



***The key challenges and opportunities of teaching medical students about video and audio consulting in the current Covid crisis and beyond.***

**Transcript of podcast:**

<b>Time Code</b>	
00:00:00	<p><b>SANDRA</b> Hello my name is Sandra Nicholson and I'm Chair of ASME, the Association for the Study of Medical Education and welcome to our first inaugural ASMEBITESIZE podcast. Today I've got with me Professor Graham Easton who is a colleague from Queen Mary University of London and we're going to talk about video and telephone consultations, and what we feel that our students need to know about these. And we're just wondering during the pandemic that both video and telephone consultations have been quite commonplace however I wonder how many of us have actually thought well what do we need to teach our students about these. And so, I thought it was a great opportunity for me to learn from Graham a little bit more about what he thinks is important. So, Graham we're both general practitioners and we're pretty used to phoning our patients and we've been doing this quite a lot recently, what do you think we should include in our teaching?</p>
00:01:04	<p><b>GRAHAM</b> Well I think what's really interesting is that yeah, we've been mostly concentrating on face-to-face consultations up 'til now, that's been the pattern. We've suddenly been thrust into this new world where we've had to do remote consulting. We're having to think about what was the future right now and it's going to be here to stay. I think it's very important that we do teach our students or our learners about how to consult like this because it's not the same as face to face but with a bit of technology added on. There are things that are different.</p>
00:01:36	<p><b>SANDRA</b> Absolutely. I mean for instance what do you think of the differences between video and telephone?</p>
00:01:42	<p><b>GRAHAM</b> The obvious difference is of course you don't have the luxury of non-verbal communication with the telephone so you can't see those pauses, those sort of internal searches that are going on. You can't read a lot of the very subtle cues. But what's interesting about some of the research that's happened in the area of video consulting is that actually it's far from the same as face to face. For example, a lot of the non-verbal communication: Doctors aren't picking up some of those subtle cues; the flatness of the screen, the shadows across people's faces. Forget about the stuff that's actually off screen but even the stuff that's on screen we aren't reading and there's a real danger of us coming over as flat or distant, perhaps un-empathetic. So those sorts of things mean that video is one step up from phone in many ways but it's far from face to face.</p>
00:02:42	<p><b>SANDRA</b> And what priorities do you think we should then think about in sharing our knowledge about how to do this with students?</p>
00:02:49	<p><b>GRAHAM</b> We've been thinking about this it's been a real steep learning curve for us all. And we've been working very closely with our actors, our simulated patients, who've been brilliant - of course it's communication so it's 2-way - at helping us about what matters to them</p>

	during for example a video consultation and we've started to develop sessions for our students and we've been piloting those and running them. But the sort of things in terms of the communication skills are being much clearer about our non-verbal communication so actually sort of over-emphasising stuff, possibly over-emphasising eye movements and gestures and smiles and so on because it's possible for it to become dulled. The issue of eye contact keeps coming up. Where do you look at? You know, we're taught to have eye contact. If I look at the camera now I'm looking at you, that's how it must look to you, we're on a video consultation at the moment but if I want to watch your non-verbal body language and some of the subtle cues I'm trained to pick up I have to move my eyes away so there's that tension isn't there. And I think we're starting to learn what works best for patients in which settings, perhaps it's a mixture of moving between one and the other.
00:04:13	SANDRA Yes.
00:04:13	GRAHAM Those sorts of things. I think there's another issue around active listening.
00:04:18	SANDRA Ok.
00:04:18	GRAHAM You're doing it beautifully Sandra which is you know, ok, yup, and encouraging me to carry on, it's a sort of natural medical training kicking in but actually obviously with the technology sometimes there's a time lag and if I'm doing that I might cut across you. So things like that so leaving bigger gaps or more concrete gaps and then the usual stuff around signposting and summarizing which we bang on about all the time anyway because it's so important but it becomes particularly important I think with telephone and particularly video consulting to check that people have understood.
00:04:58	SANDRA Do you know one of the things I think is most important too is about a proper introduction. Just because the assumption might be that you know the patient that you're ringing but many times of course the healthcare professional doesn't know the patient and one of the things I always emphasise to students is about how to introduce themselves and check that they've got the right patient with them. I mean presumably you would agree with me. Have you got any tips for doing that without making it seem so false?
00:05:29	GRAHAM Yes, and to avoid that what is your date of birth and what is your name and that very formalised thing. So, we do talk about softer starts before we start getting in to those sorts of details but that needs to come early so that you're sure of who's there.
00:05:48	SANDRA Absolutely.
00:05:49	GRAHAM Two things we do say at the beginning at the moment seem to be important; checking that people can see properly and can hear properly i.e. are you ok with the technology? It sounds obvious but actually if you forget that there can be all sorts of problems when patients aren't used to it. So, we talk about that. And we talk about the importance of checking who else is in the room at the beginning. I think what's interesting is, you know, because you might suddenly see in the middle a shifting of eyes in a patient and you realise actually there's someone else there with them you know and all those issues around confidentiality and consent. But I think it's teaching us a lot about what we need to think around the sort of professional aspects of consulting online as well. So, asking about capacity, asking about consent and confidentiality, thinking about whether we record those teaching sessions let alone the actually consultation.
00:06:50	SANDRA So we've set up a student to think about all these issues and we're going to do some telephone consultations during the surgery in a general practise setting for example but

	it could well be in the hospital out-patient clinic, how are we going to encourage students to actually take part in this? What are the practical things that we could do with students?
00:07:11	<p>GRAHAM</p> <p>Some of the software that's being used in, well in general practise definitely and I think some of it in out-patients settings allows for students to effectively eavesdrop or sit alongside you or me as the trainer. And I think that's going to be incredibly helpful in terms of effectively doing virtual clinics, virtual teaching clinics. In terms of how we do it centrally at the medical school, lots of different platforms and we're having to decide which one to use, which is the most secure, which works better for break-out groups, do we just simply follow the normal teaching around small groups and an actor and a tutor and that is quite possible and it works very well. Do you have much bigger groups and effectively do demonstrations with people chatting on a sidebar? So, there are lots of different ways of doing it.</p>
00:08:13	<p>SANDRA</p> <p>Yes, the chat line or the sidebar is a very interesting tool isn't it?</p>
00:08:17	<p>GRAHAM</p> <p>It is. The trouble is as a teacher, as an educationalist you want to see, as you'd like to see the eyes of your patient and the reactions of your patient, you'd like to see the reactions of the students or learners. And we're having real debates at the moment about how to negotiate all that because it sometimes it encourages students to engage more if they're not actually on screen we're finding. A lot of people don't feel comfortable with being on screen in front of 20 other peers. But equally some people can then get hidden and get lost and you lose some of that sort of frisson of exchange when you're teaching.</p>
00:09:00	<p>SANDRA</p> <p>So, what I'm getting from this is a real sense that there's a place for a simulated video or telephone consultation to help our students get used to performing in this kind of way with patients.</p>
00:09:12	<p>GRAHAM</p> <p>Absolutely and I think that's different from let's teach about face-to-face consultations through a video.</p>
00:09:18	<p>SANDRA</p> <p>Right.</p>
00:09:19	<p>GRAHAM</p> <p>This is let's teach video consulting through a video and so it's mirroring exactly what's happening in current practise with Covid and it's here to stay, but it's actually saying let's teach them these skills. This isn't a second best to face-t- face, I mean it is if you're trying to teach about face-to-face in the flesh consultations, but this is a really good opportunity to teach around particular skills.</p>
00:09:46	<p>SANDRA</p> <p>So, are there any wider issues that you think we should bear in mind?</p>
00:09:51	<p>GRAHAM</p> <p>I think it is important that we think about some of the other issues that go alongside all the exciting technology. It's easy to get carried away with it all. I suspect it will probably fall back to much, much less video and telephone consultations after the Covid crisis but it'll be more than we used to do. But the wider issues would be things like how does technological poverty influence access to consultations through these platforms? Is their use contributing to health inequalities or increasing that health inequality gap? And I think that's a really interesting area and how do we get round that? I think there are other issues around hearing and visual impairment or learning difficulties and how we help patients with those issues to communicate through these platforms. I mean for example if you can lip read a video might be better than all sorts of other platforms. But yeah, I think those sorts of wider issues.</p>

00:11:00	SANDRA Yes, I think those issues perhaps are quite challenging for people who've been practising for a while as well as for students. But it's good to get students to think about these issues isn't it?
00:11:11	GRAHAM Exactly.
00:11:12	SANDRA Bearing in mind that students always have this at the front of their minds as well. What about assessment? Could you give me a last titbit on assessment please?
00:11:21	GRAHAM Yeah, the most important bit for students. But I think it's just to say that we mustn't forget about how we're going to assess this. Will it be, I expect it will I think it should be probably, the case that we build into practical exams a video or telephone assessment station. And I don't think that's very widespread certainly at the moment. It's something we're starting to look at, it's very interesting, there are challenges around it but I don't think we can ignore it any longer.
00:11:54	SANDRA It's very interesting that we have used a telephone station at finals in OSCE so yes, we're always at the front at Barts!
00:12:05	GRAHAM Of course!
00:12:07	SANDRA Ok, that's really fascinating thank you so much. For those of us who are listening we have another opportunity to talk to Graham on Friday 5th June at 4 o'clock, where there's an opportunity for you to listen to the podcast one more time if you've not already listened during the week. And can I ask you please to visit the ASME website to register for this webinar which is at 4 o'clock on the 5th of June and you can submit your questions through ASMEBITESIZE link it is at <a href="mailto:bitesize@asme.org.uk">bitesize@asme.org.uk</a> but we will remind you during the week any rate about this. So, thanks Graham and I look forward to speaking with you all very soon.
	<b>ENDS.</b>