

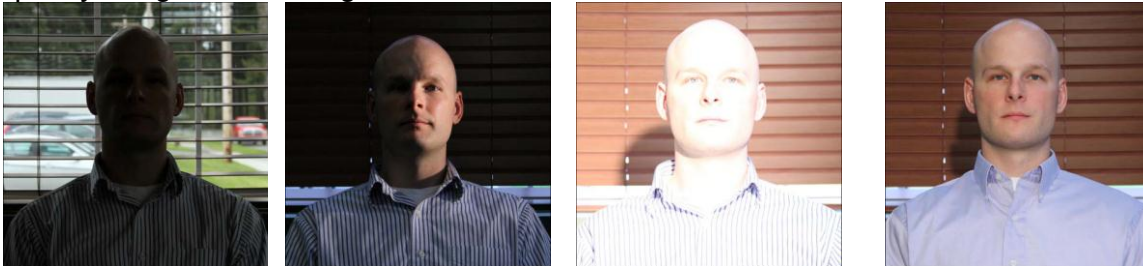
How to Conduct a Video Consultation

A. Setting Up the Room

Lighting

Brightness

The room needs to be well lit. Normal office fluorescent lighting is usually perfectly adequate. A desk lamp can be used if extra light is needed, but bounce the light off a wall rather than shining it directly at the patient or clinician's face; this will give better quality of light with less glare, and be more comfortable for those involved.



Contrast

Try to avoid large differences in brightness. If the patient sits behind a bright window, they will only be seen as a black outline. To fix this, draw the blinds or close the curtains.

Skin tone

Patients with pale skin might have washed out faces if they are wearing black or dark clothes, and for patients with dark skin it might be difficult to see their features if they are wearing white or pale clothes. If this happens, ask the patient to sit closer to the camera so their face takes up most of the screen; this will usually solve that problem. Moving a neutral coloured screen behind the patient can also help.

Clarity and simplicity

Avoid stripes, very busy fabric, a cluttered background, or a lot of rapid movement. The reason for this is that the busier the visual environment is, the more information needs to be sent, and the greater chance that the image will break up. When the bandwidth is only just enough for a consultation, the whole transmission including sound can be affected as well.



Sound

Microphones are not as good as human ears at filtering out unwanted sounds, so background noise such as traffic or loud air conditioning will be very prominent. The quieter the room, the better the sound will be.

Making noise near the microphone, for example rustling papers, should be avoided; this can be loud enough to prevent voices from being heard.

Field of view

The width of the field of view which can be seen through the camera needs to be checked, particularly when there is more than one person in the room. It may be necessary to place the chairs closer together.

The distant clinician will usually not have a problem with this for just a head and shoulders view, although they may want to use a model or refer to a chart. Moving the camera around, which could involve turning the screen if it is built into the device, may be necessary.

B. Conducting the consultation

Introductions

It is very important that each site needs to know who is at the other end, and to be assured that everyone in the room has been introduced. Finding out there is someone in the distant room that is out of view and hasn't been introduced can be very uncomfortable for participants, as well as being a breach of privacy.

Making eye contact

Most people will naturally look at the person's face on the screen. Many devices have the camera just above the screen, and if the screen is small then looking at the face gives a natural result. But if the screen is large, or the camera is set up at a distance from the screen, then looking at the face rather than the camera gives the impression that the person is looking down or away. This is one situation where a bigger screen does not necessarily give a better result.

Image of the Sender

Many video communication devices show a small picture of the sender in one corner of the screen. This is useful because the clinician with the patient can tell if they are transmitting what the distant clinician needs to see, such as gait, or close ups, but patients may be self-conscious or find this distracting, particularly with their first experience of video consultation. If this happens it can be turned off when the patient is talking directly to the distant clinician.

Having a conversation

Most consultations will take place with both parties using hands-free equipment or loudspeaker mode. With most equipment, this means that only one person can speak at a time; if two try and talk at once only one will be heard. There will usually be a short delay due to the actual time taken for transmission.

It is therefore necessary to pause after speaking, be more conscious of taking turns, and it is harder to interrupt.

If the environment is noisy, use the mute button when not speaking. If the sound quality is very poor, use a handset or a headset if one is available. This may not be possible for the clinician who is with the patient.

Body Language

Video communication allows the distant clinician to obtain some information about body language and posture, but this is less than with an in-person consultation. Therefore more attention needs to be paid to the words and tone of voice. This is why good quality sound is so important for enhancing the quality of a video consultation.

Physical examination

The clinician with the patient will need to do any physical examination that is needed. This is too large an issue to be fully discussed in this document, and it needs more research, but some principles are:

- ④ The distant clinician needs to trust the capability and judgment of the clinician with the patient.
- ④ It is very helpful if the participating clinicians have discussed how to deal with physical examination before commencing telehealth, or when reviewing the use of telehealth.
- ④ Consider developing and using a protocol, particularly for repeated consultations of the same type and in conjunction with practice nursing staff. Protocols for particular clinical situations are likely to become available as telehealth is more widely used.
- ④ A proportion of consultations cannot be fully conducted by telehealth and will need an in-person consultation for completion or as a follow up. Research suggests this proportion is around 10%, depending on the clinical area. Be prepared for this, and consider that an incomplete video consultation is not necessarily a failure; the work done will contribute to the next stage of the patient's care.

Feeling awkward?

Video communication often feels awkward or artificial, especially when first starting out, although it becomes more natural with practice. The things that clinicians report as being different include:

- ④ Having to concentrate more intensely, so feeling that telehealth is more effort than an in-person consultation.
- ④ Feeling more distant from the patient.
- ④ Needing to stay in view of the camera may cramp the style of a clinician who usually moves around the room.

Patients are generally very positive about video consultations, reporting high rates of satisfaction (higher than clinicians), rapport, and willingness to repeat the experience. Hence the patient is probably feeling better about the video consultation than you are.

Concluding the Consultation

Confirm who is doing what, in regard to ordering tests, writing scripts and arranging followup. There is a danger at this point that some important task is missed, because each party thinks that the other is doing it.