

Factsheet 36

Updated on 12 March 2021

Remote Consultations Part 1: Communicating Effectively

This factsheet has been designed for use by healthcare professionals only.

The Covid-19 pandemic has resulted in many consultations and routine reviews taking place virtually, either by telephone or video call. Increasingly, surgeries are giving patients the opportunity to complete an online form before speaking to a healthcare professional, and while this can be helpful in maximising the information available for discussion, there may be aspects of a face-to-face consultation that are not easily replicated virtually.

This factsheet explores some of the fundamental communication skills that are required to make telephone consultations, in particular, a successful experience for patients and professionals.

Active Listening

The Mehrabian Model of Communication suggests that less than 50% of our communication with others occurs verbally¹ (i.e. through the words we use and our tone of voice). The implication of this for telephone consultations is that the visual clues and inferences usually available from body language and facial expression are absent, meaning that we must use skills of speaking and listening more actively.

Listening is about more than hearing what people are saying. When you begin a remote consultation, the patient should be the sole focus of your attention, as they would be in the surgery. You may find yourself planning the next part of the conversation in your mind while the patient is talking, and this loss of focus may cause you to miss vital information. To help sustain a meaningful conversation, the principles of **active listening** can be useful:

- **Restate:** To show you are listening, at an appropriate time (e.g. when they pause) feed back what you think the person said by paraphrasing what you heard in your own words. For example, "Let's see if I'm clear about this..."
- **Encourage / Acknowledge:** Use brief, positive requests to keep the conversation going and show you are listening - for example, "uh-huh", "Oh?", "Yes, I understand," "Then?", "And?" This is particularly important over the phone as you will not be able to use non-verbal affirmations (such as nodding) to move the conversation along.
- **Reflect:** Rather than simply restating, reflect the speaker's words in terms of feelings - for example, "I can tell this is really important to you."

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- **Probe:** Try and encourage the speaker to share deeper and more meaningful insight into their situation - for example, "What do you think would happen if you...?"
- **Consider:** Your discussion may involve discussing the possible consequences of inaction. Take hints from what the person is saying - for example, "Can you remember what happened the last time you stopped taking your medication?" - and use their responses to evaluate future options: "Okay, so I think you're saying if we don't change your treatment plan, this could happen..." .

When you engage in active listening, you are much more likely to have a meaningful conversation with a patient. However, there will be occasions when someone is reluctant to share information and you may need to draw it out of them. One way to do this is to use **open questions**, which require more than a 'yes' or 'no' response. Open questions usually begin with the words 'how', 'what', 'when', or 'why' and the answers you receive will usually give you a better insight into a patient's situation than those from a closed question.

Language and Tone

When you are speaking to a patient, it is important to consider both the information you are conveying (your words) and the way in which you are delivering your message (your tone). It can be easy to misinterpret details or intention over the telephone, and you need to be sure that your patient is clear on **what you have recommended and why**. Some tips for ensuring the clarity of your conversation include:

- Avoid using jargon or acronyms. As a professional, using medical shorthand is second nature to you, but in a telephone conversation a patient may be reluctant to say they don't understand or have misheard. Explain things clearly using plain language, particularly when discussing treatment pathways, and if you need to use technical terminology, make sure the patients understand what you mean.
- Keep it concise. While it is important to not oversimplify the information you are giving, try to keep it as straightforward as possible. This will also help to keep your consultations to time, and allow patients to ask questions.
- Check communication preferences – it may be that patients do not speak English as their first language, have a learning disability that makes telephones interactions difficult for them, or are simply hard of hearing. If you feel that someone is struggling to understand, check if they would prefer information in a different format (e.g. written) or to talk when a friend or relative is available to support them. Alternatively, if video consultations are an option, ask if they would prefer this.

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- Be patient – try to speak slowly and give the patient time to process and respond to your advice. Listen to and repeat information as many times as necessary. It is important that the patient does not feel rushed or that you are trying to ‘wrap it up’ quickly.
- Moderate your tone. A patient will be able to hear if you are frustrated or distracted, just as they will be able to hear a smile in your voice.

Further resources

This week's podcast, [Remote Consultations: A Patient Perspective](#), begins to explore some of the challenges of remote consultations and how healthcare professionals might overcome these. Next week's factsheet will build on this discussion to look at managing the environment for a remote consultation and how remote consultations may actually afford opportunities for innovation and improved patient experience.

There is also a useful [introduction to remote consultations](#), and the process of implementing them, available from NHS England.

References:

¹ Mehrabian, A., and Ferris, S.R. (1967), Inference of Attitudes from Nonverbal Communication in Two Channels, Journal of Consulting Psychology, 31, 3, 48-258