



**MB16 GP teacher guide**  
**Teaching remote consulting to medical students**

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## Background

Times have changed in general practice and it is likely that you will now be doing more remote consulting by telephone/video. It is an important advanced consulting skill which until now has not really featured in medical student teaching. Time pressures to get through a lot of calls may make it harder to teach on the job so please factor in time for this.

We hope that the students will be able to learn through a combination of observation of the practice team members consulting and discussion around these cases. Below we consider ways to facilitate teaching 'on the telephone' and whilst doing video consults. The aim is that the students will be able to be active participants in telephone and video consultations, ultimately with them doing their 'own' consultations with you observing and giving feedback. This guide is designed for use in the GP practice but can also be used for students who are not in the building

## Aims

The students need:

- An awareness of the varying ways that patients access care from their GP
- To understand the potential benefits and challenges of remote consulting
- Advanced consulting skills including telephone and video encounters
- Authentic patient encounters
- Experiential learning about the core problems we manage day to day in primary care
- Preparation for a workplace where increasing work is done on the telephone e.g. secondary care follow ups, GP consultation, OOH triage
- In 2020/21 – an insight into how GP consulting is different as a result of the Covid-19 pandemic.
- The ability to balance risk of disease transmission to the patient/practice with the need for safe and comprehensive assessment

## Preparation for teaching remote consulting

### Student preparation

- Ask students to think of a **non-medical telephone call** they have made for assistance or advice. Suggest they make notes on the good and bad communication behaviours to discuss later
- Read the student guide to remote consulting\* available via the PHC website
- Look through the observation tool available at the website
- View the interactive Sway tutorial\*\* on video consultations with learning tasks, this can be found [here](#)

### GP teacher preparation

- Review the student resources above

- Reflect on 'good' and 'bad' remote consultations that you have done recently so you can share with your student

## Areas for discussion/tutorial plan

- Discuss the pros and cons of remote consulting
- Discuss the differences between face to face, telephone and video consultations
- Talk through how patients in your practice can request a contact and how it is decided what format it will take
- Run through common presentations in GP (can use year 4 core problems) and discuss which might suit a telephone or video consultation and when a face-to-face appointment is more likely to be needed
- Consider how we may use different consultation skills when consulting remotely and the non-verbal communication that may not be possible
- Brainstorm paraverbal signals e.g. rate and speed of speech, volume and tone, expression, hesitation
- Think about the various models for consultations and how these fit with remote consultations. Specifically discuss structure including signposting and summarising
- Look through the steps in a telephone and video consultation in the student guide\* and the observation tool\*\*\*
- Think about possible advantages and disadvantages of the physical barrier created by remote consulting e.g. it may be easier for people to be rude or aggressive as they are not getting feedback on the impact to the other person but conversely it also makes it easier to ask difficult questions
- Think about examination and what may and may not be possible on the phone. The student guide\* has some great info on this including system specific examination tips and the Sway document\*\* features a video demonstrating remote assessment of pulse and respiratory rate.
- Consider possible outcomes of a remote consultation
  - Resolution e.g. prescription or self-care advice and follow up
  - More information needed e.g. convert from telephone to video, ask patient to email/text picture or drop off urine sample
  - See face to face for examination ?how urgent ?transport. Risk assessment if during pandemic.
  - Refer directly for further investigation e.g. book blood test at GP or request radiological investigation
  - Refer directly to secondary care -? How urgent ?transport
- Discuss issues surrounding consent and confidentiality. Importance of checking patient identity
- Discuss how to recognise, assess and manage safeguarding issues remotely. Please see useful documents from IRIS and RCGP in resources section below.
- Discuss closing a remote consultation and features of a good safety net
- Discuss practice policies on:
  - Failed call policy
  - Answerphone policy

- Confidentiality policy
- Covid policy – where are patients seen, in hot/cold room, in car, what are students expected to wear etc
- Consent and data protection with patient photos
- Discuss the use of texting a mobile phone and email to support remote consulting. Demonstrate this or use an AccuRx demo from YouTube  
[https://www.youtube.com/watch?v=BQ0n7FXU\\_zM&feature=youtu.be](https://www.youtube.com/watch?v=BQ0n7FXU_zM&feature=youtu.be)

## Reflective learning activities

- Look together through a session of remote consultations. For each, consider if a face-to-face appointment would have been appropriate/better in different circumstances? Was it the right type of consultation for the problem? Do you think the doctor's perspective on this may differ from that of the patient?
- For that same series of consultations, discuss if/how things may have been different in a pandemic, such as Covid-19
- Compare a morning's consultations from now (largely remote) and two years ago (largely face-to-face). How does it differ in terms of numbers seen, time taken, outcomes, repeat consultations? With regard to time, remote consulting may take longer e.g. in back pain you need to ask more questions rather than being able to see how they are functioning by watching them walk into the room. Or waiting for connection time or explaining the examination process in video consulting
- Reflect on the personal satisfaction and possible impact on doctor-patient relationship arising from different types of consultation
- Think about special patient groups and how remote consultations may be beneficial or problematic e.g. the elderly, children, mental health problems, disabilities
- Focus on vision and hearing impairments. How BSL interpreters work remotely. Loss of visual cues and body language with remote consulting - consider converting to video or face to face sooner
- Think about people with language difficulties: telephone interpreting services and how these work with remote consultations
- Reflect together on the differences between remote consulting from home (common during pandemic and may continue in the future) and in the GP surgery. What extra implications for confidentiality? Measures to ensure we still act and feel professional in the home environment
- Think about the possibilities for and implications of remote consulting in other areas of Medicine e.g. secondary care, or to patients in other countries
- Think about how remote consulting is different for the doctor, and what we can do to mitigate any negative impacts. For example, it can be more sedentary so we need to remember to take regular breaks, keep moving and ensure self-care. For some people, it may cause more cognitive overload and decision fatigue than face to face consultations

## Active learning activities

- Roleplay telephone consultations back to back or with one of you in other room. Some ideas to try
  - Breast lump
  - Earache
  - Chest pain
  - Concern that wife may be depressed
  - Indigestion
  - Itchy rash
  - Frequency and dysuria
  - Tired all the time
  - New headache
- Watch and discuss some remote consultations telephone consultations via the Bradford VTS or Somerset GP education – see in resources below.
- Practice doing video calls using accuRx with each other e.g. in different rooms (info on PHC website)
- As part of the tutorial, you could demonstrate a call with the student observing as below

## Experiential learning

### Practical tips for teaching whilst remote consulting

#### Schedules and planning

- We usually advise that you reduce your surgeries by a quarter to allow time for teaching. You may wish to have slightly longer times allocated per contact or to block out regular slots for teaching and discussion
- When the student is consulting you will need to allow a longer time per call
- You may wish to notify patients when they request a contact that there will be a medical student present with the doctor. If this is not possible or appropriate, then ensure you advise the patient early on during the call
- If social distancing is necessary but not possible within the confines of a consulting room then AccuRx can be used for up to 4 people for a vide consultation

#### Student actively observing

- Student observes you using speaker phone or dual headset
- Focus on preparation and planning prior to call. Talk through your normal routine
- Gain patient consent to have student listening and then let them join call and introduce themselves
- During the call, student can use observation tool or you can give them a specific task e.g. to write in notes, to listen for paraverbal cues or to consider outcome options

- If patient consents and has time, you could involve the student and consider discussing parts of the consultation during the call e.g. are there any more questions you would like to ask? What do you think is going on? What do we need to do next? What safety netting information is important?

#### Post consultation discussion

- Reflect on if this was the most appropriate format for the consultation
- What worked well and less well
- Did the patient seem satisfied?
- What could you do differently in future?
- Would a face-to-face review have added much?
- Consider alternative outcomes
- Try role playing using an alternative media

#### Student consulting, GP teacher observing

- Start with simple calls first e.g. phoning to discuss lab results that you have already discussed with student
- Focus on preparation and planning prior to call
- Explain the learning process to the patient and that you will be listening in/contribute as necessary and they will have an opportunity to ask you any further questions at the end
- Gain patient consent for the student to conduct the consultation then let student take the lead
- You could get the student to do specific part of the call e.g. opening or information gathering then you complete the rest of the consultation whilst they observe
- Have a time out sign – student will then say they just need to discuss with their supervisor and can mute call if necessary. Have a pen and paper to write questions or thoughts
- At the end of the consultation, if appropriate, ask that the patient gives feedback on the remote consultation process and the students questioning etc
- Student to complete the medical notes including that it was a student led consult with Dr X supervising
- Discuss case after as above

#### Student consulting independently

GP teacher likely able to continue with own calls/paperwork whilst student consults but must be available as needed

- Consider this when you have observed your student consulting and you feel they are competent and ready
- Check that the patient and their presentation is appropriate and ideally have a quick chat with them yourself beforehand (or another team member/admin can do)
- Focus on preparation and planning prior to call

- Student will need to gain consent from the patient and advise that they will be discussing case with their supervisor after the call and then the patient will receive a call back
- Get the student to summarise the case and then discuss plan. Ask questions to challenge and ensure you have enough information to make a diagnosis and safe management plan. You then phone patient and complete consultation and reflect on any gaps
- Alternatively, you could observe the student completing the consultation and join the discussion then
- Student to complete the medical notes including that it was a student led consult with Dr X supervising
- Discuss case after as above

## Remote consultations in Covid-19 pandemic

Discuss issues surrounding risk

- Criteria based risk assessment vs patient's perspective and how this affects the consultation e.g. risk of Covid-19 when going to hospital/ GP surgery for further investigation or treatment vs. missed or delayed diagnosis
- Risk of treatment e.g. steroids for COPD vs. immunosuppression and possible increased risk of Covid-19
- Routine procedures e.g. joint injections - when do the benefits of this outweigh the risk of covid-19 transmission
- Managing patients who request routine screening on hold due to Covid-19 e.g. smears
- Consider would you discuss risk differently for shielding patients e.g. see them first in the day
- If seeing face-to-face you may need to assess risk and advise. e.g. in Covid-19 pandemic

Discuss your practice policies for patients attending the surgery

- Risk to surgery staff/other patients: need to screen patient and household for a new cough, fever or anosmia in past 2 weeks or known contact with someone with COVID-19.
- PPE availability
- Face coverings for all patients where appropriate
- Risk to patient

Think about how a national pandemic may affect the problems patients are contacting you about. For example

- more domestic violence & child abuse
- more mental health
- financial worries
- some problems may be less common e.g. sports injuries

## Resources

## Free webinars

Red whale on demand online learning: A remote consulting a survival guide. This is predominantly focused for GPs working in the Covid context.

<https://www.gp-update.co.uk/webinars>

NB Medical Education have a top tips webinar for telephone triage and video consultation

<https://www.nbmedical.com/NBHome>

<https://www.nbmedical.com/NBWebinarSelection?ID=a0K1p00000c0ODVEA2&title=Hot%20Topics%20Top%20Tips%20for%20Telephone%20Triage%20&>

## Online resources

A recent guide on video consulting by Trish Greenhalgh

<https://bigplife.com/wp-content/uploads/2020/03/Video-consultations-a-guide-for-practice.pdf>

A short video on undertaking video consultations by Roger Neighbour

<https://www.youtube.com/watch?v=W5zsEpk2HE>

<https://www.bradfordvts.co.uk/>

Bradford VTS has a series of resources on remote consulting including links to its own YouTube channel with a series of telephone consultations including feedback and comments

<https://www.somersetgpeducationtrust.co.uk/events/10887>

The Somerset GP education trust has some practice consultations related to coronavirus with accompanying case discussion. These are at a level of GPs but there is lots of valuable learning for you and your students. They also have a useful PowerPoint presentations and video consultations.

<https://www.somersetgpeducationtrust.co.uk/events>

## Healthier together

<https://demo.what0-18.nhs.uk/professionals/gp-primary-care-staff/clinical-pathways-remote-assessment>. This is simple clinical support tools for remote assessment of children

If you are a member of the RCGP you may be able to access their online telephone triage podcast with your students

<https://elearning.rcgp.org.uk/mod/page/view.php?id=10558>

Iris and RCGP have both produced helpful documents on responding to domestic abuse during telephone and video consultations.

<https://irisi.org/wp-content/uploads/2020/06/IRISi-COVID-19-Doc-and-info-sheets-11.pdf>

[https://elearning.rcgp.org.uk/pluginfile.php/148868/mod\\_page/content/20/COVID-19%20and%20Safeguarding%20%286%29.pdf](https://elearning.rcgp.org.uk/pluginfile.php/148868/mod_page/content/20/COVID-19%20and%20Safeguarding%20%286%29.pdf)