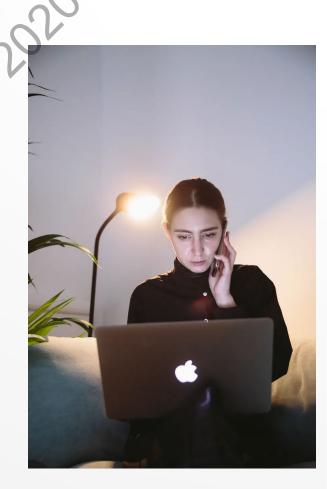




Virtual clinics The Trainee Experience

Dr Hiba Fadlelmoula GPST1







Why remote working?

- COVID-19 Pandemic, following risk assessment for a medical condition - advised to do non-patient facing duties
- Needed flexibility childcare, husband is AE trainee
- Provided with support of my consultants and service manager
- TPD&AD contacted
- Clinical duties included:
- Remote ward support: EPR discharge, speciality referrals, arranging investigations.
- Virtual outpatient geriatric medicine clinics
- Later- supporting community MDT





Virtual clinic- Challenges

NHS Group

Trainee

- Adapting to new way of working
- Lone Working
- Effect on training: will it be counted?
- How much Support I will get: depends on experience.
- How is the system adapted for this change e.g.where to request bloods.
- Working from home with children around

Patients:

- Availability of relative to support
- Availability of smart device
- Hearing impairment
- Difficulty with speech eg dysaphasia
- Issues with holding the phone for long time e.g due to arthritis.





Technology: connection and devices

- Service manager facilitated EHR access
- Supervisor identified suitable patients
- Administrative staff found out whether patients had phone/smartphone
- Accurx: At appointment time





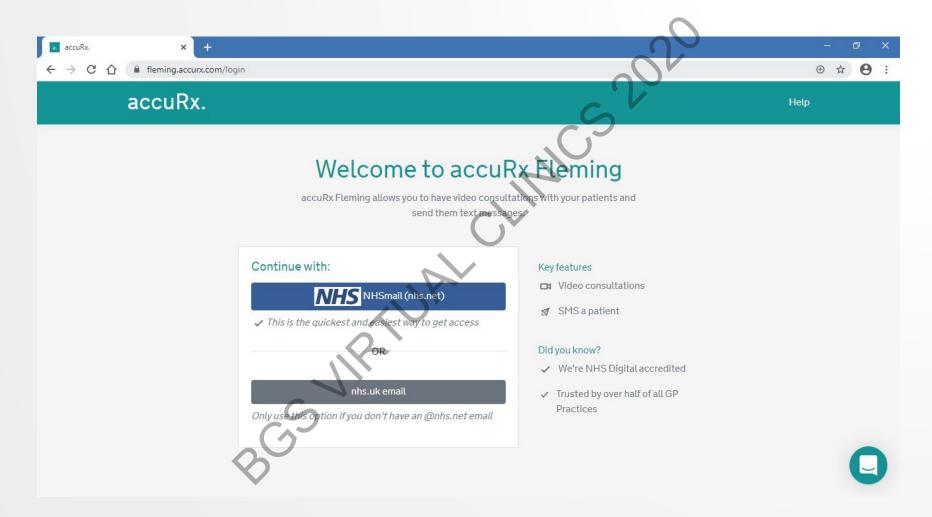


Supervision

- Assigned patients to contact
- Discussion before and after the clinic
- Clinic letters reviewed, feedback











accuRx.	Delivery receipts	Share	Salford Royal NHS Foundation Trust ▼
Search for a patient To find a patient you need their NH		irth.	5
Test with a dummy patient by u	-		
NHS number	$\forall O_{k}$		
xxx-xxx-xxxx	IP.		
Date of birth (dd/mm/yyyy)	3		
DD MM	YYYY		



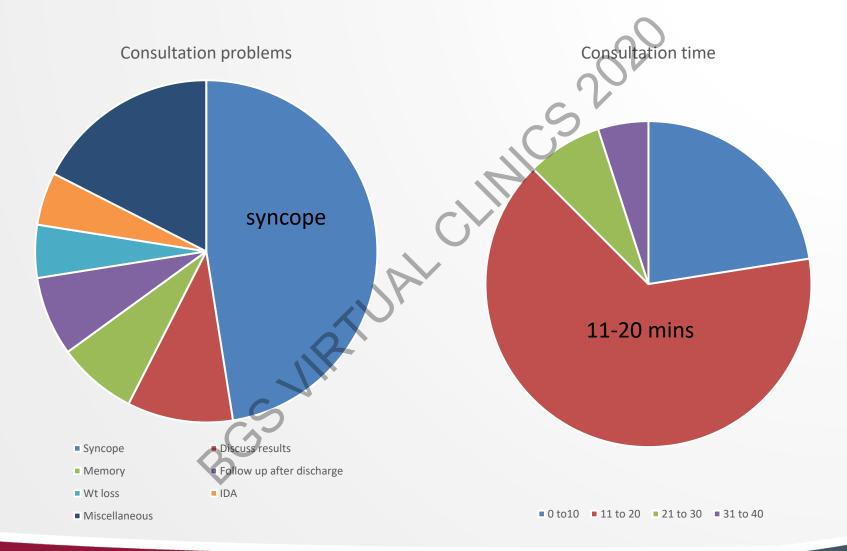


Feedback data collected from virtual clinic:

- Data collected from 14/05/20 to 10/07/20
- 40 appointments.
- · Data collection included:
- > Type of assessment: Telephone, virtual.
- > Availability of smart device.
- Consultation problem/duration
- > Examination completed.
- > Feedback: clinician, patient, relative.
- ➤ Investigations requested: Radiology, ECG, bloods.

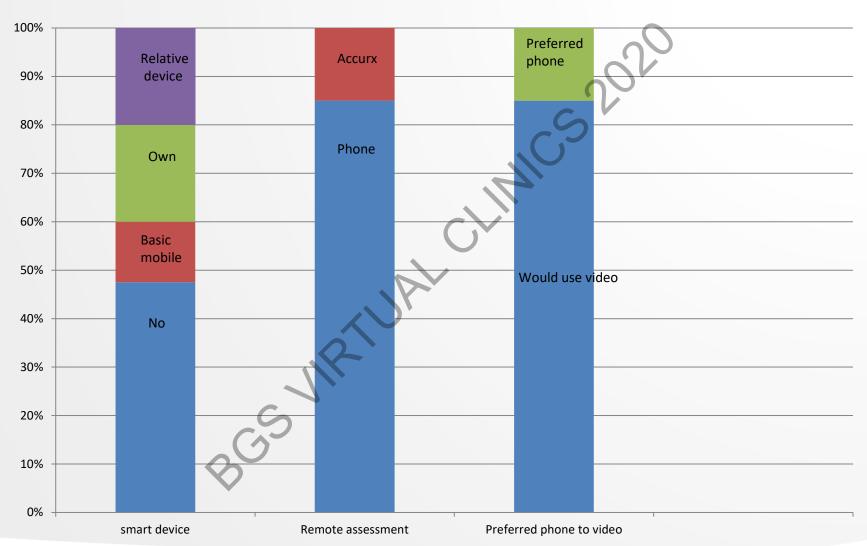






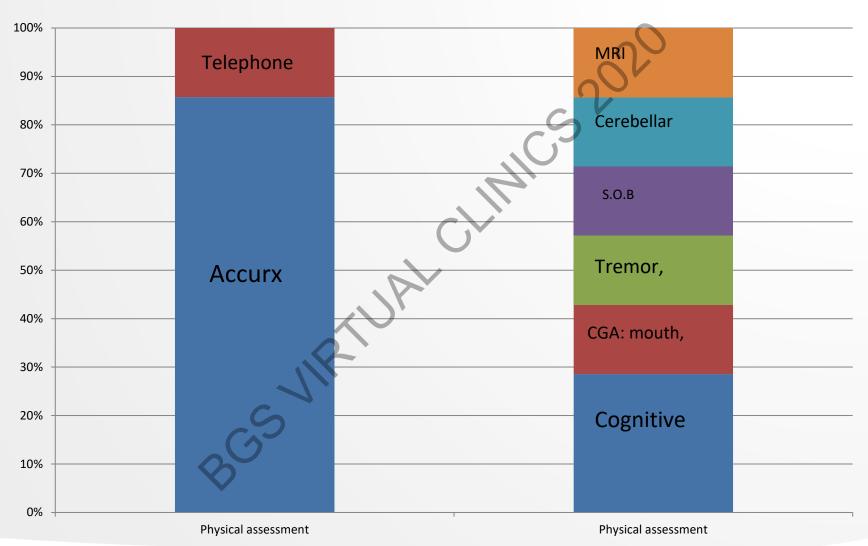










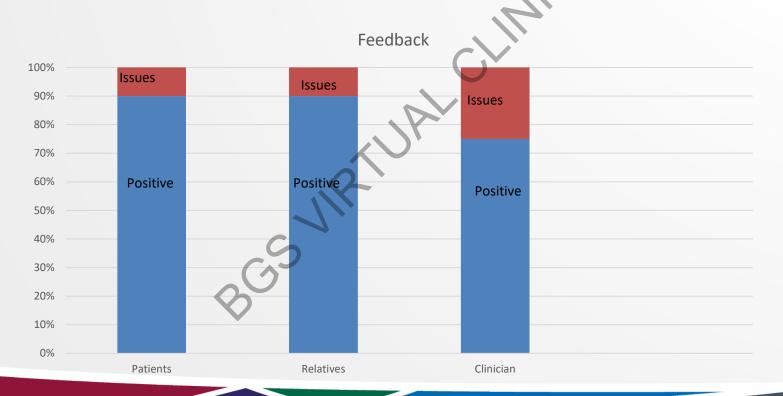






Feedback:

- Patients: 3x could not hear very well, preferred face 2 face, frustrating as incomplete
- •Relatives: prefer face 2 face, patient find difficult to express themselves, 2x calls failed as person deaf.
- •Clinician: incomplete needed examination, 2 patients dysarthric, call multiple phones, difficult to hear the patient, repeat questions as hearing difficulty, prefer face to face, technical issue, two failed accurx.







Personal Outcome and Benefits:

- Able to maintain my training in Geriatric Medicine rotation
- Varied experience- good range of common medical conditions from conducting virtual outpatients clinic
- E-portfolio and curriculum covered considerable part of the curriculum and reflections
- Learnt some cognitive assessment tests could be done using the telephone.
- Increased confidence when using the telephone or Accurx





Resources I found useful, General:

 Coronavirus (COVID-19) e-learning programme on e-LFH (e-learning for healthcare) including: Remote Consultations for GPs: Telephone consultation tips, Remote consultation handbook, 2nd Ed



Patient feedback Northern Care Alliance



- We feel not deserted by doctors
- Nice to have a chat.
- You are the first person to call us today (afternoon)







What areas require improvement to facilitate training:

- Widespread use of virtual consultation to increase familiarity
- Adaptation of WPBA to remote working





Summary

-My advice is be open to changes, as it brings opportunities and learning.

-Supervision and support from senior was the key factor for an amazing and unforgettable experience.





Thank youngh climics 2020