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 d (Tick 'O') 2=some						Date: Start time: End time:
Preparing and opening the session		0	1	2	3	Points of st	rength & Points for improvement
Prepares self and consultation space and check not	es – private space,						
uninterrupted, no background noise, not overhea							
lighting, background looks professional.							
Introduces self, checks correct patient – 3 indentifi	ers, Confirm						
patient is ok to talk and get their location early if I							
suicide. Ask to speak to patient where possible an							
of everyone you speak to and their relationship to							
builds rapport - remind them of previous consultat							
with them especially if face to face, early empathe							
that sounds really frustrating for you, you sound r		0	0	0	0		
about)	cuty worned						
Assist patient with technology if needed e.g. impr	oving nicture						
quality by standing in front of rather than behind							
their camera up to keep image still, close noisy wi							
Look into camera whilst speaking and at patient o							
	in the screen whilst						
listening to mimic face to face eye contact	and negotiator						
Identifies the patient's main reason(s) for attending	s and negoliales						
this agenda as appropriate.		_	1	2	2	Deinterfut	rongth & Doints for income
Gathering a well-rounded impression	no ond related	0	1	2	3		rength & Points for improvement
Obtains biomedical perspective: presenting proble							be obvious at this stage that the
medical history including red flags, PC, HPC, PMH, I	NOS, DH & allergies						need to be seen face to face – you
as appropriate to presentation.							e the patient early of this but
As non-visual clues are reduced you will need to a							we need to get as much
about their level of functioning to assess how unw	lell they are	_	-	_	_		n over the phone first to reduce the
focusing on change or deterioration		0	0	0	0		time they spend in the surgery with
e.g. what is your pain stopping you doing that you							o reduce any risk of virus
What could you do yesterday that you could not d						transmissio	n
breathing faster, slower or the same as normal? C							
their normal ADLs. Assess hydration e.g. what was	s the last time you						
urinated? What have you drunk today?							
Elicits the patient's perspective: ideas, concerns, es	xpectations, impact						
and emotions (ICEIE).							
Acknowledge patient's expectations of being seen	face to face "due						
to the current pandemic, we are trying to deal wit	h problems	0	0	0	0		
remotely as much as we can to reduce any risk of	transmission to						
you and our other patients. Can I ask you a few m							
see whether we can deal with this safely over the	phone?"						
Elicits relevant background information: work and	family situation,						
lifestyle factors (eg sleep, diet, physical activity, sm	oking, drugs and						
alcohol) and emotional life/state.							
N.B. be aware when remote consultations are not	advisable						
1. communication difficulties (language barrier, sc	me patients with	0	0	о	о		
confusion, deafness or learning difficulties)		0	0	0	0		
2, examination of intimate area							
3. required technology not available							
4. third remote consultation about same problem							
5. at risk patient (domestic violence, child protect							
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 l	nome e.g.						
thermometer or blood pressure machine? Can the	-						
a friend/neighbour?		1		0	0		
a friend/neighbour? Do you need to convert from telephone to video c	onsultation to aid	0	0			1	
Do you need to convert from telephone to video c	onsultation to aid	0	0	Ŭ			
Do you need to convert from telephone to video o examination e.g. pulse, respiratory rate		0	0	Ŭ			
Do you need to convert from telephone to video o examination e.g. pulse, respiratory rate Before examining, check that the patient is somew	vhere private and	0	0	U			
Do you need to convert from telephone to video of examination e.g. pulse, respiratory rate Before examining, check that the patient is somev gives their verbal consent. Reassure patient about	vhere private and	0	U	0			
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Do you need to convert from telephone to video of examination e.g. pulse, respiratory rate Before examining, check that the patient is somev gives their verbal consent. Reassure patient about	vhere private and t technology if	0	0	0			

Summarises the information gathered so far. Due to lack of visual dues it is important to summarise and check if you must solve of misunderstood anything. Summarian defect if you must solve of misunderstood anything. Summarian defect if you must solve of manufactors leg dealing summariant investigations, treatments and human factors leg dealing sumstigations, treatments and human factors leg and metabolic sufficient summariants and troads, for instance, sundle dealing eauxiliang health through, for instance, sundle deal dealing eau make it easier to ask difficult questions which may ald activating 1. Resolution eg. prescription or self care advice and follow up 2. More information needed eg. covert from telephone to vindex. Just be the		1	-		1	
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relationship to patient, quality of picture in video consultation		0	0	0	0	
Identifies any personal learning needs.						
Identifies any personal emotional impact of the consultation.	Identifies any personal emotional impact of the consultation.					

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 Posture. Voice: pitch, rate, volume. "tele-charisma" especially important in	0	1	2	3	Points of strength & Points for improvement
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: Open questions, Affirmations, Reflections (simple and advanced) and Summaries. 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)	0	Ο	Ο	ο	
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.	0	0	0	0	

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.