NACT UK
Supporting Excellence in Medical Education

Advice for supervising trainees providing remote care in the virtual workplace

How to include trainees in your plans so that clinical supervision is safe and training is protected.

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Introduction

This guidance document has been produced to collate together existing resources around remote medical consultation with a focus on providing and assuring high quality supervision within the virtual clinical environment.

There are four parts to the guidance (with quick links):

1. Good practice in remote consultation

As with any consultation, preparation is important:

- Both parties should feel safe and secure and basic needs must be met (Maslow's hierarchy of needs is one framework to use).
- This should include enabling privacy of both consulting areas (difficult for some patients) and the connection.
- The consultation may be recorded, in which case informed consent should be appropriately obtained.
- Detailed COVID-related guidance is available from HEE (1) and the GMC (2) as well as the MPS (3) and MDU (4)

- Advising the patient beforehand of the timing and the form of technology improves outcome.
- A good outcome is possible, *but as with all changes in practice requires initial training, ongoing support and assessment*

Key Tips

- Remote consultation requires a different approach to face to face consultation - pacing and signposting are different
- Non-verbal cues are still present and should be acknowledged and acted on.
- Clinicians will still need to use silence and manage the transition from open to closed questioning.
- Use of interpreters may be challenging and must be considered in advance
- Explicit consideration should be given to what might be missed or could be captured:
  - physical observations (e.g. abnormal scar, gait, breathing etc.)
  - psychological or emotional observations e.g.: mood/demeanour
  - observations - potential for use of wearable tech or other forms of remote monitoring

input from other healthcare professionals normally in a physical clinic (nurses, physiotherapists, occupational therapists etc.)
input from family members or carers

- It may become clear during some consultations that a physical assessment is necessary, either routinely or urgently. Practitioners should be alert to the need to identify this and there should be a process I place to enable this to happen safely and consistently.

Video consultations

- Use of video is closer to face to face consultation than telephone consultation but still requires a different approach
- The potential for video is large but currently is used in a minority of consultations.
- Excellent pithy advice is available from GP (5)and psychiatry (6) and who have most experience.
- New e-learning resources produced by RCP is available (7) and by RCPsych (8)
- Technical difficulties can outweigh the extra benefit.
- Extra training is necessary both for technical and communication aspects – including for the patient.
- Cameras are not always available and there are complex privacy issues with impact of social inequality.

2. Training and assessment

There is a need for training in remote assessment for all doctors.
This is not currently explicitly or universally recognised in curricula or assessment tools.
The RCGP have a "COT" assessment (mandatory from August 2020) which covers this (9)

In addition to standard consultation skills training and assessment should include:
Preparation -is appropriate data to hand, Is the patient expecting the call. Is remote assessment appropriate? Has the patient got the technology? What happens if connection is lost? Is the patient safe and able to talk? Who else is listening?
Consent. Is this obtained for the call *and for the assessment*? (10)
Listening skills. Are these done as well as they would be face to face. Open and closed questions used appropriately.
Pacing, signposting and use of non-verbal cues.
Closure and documentation
Efficient use of time

We hope that other curricula are reviewed and assessment tools or guidance for use are adapted as appropriate. For example, in physicianly specialties, guidance on using mini-CEX or ACAT in a remote clinic would be valuable for learners and educators.

3. Models to provide outpatient services

Forward thinking clinical units will change completely the model of delivery of services to outpatients. Routine review whether physical or remote is likely to be less frequent. It will be even more important to minimize travel so that in-person assessment may need to fit around the availability of investigations rather than the other way around.

It is unlikely that consultation will become either universally or permanently remote, as the process of managing patient flow during a defined physical space and is (probably) still valuable if only to facilitate assessment.

Some real examples where trainees will require special support include:

- Evening/weekend clinics where immediate support may not be available,
- Phoning back patients within an existing follow up service who send queries to an advice/guidance line
- Isolated doctor phoning from their own phone offsite.

Trainees and trainers will need to adapt to changes in process. New services designed to be flexible for patients will need also to be safe and offer a supportive learning environment for trainees.

Where new models of training are implemented the following must be addressed:

- Trainers and trainees are consulted as part of the change
- The patient consultations are appropriate to the curriculum
- Appropriate supervision is available before during and after (typically consultant responsible for the patient)
- Training experiences are reviewed and reflected upon.

4. Suggested minimum standards for supervision in any consultation model

Resources required from the Trust or Lead Education Provider for learners undertaking consultations:

- Private room
- Access to records/referral/relevant investigations
- Phone/internet connection that is secure and anonymous
- Training in any technology - both software and hardware.
- Access to supervisor including the option to pass on a call or arrange timely callback.
- Local policy covering specific clinical issues including documented process for moving to a physical appointment, urgent face to face attendance or admission

Recommended support structure:

- Pre and post meetings with time scheduled for clinical discussion and educational feedback and completion of workplace-based assessment
- Debrief after unsatisfactory conversations - this should include the opportunity to reflect and the provision of appropriate support in cases of e.g. angry/rude/offensive/abusive patient

Selected Resources:

1. HEE guide to remote consultations with an emphasis on COVID: Includes useful guide for patients https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf
2. GMC guidance on remote consultations with an emphasis on COVID https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations
3. MPS guidance on remote consultations with an emphasis on COVID https://www.medicalprotection.org/uk/articles/covid-19-and-remote-consultations-how-we-can-help
4. MDU guidance on remote consultations with an emphasis on COVID https://www.themdu.com/guidance-and-advice/guides/conducting-remote-consultations
5. Roger Neighbour's 10 tips for video consultations: a pithy overview of video consultations: https://elearning.rcgp.org.uk/course/view.php?id=380
6. 6 Cs – advice on video consultation from RC psych. https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians
7. RCP London. Effective Remote consultations. https://www.rcplondon.ac.uk/education-practice/courses/effective-remote-consultations
8. RCPysch. Remote consultations and COVID-19. https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/remote-consultations-and-covid-19
9. RCGP COT tool https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/audio-cot.aspx
10. GMC guidance on consent to make recordings: http://www.gmc-uk.org/Making_and_using_visual_and_audio_recordings_of_patients.pdf_58838365.pdf