prepare for it?

- i) Read the information you've been given. For example, you will probably have been sent a letter or email containing a link or joining instructions. You may be able to test this link out in advance. Don't worry – you won't break anything or get into trouble if you try out the link. The worst thing that could possibly happen is it won't work (and there will be instructions on what to do in this event).

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- ii) Depending on the technology being used, you may need to set up a user account before you can get started. It's best to do this in advance, and keep a note of your user name and password.
- iii) If possible, run a test call with family or friends before you do your first video consultation.

c) Where should I do my video consultation?

- i) Think which room would be best. Unless you live alone, you'll need to find a quiet, private space where you won't be disturbed. A bedroom is often good. Remember that the clinician will be able to see parts of the room – for example the pictures on your walls – so think whether there's a particular space where you'd like them to see you).
- ii) If you don't feel confident of privacy at home, consider a different place to connect from. Some people ask at school/work if there's a room they can use.
- iii) Adjust the light so you can be seen clearly (for example don't sit with your back to a window).

3. What do I need to set myself up?

Many aspects of video consultations are similar to traditional face-to-face ones, but the first few seconds are very different because you need to make the technical connection. This can be daunting, but once you're 'in', things will become more familiar. Here are some tips:

a) How do I connect with my clinician to start with?

You need to do the virtual equivalent of 'arriving' to the service and then being invited into the consulting room by the clinician. Depending on which platform your service is using, this will happen in one of two ways:

- ii) The clinician may connect to you directly. You should wait in the virtual consultation room or logged into the application at the agreed time. The clinician will join you when they are ready.
- ii) You can enter the virtual consultation room by clicking on a hyperlink on your computer (for example, in your email). Of course, the clinician may not join you at exactly the time specified because some appointments run a bit late, so have something to do while you wait.
- iii) The virtual service may have a 'virtual waiting room'. If so, you will be able to click an icon either on the service website or in an email, then 'enter' the waiting room. The clinician will see that you're ready and waiting. Again, you may have to amuse yourself while waiting your turn.

b) How do we check the technology is working?

When you connect via video, you may find that the initial discussion is about the technology as you both confirm that everything is working well. You'll find yourself saying things like "can you hear me?" or "your face isn't clear". If there's a technical problem (for example you cannot see or hear each other) try these suggestions:

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- i) Type a message to the clinician using the text-based chat window (or see if the clinician has sent you a message).
- ii) Wait for the clinician to contact you by telephone.

c) Will my consultation be private and secure?

To ensure privacy and security, the clinician may check your date of birth, telephone number, or use another type of security question.

d) If someone has helped me set up, can I have the consultation privately?

If someone has been helping you get set up, it's okay to ask them to leave the room once you've been connected to the clinician. As in a traditional face-to-face consultation, it is your choice who sits in on your consultation – and that rule should still hold even if someone else owns the house or has lent you their computer!

e) How will we start the consultation?

Once you and your clinician agree that the technology works, they will start the main part of the consultation, usually by saying something like “How have you been since I last saw you?” or “How are you feeling?”

4. How do I communicate in a video consultation?

Research shows that once the technical aspects of set-up are completed, video consultations tend to be remarkably similar to traditional face-to-face ones. This guidance doesn't tell you what you should say to your clinician (that's up to you of course), but here are some things to watch out for.

a) How do I let the clinician know that I'm listening and doing OK?

- i) You do not need to look directly into the camera on your computer, tablet, or phone. Looking at the screen is sufficient for the clinician to know that you are engaged in the consultation.
- ii) Because webcams provide only a limited view, your clinician may not be able to see much beyond your face. It's a good idea to tell them if things are happening out of view (for example "my mother has just come into the room"), so they know what's going on.

b) How do we know whose turn it is to talk?

- i) Sometimes it can be hard to tell whose turn it is to talk during a video consultation. This is usually due to delays in the connection. When this happens:
 - ii) Stop talking, acknowledge the problem, work out whose turn it is, and then continue. Nobody should be offended – this is just something that happens sometimes in video consultations.
 - iii) Make a comment to show you've noticed (for example "Oops, I think there's a bit of a technical lag here, let's start again"). This will help will help to confirm that nobody's deliberately trying to interrupt the other.

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c) What happens if there's technical interference?

- i) Video consultations can suffer from technical interference, for example due to a busy network or problems with jitter (when a person's lips move but the sound comes just a bit later). This can result in garbled talk, or blurry or frozen faces on the screen.
- ii) Having a good connection and equipment helps, but otherwise there may not be much you can do to change this. Basically, some video consultations may turn out to be less fluent than a face-to-face or telephone consultation.
- iii) You may need to repeat things or ask for clarification more often. If there's been a technical glitch, a good way to resume the consultation is to repeat the last thing you heard (or said).
- iv) It may help to make a comment about technical problems (for example "You're breaking up a bit").

d) How do make sure I capture important information?

If the clinician is giving you potentially important information about medications or dosages, ask them to repeat it to confirm you both have it correctly. You could also ask them to send this information via a short email message, so you have it written down.

5. Can I have a physical examination in a video consultation?

People used to think that physical examinations are impossible via video link, but research shows that it is sometimes possible to do parts of a physical examination, especially with active input from the patient (and perhaps a carer or assistant). Here are some tips:

a) Should I ask my clinician if I will need a physical examination?

When you agree to have a video consultation, ask if there will be a need for particular physical information (for example pulse, blood pressure, assessment of weight). If the answer is yes, ask if there's anything you can do to make that easier. And if you would like some aspect of a physical examination next time, ask if it will be possible via video link.

b) How should I set up my room to help a physical examination?

- i) Take particular care to ensure that the room is well-lit and you are not in shadow.
- ii) Make sure any equipment is in working order and that the batteries work.
- iii) Use only indirect light, when you need to show something (for example, a rash or wound). Avoid shining light directly on your skin as many cameras may make the picture too bright.

c) What happens if I'm asked to take a reading from a machine?

If you know you're going to be asked to take a reading from a machine (for example blood pressure monitor), practice as much as you like beforehand but don't worry if you're not as skilled as the clinician. They will talk you through what to do on the day.

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d) What happens if I'm asked to do an examination myself?

When you're asked to do an examination (for example take your own blood pressure or check your weight):

- i) Don't rush. You're probably not a medical expert, so it is likely to take you longer, especially the first time.
- ii) Ask the clinician to show as well as tell you what to do. They may be able to demonstrate the procedure on their own body and perhaps use a duplicate of any equipment to show you how to hold it and angle it.
- iii) Don't worry if you don't know the official medical names for things. If you call it "the little black clip thing", the clinician will know what you mean.

e) Will I need someone to help me with a physical examination?

Think about how much help you want from a carer or other assistant. If the examination is likely to involve moving the webcam to visualise a part of your body other than your face and chest, another person will almost certainly be needed to do this repositioning. If you prefer, ask the person to come into the room just for that part of the consultation. Once this part of the examination is complete, invite them to leave the room.

f) How can I make a physical examination easier for my clinician?

Listen to feedback from the clinician as you do the examination. For example:

- i) The clinician may be able to guide you to reposition the equipment so as to get a better view or more accurate reading.
- ii) If you are using a tablet or smartphone, one useful trick is to reverse the camera on your webcam when you do the examination so you see what the clinician sees.
- iii) It may help to adjust the lighting. For example, webcams are sensitive to over-exposure, so the clinician may ask you to reduce the amount of light shining on you.

6. How does a video consultation end?

The final moments of a video consultation are usually very different from a face-to-face one. In the latter, the clinician might stand up, shake hands and accompany you to the door before shaking hands and saying goodbye. In a video consultation, you both need to find other ways of achieving closure. Here are some ideas:

- a) **Towards the end, the clinician will probably ask you if there's anything else you want to cover, and suggest when your next appointment should be. This happens in much the same way as in a face-to-face consultation.**
- b) **It may be necessary to summarise or clarify things that were missed as a result of technical interference. In particular, make sure you're clear about medication and dosages and ask for confirmation if necessary.**
- c) **'Technical' closure happens when you hit the 'leave this call' link or red "hangup" button. Don't worry if you can't find it – the clinician will ring off and the call will be ended.**
- d) **After the clinician has finished talking to you, they'll arrange various things like letters, blood test forms and so on if required. Sometimes, an administrator will follow up with an email, phone call or letter a few days later.**

7. What happens after my video consultation?

If you've got this far, you have probably conducted one video consultation. Congratulations! Now let's think about what next.

a) Will I do my next consultation via video or face-to-face?

After your first video consultation together, you and your clinician may decide to do the next consultation face-to-face or via video.

- i) Revisit the advice given in the first section of this guidance – you now have a lot more information to help you decide if video is the right choice for you at this time.
- ii) Take note of the clinician's advice. Just because you felt the consultation went fine by video, that doesn't mean the clinician was confident that everything clinically necessary was achieved. If they're uneasy about another video consultation, ask why.
- iii) If the consultation could have gone better with someone else, could you arrange for a relative to be with you next time?
- iv) You may like to stagger use – for example, it works for some appointments (for example annual reviews) to be done face-to-face, some follow-up ones by video, and additional face-to-face appointments on an as-needed basis.

b) Will it get easier with time and practice?

It is likely that you will become more familiar and confident with the technology over time. So, if it seems strange or difficult for the first appointment, it may get easier for your following appointments.

c) Can I leave feedback?

As this is relatively new way of conducting appointments, feel free to feed back your experiences and views (positive or negative) about video consultations to the clinician so that the service can be continually improved. It's quite OK to point out that things didn't go well and suggest ways of improving the experience for other patients.