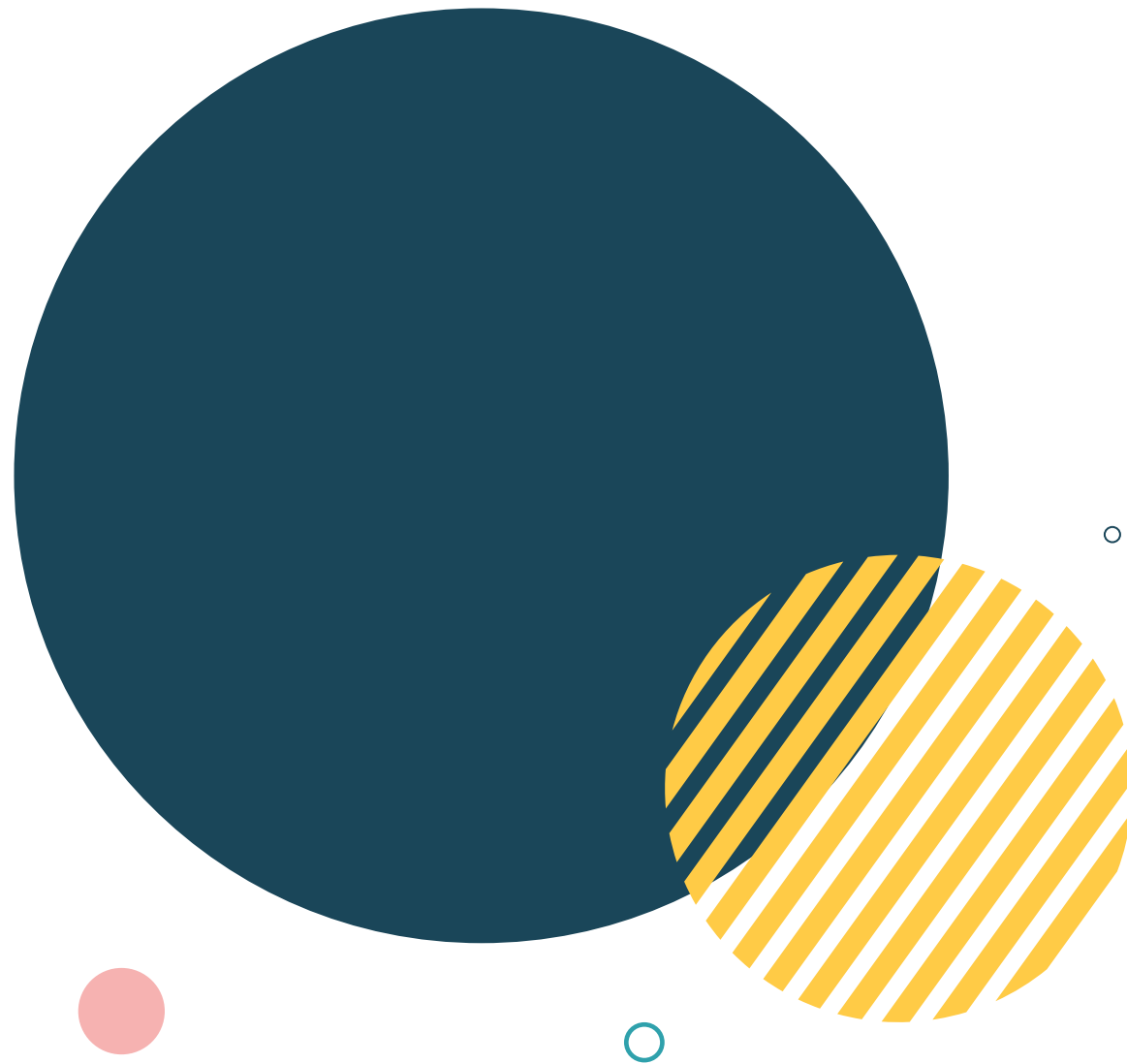


# 'How-to' guide for telemedicine consultations



# Introduction

Telemedicine consultations (phone and video) have been implemented in response to the COVID-19 pandemic, but their use may be adopted in routine practice moving forward to maximise capacity and accessibility of services<sup>1</sup>

This 'how-to' guide has been developed to:

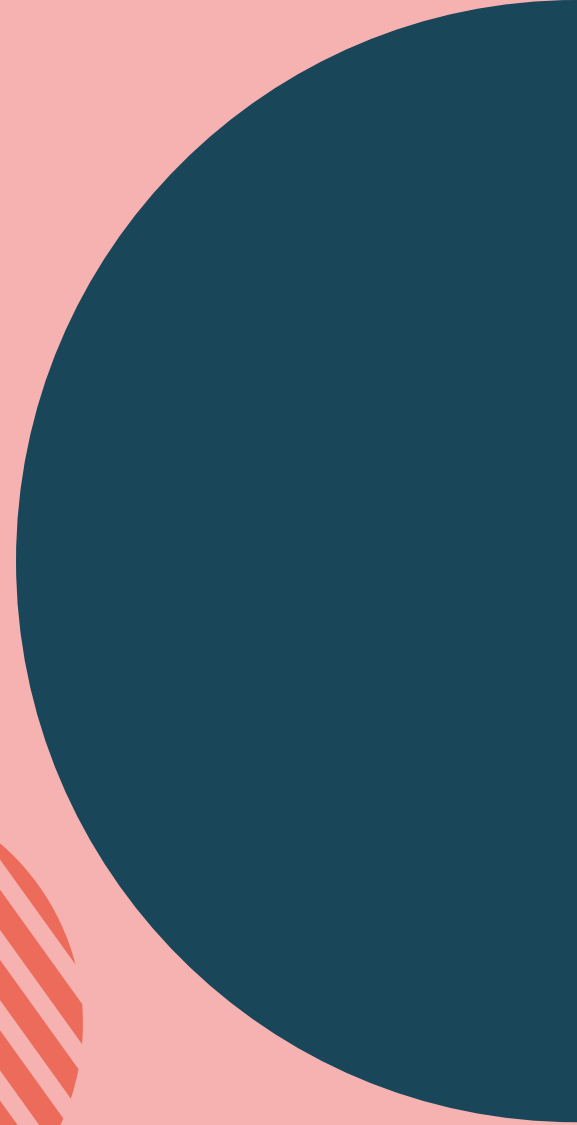
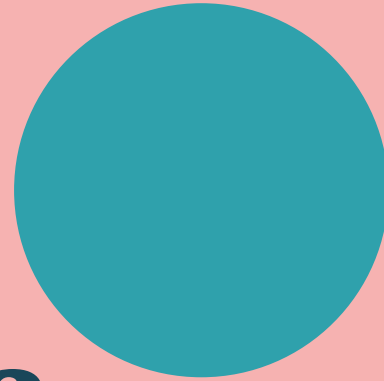


Support rheumatology nurses to identify which of their patients are best-suited to each consultation modality (e.g. video/phone/face-to-face)



Enable nurses and their patients to get the most out of the telemedicine consultation experience by providing tips for setting up and running their consultations

# Telemedicine consultation: is it appropriate?



# Patient selection

A telemedicine consultation may or may not be appropriate, depending on factors relating to the individual patient<sup>1</sup>



**Broadband access/  
reliable internet  
connection<sup>1</sup>**



**Level of comfort with  
using technology<sup>1</sup>**



**Hardware**  
(e.g. webcam/smartphone)<sup>1</sup>



**Language**  
(e.g. if a translator  
is required)<sup>1</sup>



**Communication  
skills of the patient**  
(e.g. if they have a  
hearing impairment)<sup>1,2</sup>



**Age of the patient**  
(e.g. children, a very elderly  
patient with dementia who  
may need a carer)<sup>1-3</sup>



**Safeguarding concerns<sup>1</sup>**



**Socio-economic factors<sup>3</sup>**

# Consultation type/purpose

An initial triage should be carried out to decide whether a telemedicine consultation is appropriate<sup>1</sup>



## Key considerations\*

- Do the pros (for the patient staying at home) outweigh the cons (for them attending the appointment in person)?<sup>2</sup>
- Do you know the patient well enough to be able to pick up on verbal cues?<sup>3</sup>
- Is a telephone call sufficient, or would a video call be more appropriate?<sup>4</sup>

\*This list of considerations is not exhaustive, and additional factors may influence the decision on whether a telemedicine consultation is appropriate.

1. Royal College of Nursing. Remote consultations guidance under COVID-19 restrictions. Available at: <https://www.rcn.org.uk/professional-development/publications/rcn-remote-consultations-guidance-under-covid-19-restrictions-pub-009256>. Last accessed: April 2021; 2. NHS England and NHS Improvement. Clinical guide for the management of remote consultation and remote working in secondary care during the coronavirus pandemic. Available at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>. Last accessed: April 2021; 3. British Society for Rheumatology. Principles for remote consultations. Available at: [https://www.rheumatology.org.uk/Portals/0/Documents/Policy/News\\_Policy/Remote\\_consultation\\_principles.pdf?ver=2020-06-17-125428-377](https://www.rheumatology.org.uk/Portals/0/Documents/Policy/News_Policy/Remote_consultation_principles.pdf?ver=2020-06-17-125428-377). Last accessed: April 2021; 4. British Medical Association. COVID-19: video consultations and homeworking. Available at: <https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking>. Last accessed: April 2021.

# Rheumatology-specific considerations

## Initial consultation (new rheumatology referrals)<sup>1</sup>

**Initial telemedicine consultation** may be appropriate to **assess symptoms**

**Bring back any new patient** assessed remotely **for a face-to-face appointment if needed** (e.g. for physical examination)

**Referral letters may inform consultation type**

- **Consider face-to-face appointment for urgent referrals** for suspected inflammatory arthritis or systemic disease cases
- **Consider remote for routine referrals** where advice is being sought about further management

## Follow-up appointments<sup>1</sup>

The patient's **condition, level of disease activity and systemic involvement** may determine suitability of a telemedicine consultation

**An objective assessment of the joints informs treatment decisions** and may be a requirement for continuation of funding for high-cost drugs

**Patients may also require additional blood tests to monitor disease activity**

**Consider reducing the frequency of assessments in stable patients**

**For telemedicine consultations with patients on high-cost drugs, there needs to be discussion with commissioners about the confirmation of ongoing response to treatment<sup>1</sup>**

# Patient assessments for RA telemedicine consultations

## Patient reported outcome measures<sup>1</sup>

PROMs could be collected remotely and used to determine if patients are stable and inform whether a telemedicine consultation is appropriate<sup>1</sup>

## RAPID3<sup>1,2</sup>

RAPID3 is a disease activity index that is calculated from a questionnaire covering physical abilities, pain assessment and personal assessment

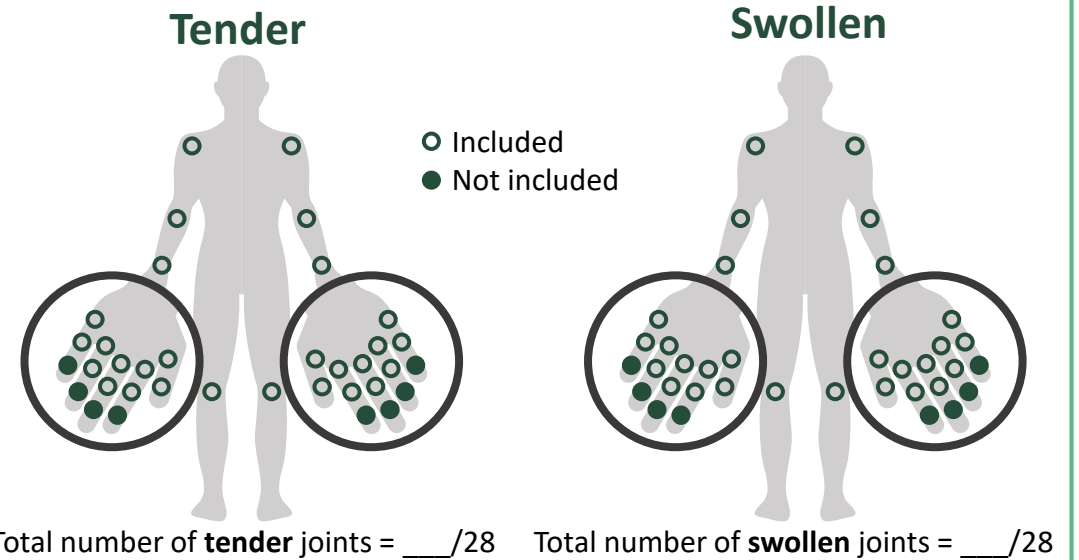
## Patient reported DAS28<sup>1</sup>

Patient training has positive effects in increasing the reliability of patient self-assessment of joint counts



**Video suggestion: How to Self-Examine for Tender and Swollen Joints in RA:**

<https://www.youtube.com/watch?v=SBSJKMYNOaw&t=314s>



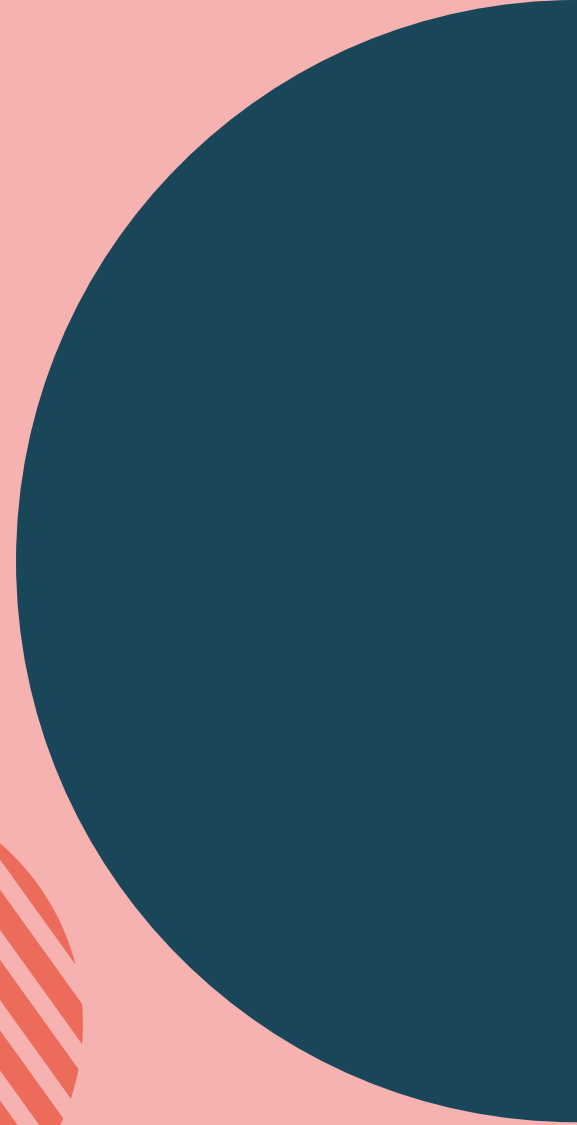
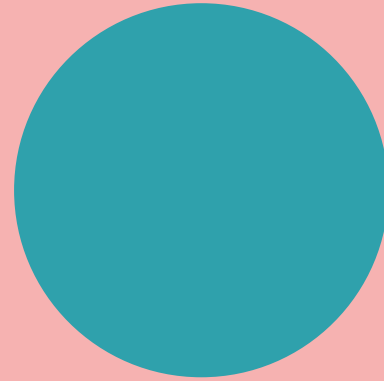
DAS28, Disease Activity Score in 28 joints; PROM, patient-reported outcome measure; RA, rheumatoid arthritis; RAPID3, Routine Assessment of Patient Index Data 3.

Image adapted from: Rheumatoid arthritis – tender and swollen joint count model and table. Available at:

[https://blogs.manchester.ac.uk/centre-for-epidemiology/wp-content/uploads/sites/236/2020/12/Rheumatoid-arthritis-tender-and-swollen-joint-count\\_FINAL.pdf](https://blogs.manchester.ac.uk/centre-for-epidemiology/wp-content/uploads/sites/236/2020/12/Rheumatoid-arthritis-tender-and-swollen-joint-count_FINAL.pdf). Last accessed: April 2021.

1. British Society for Rheumatology. Principles for remote consultations. Available at: [https://www.rheumatology.org.uk/Portals/0/Documents/Policy/News\\_Policy/Remote\\_consultation\\_principles.pdf?ver=2020-06-17-125428-377](https://www.rheumatology.org.uk/Portals/0/Documents/Policy/News_Policy/Remote_consultation_principles.pdf?ver=2020-06-17-125428-377). Last accessed: April 2021; 2. RAPID3 survey. Available at: <https://www.ra.com/rheumatoid-arthritis-resources/rapid3-survey> Last accessed: April 2021.

# Running a telemedicine consultation





# Before the consultation



## Ensure you book enough time for the consultation, including time to write up notes after the call

- Allow a buffer between consultations, so that if one overruns, subsequent patients are not left waiting, as this can cause anxiety about the technology not working
- Inform patients that they will be called during a window, rather than at a specific time



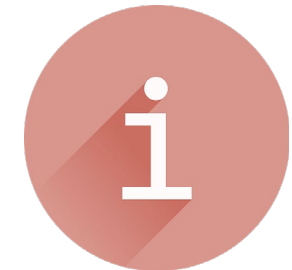
## Prepare so that you can focus and actively listen/observe the patient during the consultation

- Ensure that you read all of the patients notes and history before the consultation
- Make notes to guide the consultation
- Consider setting patient goals during the consultation



## For video consultations, technology should be in place and tested before the consultation

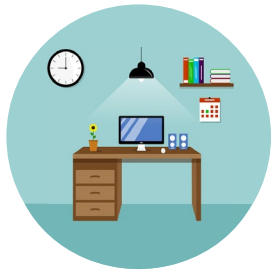
- Staff must receive training and feel confident about using the system<sup>1</sup>
- If working remotely, home technology must meet agreed standards and enable access to clinical records<sup>1</sup>
- Make a contingency plan in the event of a technology issue<sup>1</sup>



## Ensure that the administrators have:

- Confirmed with patient if they consent to doing the appointment remotely<sup>1</sup>
- Informed the patient about the time and date, and technology needed<sup>1</sup>
- Provided the patient with a link to the virtual meeting room in advance, with instructions on how to download the necessary software, check their connection and join the meeting (for video consultations only)<sup>1</sup>

# During the consultation



**Use a private room, (well-lit if video used) and ensure the patient is in a private space too<sup>1</sup>**

After introducing yourself (and colleagues, if applicable), confirm if anyone else is in the room with the patient, and ensure the patient gives consent to them being part of the appointment<sup>1,2</sup>



**Confirm that the technology is working correctly**

Inform the patient about what action to take in the event of being cut off (e.g. wait for a call back)<sup>2</sup>



**Confirm the identity of the patient (by checking their name, date of birth and home address)<sup>1,2</sup>**



**Take a record of verbal consent for the consultation**

When seeking consent, also offer the alternative of a face-to-face consultation if this is their preference and it is appropriate<sup>1,2</sup>

# Ending the consultation



Summarise agreed actions and timescales to ensure that the patient understands them<sup>1,2</sup>



Give the patient an opportunity to ask questions if they require clarification<sup>2</sup>



Confirm that the patient is happy to use a virtual consultation again in the future<sup>2</sup>



Inform the patient that the call is ending before closing the connection<sup>2</sup>

# After the consultation



Update the patient's records  
as soon as possible;  
all consultation details  
should be recorded clearly<sup>1</sup>



Arrange any subsequent  
appointments, referrals  
or prescriptions<sup>1</sup>

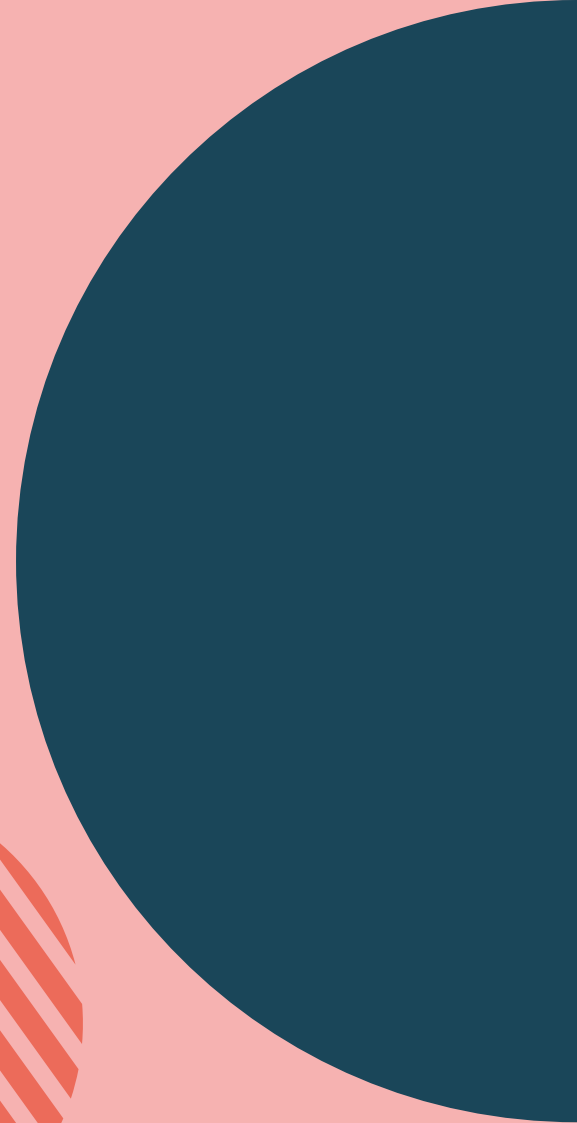
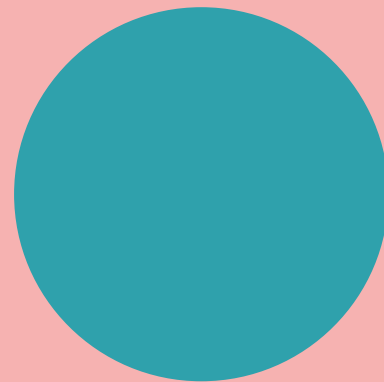


Send out a follow-up  
letter/email to the patient  
to summarise the  
consultation and next steps<sup>1</sup>



If working from home,  
delete any of the patient's  
personal information from  
your devices<sup>2</sup>

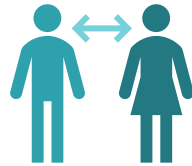
# Tips for good practice



# General tips



**Do as much paperwork as possible before the consultation, and take notes during the consultation<sup>1,3</sup>**



**Conduct the consultation as you would a face-to-face appointment**  
(e.g. clinical review, medication review, examination and management plan)<sup>2,3</sup>



**Make use of feedback questionnaires for patients, so that improvements to telemedicine consultations can be made where necessary<sup>2</sup>**



**Direct patients to online resources and/or advise them on how to complete PROMs**  
(e.g. via a patient portal or using an app)<sup>3</sup>

PROM, patient-reported outcome measure.

1. Dean E. Remote nursing consultations: how to get them right. Nursing Standard. Available at: <https://rcni.com/nursing-standard/newsroom/analysis/remote-nursing-consultations-how-to-get-them-right-161366>.

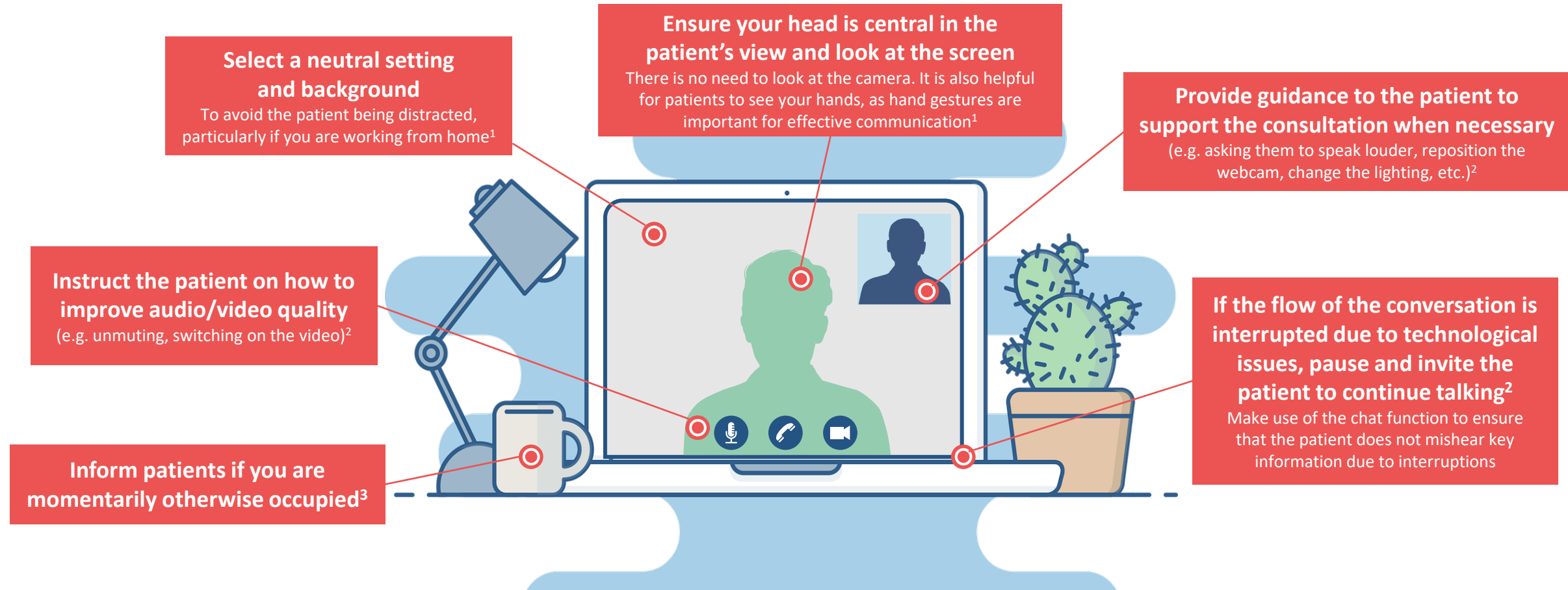
Last accessed: April 2021; 2. NHS England and NHS Improvement. Clinical guide for the management of remote consultation and remote working in secondary care during the coronavirus pandemic. Available at:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>. Last accessed: April 2021; 3. British Society for

Rheumatology. Principles for remote consultations. Available at: [https://www.rheumatology.org.uk/Portals/0/Documents/Policy/News\\_Policy/Remote\\_consultation\\_principles.pdf?ver=2020-06-17-125428-377](https://www.rheumatology.org.uk/Portals/0/Documents/Policy/News_Policy/Remote_consultation_principles.pdf?ver=2020-06-17-125428-377).

Last accessed: April 2021.

# Optimising video consultations



1. Dean E. Remote nursing consultations: how to get them right. Nursing Standard. Available at: <https://rcni.com/nursing-standard/newsroom/analysis/remote-nursing-consultations-how-to-get-them-right-161366>. Last accessed: April 2021; 2. Wherton J, et al. *BMJ Leader* 2020;0:1–5; 3. NHS England and NHS Improvement. Clinical guide for the management of remote consultation and remote working in secondary care during the coronavirus pandemic. Available at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>. Last accessed: April 2021.

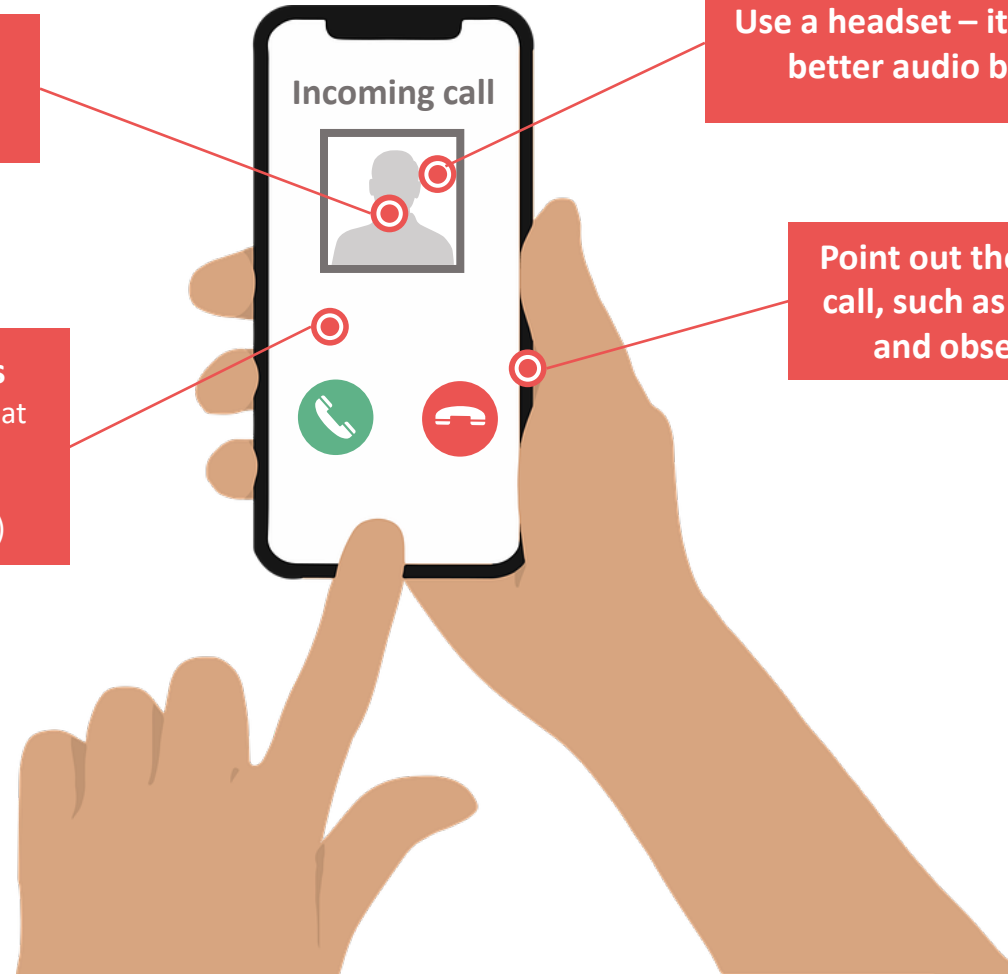
# Optimising phone consultations

Consider your tone of voice, conversation pace, pauses and intonation

Use a headset – it will provide better audio both ways

**Patients may be wary of cold callers**  
At the start of the call, it is useful to state that you are a rheumatology nurse and the name of your hospital (before even confirming that you have the right patient)

Point out the limitations of a phone call, such as an inability to examine and observe non-verbal cues





# Building rapport

Include non-clinical chat to put the patient at ease<sup>1</sup>

Reassure the patient that a face-to-face appointment is still available should specific assessments require their attendance at the clinic<sup>2</sup>

Keep the pace of the consultation appropriate and demonstrate active listening<sup>3</sup>

