



National Healthcare
Communication
Programme

Video Conversations

CALGARY-CAMBRIDGE GUIDE

A leaflet for healthcare staff



Making conversations easier

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Video Conversations

Initiating the conversation

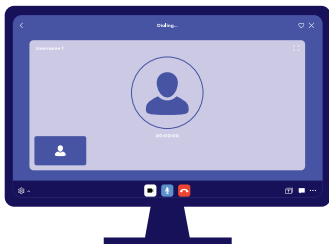
Preparation

Communication skills

- ☐ Prepare yourself
- ☐ Prepare the environment
- ☐ Prepare your information

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.



Video Conversations

Initiating the conversation

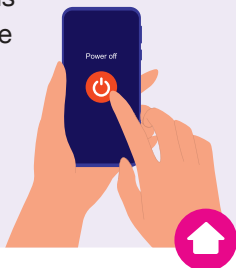
Prepare the environment

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.



Video Conversations

Initiating the conversation

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.



Video Conversations

Initiating the conversation

- **Equipment:** You need to test both your camera and sound system (microphone/speakers), ideally before each conversation. 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.
- 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.



Video Conversations

Initiating the conversation

TIP

At the outset, 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 conversation?
 - 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?



Initiating the conversation

Establishing initial rapport

Communication skills

- ☐ Warm greeting
- ☐ Introduce yourself
- ☐ Check the patient's name
- ☐ Check how the patient likes to be addressed
- ☐ Use the patient's name, particularly when demonstrating empathy
- ☐ Check who is with the patient (name/relationship)
- ☐ Tell that patient what you have done to prepare for the consultation

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.



Video Conversations

Initiating the conversation

Hello, my name is Dr Grace. I am one of the junior doctors on Dr Mannion's team.



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.



Video Conversations

Initiating the conversation

Identifying the reasons for the consultation

Communication skills

- ☐ Identify the patient's problems
- ☐ Listen attentively
- ☐ Confirm list and screen for further problems
- ☐ Find out what they know already
- ☐ Restate their concerns and summarise a shared agenda
- ☐ Negotiate the agenda

Setting the agenda

- Identify the patient's agenda or problems that the patient wishes to address with appropriate open question.

What would you like to discuss today?

What questions did you hope to get answered today?



Video Conversations

Initiating the conversation

- Listen attentively to the patient's opening statement, without interrupting or directing patient's response.
- Confirm list of patient's problems.

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 you might discuss today.



*That's quite a list to get through.
(pause) 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

Communication skills

- ☐ Facial expression
- ☐ Eye contact
- ☐ Open body language
- ☐ Pace, pitch, volume and tone
- ☐ Maintain focus on the patient

- 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.



Video Conversations

Building the relationship

TIP

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



Video Conversations

Building the relationship

Demonstrating empathy

Communication skills

- ☐ **Get** the emotion
- ☐ **Identify** the emotion
- ☐ **Validate** by acknowledging feelings
- ☐ **Explore** to better understand

- 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.
- Respond to the patient's **non-verbal cues**, silences, tears. If uncertain how to respond use silence to facilitate them to express their emotions. Use short, simple phrases.

This must be so hard.



Video Conversations

Building the relationship

- 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 before giving any further information.

Patient

Why aren't the drugs working?

You sound... frustrated...?

How does that leave you feeling?



This has hit you hard.

- Actively **enquire about emotions** if not expressed.



Video Conversations

Providing structure

Making organisation overt

Communication skills

- ☐ Agree the agenda
- ☐ Summarise and recall
- ☐ Signpost

- **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 then we will talk about the treatment. So, how are you feeling...?

- Signpost a new section of the consultation.

OK, so let's now talk about treatment.



Video Conversations

Providing structure

Attending to flow

Communication skills

- ☐ Apply a logical structure
- ☐ Keep to time

- Another form of structuring would be with relatives – the patient can lose their flow of speech if relatives are interrupting while they are telling their story, so it is important to **organise them and tell them what is going to happen...** you might say...

It's great that you are here with your mum today. What I would like to do is hear what has been going on from your mum and then you will have a chance to tell me what you have noticed and what has been worrying you.

- Signposting in this way encourages relatives to remain silent while mum is talking to you. They also know that you will give them time to express their own worries and concerns.



Video Conversations

Gathering information

Exploring the patient's problems

Communication skills

- ☐ Encourage the patient to tell their story (open questions)
- ☐ Listen attentively
- ☐ Use minimal verbal encouragers
- ☐ Screen for other problems & symptoms
- ☐ Pick up on the patient's nonverbal cues
- ☐ Use summaries
- ☐ Paraphrase
- ☐ Clarify
- ☐ Reflect
- ☐ Use closed questions

- Signpost the patient through the agenda.

So let's start with the symptoms you say you have been getting recently.



Video Conversations

Gathering information

Active listening

- Encourage the patient to tell their story with an appropriate statement or open question.

Tell me what you've noticed?

How are things?

What's happened?

- Listen attentively (see 6 elements below) without interrupting. Silence allows time for the patient to collect their thoughts.

1. Allow the patient time: It is tempting to forget this on telephone consultations, but allowing the patient to speak uninterrupted will save time in the long run. Interruptions break the patient's flow of thought, and can make them think that you're impatient, or rushing them.

2. Minimal verbal encouragers: Show that you're still engaged with the call –“Uh-huh” “Go on”, “OK”, “I see”, “Mmm” etc. during pauses, demonstrates that you are listening.



Video Conversations

Gathering information

3. Paraphrasing and periodically

summarising what the patient has said to you and repeating it back to them demonstrates **empathic** listening. It also helps to ensure your interpretation of the information is correct, clarifies ambiguity, gives the patient an opportunity to reflect and builds the relationship.

4. Screening: (repeat as necessary)

OK, so before we talk about that in more detail what else do you want to discuss today?

5. Clarifying: For example, saying,

You mentioned problems with your shoulder. Can you tell me a little more about that?

shows that you've been listening and that you're keen to hear more information.



Video Conversations

Gathering information

6. Pick up on cues: Cues to many of the patient's thoughts and feelings often occur **early** in the consultation. So listen carefully for particular issues that need attention! Useful to jot down so you can return at an appropriate point.

You said you were worried, can you tell me more about that?

TIP

If you need to interrupt to clarify or ask some additional questions, start with a summary,

Can I just check I've got things right... Now was there any blood in the vomit?

- Move from open-ended to closed questions. Focused and closed questions can be used to explore specific issues.



Video Conversations

Gathering information

Understanding the patient's perspective

I.C.E.

I 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?

C Concerns

What are their main concerns?

What would you say is the main worry?

E 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 can be considered when appropriate.



Video Conversations

Physical examination

Communication skills

- Summarise information gathered and then signpost that you are now moving to the physical examination stage of the consultation. Keep instructions simple and clear. Acknowledge that you cannot do this as thoroughly as in a face-to-face consultation.

So now I would like to examine the rash.

I would like you to show me your knee.



TIP

Bring your own device into camera view to show patients how to use their equipment if necessary.



Video Conversations

Providing information and planning

Providing correct amount and type of information

Communication skills

- ☐ Assess starting point
- ☐ Chunk and check
- ☐ Ask what other information would help the patient
- ☐ Avoid giving advice or reassurance prematurely

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.

Just so I know where to begin, could you tell me what you know already about...?



Video Conversations

Providing information and planning

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.

I think these are what we call musculoskeletal chest pains – have you heard of them?

Ask what other information would be useful

*Many people also want to know...?
Would that be helpful for you?*

Avoid giving advice or reassurance prematurely

- It is better if patients understand their own situation and work out what would be helpful themselves.



Video Conversations

Providing information and planning

Aiding patient recall and understanding

Communication skills

- ☐ Use easy to understand language and avoid jargon
- ☐ Slow down
- ☐ Organise the explanation
- ☐ Provide structure (signpost)
- ☐ Use visual aids
- ☐ Repeat and summarise
- ☐ Check understanding

Language

- Remember to use easy to understand language and avoid or explain jargon.

Organise

- 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.



Video Conversations

Providing information and planning

Summarise, signpost, check understanding

- 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 you to clarify any information given.

There are three important things that I would like to discuss. 1st... Now, shall we move on to..

What questions do you have for me now?



Video Conversations

Providing information and planning

Incorporating the patient's perspective

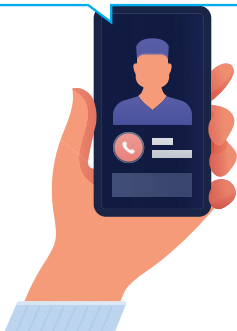
Communication skills

- ☐ Relate the explanation to the patient's ideas, concerns and expectations
- ☐ Watch out for and respond to nonverbal cues
- ☐ Allow time and opportunity for patients to contribute

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.



Video Conversations

Providing information and planning

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 for me now?



Providing information and planning

Shared decision making and planning

Communication skills

- ☐ Share your thinking
- ☐ Explore options
- ☐ Negotiate the plan
- ☐ Check with the patient

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.



Video Conversations

Providing information and planning

Explore options

- Include information about risks and benefits.

Negotiate the plan

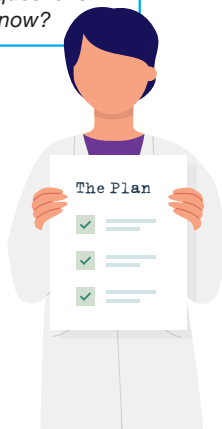
- Signpost your own preference regarding options and determine the patients preference...

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, what questions do you have for me now?



Video Conversations

Closing the conversation

Forward planning

Communication skills

- ☐ Outline next steps
- ☐ Safety netting
- ☐ Summarise the conversation (briefly)

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.



Video Conversations

Closing the conversation

Ensuring an appropriate point of closure

Communication skills

- ☐ Check with the patient
- ☐ Ask for any additional questions

Final check

- Check (and record) at the end of the conversation 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 closing the connection).

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 Skills Card 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 and many others in EACH.

