Some Ideas when Consulting Remotely

As well as all the usual techniques and skills we use when consulting face-to-face, we can be particularly mindful of certain aspects of communication when we are consulting remotely by telephone or video.

Telephone consulting

Tuning in

When starting a phone conversation with an unfamiliar person, the other person needs several seconds to tune in to our voice, and during this time will not actually hear what we say. This is why it is so common for people to ask us to repeat, even when we have spoken clearly. So, it is useful to start the conversation with some simple, neutral non-essential words to allow 'tuning in' before saying any **words of substance,** such as our name, checking the identity of the other person, reason for calling, etc. For example:
"Good morning, I'm calling from Gloucester Royal Hospital. I am one of the ***doctors, my name is Dr Raby****…"*

Gathering Information

On the telephone it is helpful to gather information using **short questions and Micro-skills**, so that the patient is clear what we are asking about. Rather than using nudges to show we are listening (eg mmm, right, ok, etc) it is more effective to frequently say back to the patient what they have just told us. Giving this kind of verbal '**receipt'** is a good way of letting the patient know that we have heard and understood what they are saying. In addition, at the end of gathering information it is particularly helpful to give a full **summary** of our understanding of what the patient has said.

Patients often have difficulty understanding sentences with several clauses. It is more effective to use **short sentences**, with **fewer words**. And **speak slowly** to allow the patient time to process our words. Instead of hand gestures, posture, facial expressions etc, we need to make more frequent **empathic statements**.

In place of examining, when on the phone it can often be effective to ask what the patient has been doing since the onset of symptoms or how their normal daily activities have been affected.

Managing silence

Sometimes it is difficult to know if the silence is helpful to allow the patient to think, or if they are simply waiting for us to speak again. Firstly, we can really listen to the silence and see if there are any sounds at all. For example, we may hear the patient sighing or sobbing, or they may be trying to say something and struggling to find the words. It may be helpful to offer a reflective comment, such as "*Do you need some time to think about that?*" or "*This seems to be a difficult thing for you to talk about.*"

If we want to look up a letter or a test result and simply stop talking in order to do this, then the silence may lead the patient to think the phone connection has stopped, or we are not interested or have gone away. We can manage this silence by **continually signposting** what we are doing, which lets the patient know that we are active and also stops the patient interrupting while we are reading the letter or report. For example:
"I'd like to read the letter from your consultant, I'll just find it…here it is, letter from Dr Sharpness the consultant haematologist, on 11 April, is that right?" (Patient will confirm). "Give me a moment whilst I read it and then I'll explain to you… (Pause)… Okay, she says…"

Examining using non-verbal aspects of tone of voice

When consulting face-to-face we tend to think of examining as mainly using our vision, touch, and smell. When these sensory modalities are not available to us, we can 'examine' the non-verbal aspects of the other person's voice. This can include tone, speed, pitch, fluency etc. Of course, we all do this naturally and we make judgements all the time about the person's state of mind, character, and emotional state. When consulting, it can be helpful if we **consciously notice** these non-verbal aspects of the conversation.

It can also be helpful to write in the examination section of our notes, to encourage us to pay attention to this aspect of the conversation. In addition, it is useful to **firstly** write down exactly what we **hear** (eg 'speaking more quickly than usual, higher pitch'), and then consciously interpret this information (eg 'sounds anxious').

Our own non-verbal aspects of speaking

When we are talking on the telephone, the other person will detect aspects of our own non-verbal communication and will make conscious or subconscious judgements about us. Even if we mean to be calm and relaxed, we may come across as busy or irritable because of the non-verbal aspects of our speech. By being mindful of these non-verbal aspects of our own speech, we can take care to 'set our intention' before starting the phone call. For example, if it is a busy day and we are feeling rushed, we can take a moment before phoning the patient to **consciously relax physically**, perhaps do a brief stretch, and **'think calm'**.

We are all aware that our emotional state is reflected in our physical posture; for example, when we are happy, we smile. However, this link also works backwards so that if we wish to feel happier, we can force our face into a smile, and we will indeed feel a little happier from this 'reverse physiology'. When consulting, we can use this technique by deliberately putting our face into a smile or a look of concern, as appropriate, and the other person will 'hear' our smile or concern even over the telephone.

Also, if we stand up when speaking on the phone this will tend to make our voice sound more confident.

Video consulting

Some consultations can benefit from video, either just the patient, or both patient and doctor. This can be helpful for looking at rashes, swellings, gait, etc.

If we are being videoed ourselves, then it is likely that our movements and gestures will be noticed even more so than when the patient sees us face-to-face. It is easy to forget that we are visible the whole time, so we need to follow our usual dress code and **remain aware** that everything we do **will be seen**.

Also, we can be mindful of the background that is visible behind us, ensuring that the lighting and visual backdrop is suitable for the situation, and does not have anything confidential or unsuitable in sight.

Patient leaflets and information

After a telephone or video consultation it can be helpful to send patients further information such as a patient leaflet, website address, etc. Many GP computer systems have integrated tools for sending such information by text message direct to the patient and will also record this in the notes.

Suggestions for practising

Depending on our tone of voice, the same set of words can be received by the listener in different ways.

Try saying these phrases in different ways, deliberately being friendly, irritable, busy, concerned, etc, in order to hear how our tone of voice changes when we are in different emotional states. You may wish to try recording and listening back on your phone, or practising with a buddy and discussing how our tone influences the message received by the listener.

- What were you doing when the pain started?
- How things are at home recently?
- What is the reason you are calling us today?
- … (add your own phrases)

Try saying a short phrase with different punctuation, speaking deliberately to ensure that the final punctuation mark is heard clearly by the listener. For example:

- There's been a lot of talk about vaccinations recently.
- There's been a lot of talk about vaccinations recently?
- There's been a lot of talk about vaccinations recently!
- There's been a lot of talk about vaccinations recently…

The last phrase (with the ellipsis …) is an example of a 'statement as a question'. This is an effective way of prompting the patient to share more information, and they will often include their concerns and ideas. Remember to clearly signal the ellipsis in your **tone** of voice, **leave a pause** (and avoid adding a question).