COGConnect Consultation Observation Guide Consulter's name.....

Use this form to provide feedback for a Consulter. Not all aspects will apply, depending on the nature of the consultation. The text in blue is highlighting the areas that are more specific for telephone consulting.

Chief Complaint of Patient:	**Score** 0=not done; 1=some done poorly; (Tick 'O') 2=some done well; 3=most done well				Date: Start time: End time:
Preparing and opening the session	0	1	2	3	Points of strength & Points for improvement
Prepares self and consultation space and check notes – **private space, uninterrupted, no background noise, not overheard, IT working, lighting, background looks professional.** Introduces self, checks correct patient – **3 indentifiers, Confirm patient is ok to talk and get their location early if risk issues e.g. suicide. Ask to speak to patient where possible and ask for the name of everyone you speak to and their relationship to the patient.** builds rapport **- remind them of previous consultations you have had with them especially if face to face, early empathetic statement e.g. that sounds really frustrating for you, you sound really worried about….)** **Assist patient with technology if needed e.g. improving picture quality by standing in front of rather than behind a window, prop their camera up to keep image still, close noisy windows** **Look into camera whilst speaking and at patient on the screen whilst listening to mimic face to face eye contact** Identifies the patient's main reason(s) for attending and negotiates this agenda as appropriate.	O	O	O	O	
Gathering a well-rounded impression	0	1	2	3	Points of strength & Points for improvement
Obtains **biomedical perspective:** presenting problem and relevant medical history including red flags, PC, HPC, PMH, RoS, DH & allergies *as appropriate to presentation*. **As non-visual clues are reduced you will need to ask more questions about their level of functioning to assess how unwell they are focusing on change or deterioration** **e.g. what is your pain stopping you doing that you normally do? What could you do yesterday that you could not do today? Is your breathing faster, slower or the same as normal? Can they still do all their normal ADLs. Assess hydration e.g. what was the last time you urinated? What have you drunk today?**	O	O	O	O	**N.B. It may be obvious at this stage that the patient will need to be seen face to face – you can reassure the patient early of this but advise that we need to get as much information over the phone first to reduce the amount of time they spend in the surgery with a clinician to reduce any risk of virus transmission**
Elicits the **patient's perspective:** ideas, concerns, expectations, impact and emotions (ICEIE). **Acknowledge patient's expectations of being seen face to face "due to the current pandemic, we are trying to deal with problems remotely as much as we can to reduce any risk of transmission to you and our other patients. Can I ask you a few more questions to see whether we can deal with this safely over the phone?"**	O	O	O	O	
Elicits **relevant background information:** work and family situation, lifestyle factors (eg sleep, diet, physical activity, smoking, drugs and alcohol) and emotional life/state. **N.B. be aware when remote consultations are not advisable** **1. communication difficulties (language barrier, some patients with confusion, deafness or learning difficulties)** **2, examination of intimate area** **3. required technology not available** **4. third remote consultation about same problem** **5. at risk patient (domestic violence, child protection issues)**	O	O	O	O	
Conducts a **focused examination** of the patient. Gains consent, cleans hands, examines courteously and sensitively. Explains examination findings. **Does the patient have any medical equipment at home e.g. thermometer or blood pressure machine? Can they borrow one from a friend/neighbour?** **Do you need to convert from telephone to video consultation to aid examination e.g. pulse, respiratory rate** **Before examining, check that the patient is somewhere private and gives their verbal consent. Reassure patient about technology if needed e.g. confidential, not recorded** **Consider asking them to wear appropriate clothes e.g. shorts for knee exam, vest top for shoulder exam**	O	O	O	O	
Formulating	0	1	2	3	Points of strength & Points for improvement

Summarises the information gathered so far. **Due to lack of visual cues it is important to summarise and check if you missed or misunderstood anything.** Shows evidence of understanding current problems/issues and differential diagnoses with reference to predisposing, precipitating and perpetuating causes. Makes judicious choices regarding investigations, treatments and human factors (eg dealing sensitively with patient concerns). **We lost the congruency between body and verbal cues in remote consultations so it may be harder to differentiate between: underplaying symptoms (find using technology difficult, reluctant to come to GP/hospital as worried about catch covid19, communication difficulties).** **Overplaying symptoms (patient expects to be seen face to face)**	O	O	O	O	
Explaining	0	1	2	3	Points of strength & Points for improvement
Explains appropriately, taking account of the patient's current understanding and wishes (ICEIE). Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate. Checks that the patient understands. **Signpost to online resources e.g. can text patients using accuRx**	O	O	O	O	Any examples of chunking, checking, clarifying?
Activating	0	1	2	3	Points of strength & Points for improvement
Affirms the patient's current self-care. Enables the patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep and emotional wellbeing. Enables the patient to consider self-care, using skills of motivational interviewing, where appropriate. **The physical barrier of remote consulting can make it easier to ask difficult questions which may aid activating**	O	O	O	O	
Planning	0	1	2	3	
Develops a clear management plan with the patient. **Think – is seeing this patient face to face going to change your management plan?** **Here are the 5 main outcomes of remote consulting:** **1. Resolution e.g. prescription or self care advice and follow up** **2. More information needed e.g. covert from telephone to video, ask patient to email/text picture or drop off urine sample** **3. See face to face for examination ?how urgent ?transport** **4. Refer directly for further investigation e.g. book blood test at GP or request radiological investigation** **5. Refer directly to secondary care -? How urgent ?transport** **N.B. photos work better for skin rashes (video pixilates skin rashes making them less clear) but video is good for assessing the distribution of the lesion.** Shares decision-making appropriately.	O	O	O	O	
Closing and housekeeping	0	1	2	3	Points of strength & Points for improvement
Brings consultation to a timely conclusion, offers succinct summary and checks the patient understands. Gives patient opportunity to gain clarity via questions. **Singpost the patient that the consultation is ending e.g. if there is nothing further, I am going to close the call now. Good bye.**	O	O	O	O	
Arranges follow-up and 'safety-nets' the patient with clear instructions for what to do if things do not go as expected. **Specific safety netting and checking patient understanding is essential as patients may miss things on a video consultation especially if there has been interference.** **It is helpful to predict the course of illness and advise what symptoms they should look for, when they should contact you again, where they should go (111, GP, ED) and how they should do this**	O	O	O	O	
Integrating	0	1	2	3	Points of strength & Points for improvement
Writes appropriate consultation notes, referrals, etc. **Document type of consultation, verbal consent, consultation during covid-19 pandemic, ID confirmed with 3 point check, if patient's own examination equipment used, everyone you spoke to and their relationship to patient, quality of picture in video consultation** Identifies any personal learning needs.	O	O	O	O	

Identifies any personal emotional impact of the consultation. **N.B. remote consulting can be more sedentary and causes more cognitive overload and decision fatigue than face to face consultations. Remember to take regular breaks, keep moving and self-care.** **Remote consulting creates a physical barrier so it may be easier for people to be rude or aggressive as they are not getting feedback on the impact to the other person.**					
Generic Consulting Skills	0	1	2	3	Points of strength & Points for improvement
Posture. *Voice:* pitch, rate, volume. **"tele-charisma" especially important in remote consulting when lots of visual cues are lost and voice is the main method or gaining rapport e.g. try smiling** *Listening skills:* silence, active listening, questioning techniques. **In Explain any silences e.g. for looking up notes as this may be misinterpreted as the line being cut off** *Counselling skills:* **O**pen questions, **A**ffirmations, **R**eflections (simple and advanced) and **S**ummaries. *Advanced skills:* picking up on cues, scan and zoom, giving space to the patient, conveying hope and confidence. **Para-verbal signs e.g. hesitation, pacing and leading in anxiety (e.g. match speech volume and rate and breathing to patient and then slow it down)**	O	O	O	O	
Organisation and efficiency	0	1	2	3	Points of strength & Points for improvement
Fluency, coherence, signposting the stages of the consultation. Keeping to time. **N.B. examination can take longer remotely as the patient will need more explanation.**	O	O	O	O	

The COGConnect Consultation Observation Guide (CC-COG)

The skills of effective consulting are best learned through trying them out and getting feedback on our efforts. Because lots of stuff is going on, even in simple scenarios, it can be difficult for observers to recall their observations. CC-COG has been designed to help observers to structure and communicate their feedback to consulters. COGConnect is a codification of what already happens in practice – so its contents will come as no surprise.

Preparation

1. The observer needs a copy of this form and something to lean on – a clipboard is ideal
2. Observer and consulter can share in advance any areas they might like to focus on *
3. The observer should read over CC-COG in advance of observing (not necessary for the consulter to do this)

During the Consultation

4. Observer pays attention to generic skills and skills specific to particular phases of the consultation
5. Observer should write down snippets of what is said to trigger recall when giving feedback [content]
6. Observer makes evaluative notes as the consultation proceeds [comment]
7. Scoring by the observer [0-3] is optional and more often used when doing OSCE preparation
8. To distinguish "comment" from "content" it may help to use highlighters or different pen colours

After the Consultation

9. The observer should take a minute or so to check over their observations, rather than speaking immediately
10. Observer seeks to identify up to x3 things to affirm, notes any definite errors or omissions and notes up to x3 things that might have improved the consult

When Sharing Observations

11. Ask the consulter's perspective to start – e.g. "how do did that one go?" or "what really struck you about that consultation" or "what were the challenges for you in that consult"
12. Affirm the skills that the learner has displayed (there will be many)
13. Correct any factual or procedural errors and omissions (learners really value this)
14. Share up to x3 "hypotheses as questions" eg "The young girl was very quiet, and mum did all the talking. I wondered what would have happened if you had got more input from the child?"

After Sharing

15. Observer gives the consulter the Observation Guide with their notes

* CC-COG is based on the 10 phases of COGConnect. One consultation will not cover all of these and in the same sequence. Often, particularly in the simulation context, the learner may focus her efforts on one particular skill, such as explaining. In real consultations planning such a focus might not be practical for the *consulter*, but the *observer* can choose to focus on a particular aspect – such as body language or the use of open questions.

In group setting, group members can share out the observational roles and feedback giving. So one learner could focus on gathering, another on generic consultation skills etc.