How to build rapport and help health professionals communicate during a pandemic
Digital engagement with young adults (aged 16-19)

In October 2020 we had a focused discussion with 14 graduates and 3 youth workers from the National Citizen Service in West Sussex. Attendees were an even mix of male and female.

These are their thoughts and valuable suggestions.
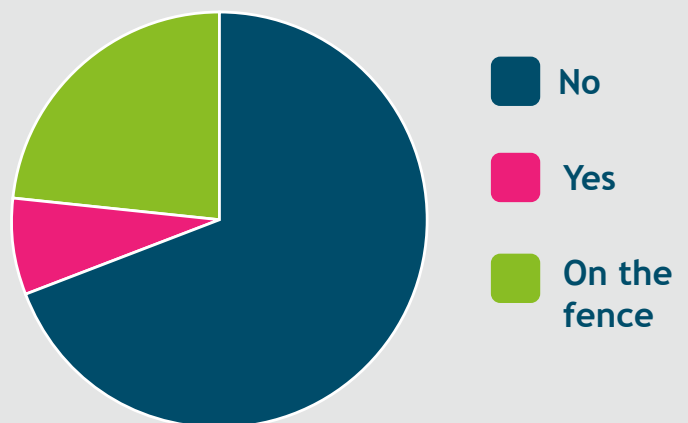
How to make digital more inclusive

- Need a timed appointment like face-to-face – as a patient needs time to prepare.

- Appointments should be longer than normal – need time to build a relationship as the normal welcoming social interactions that would happen when you enter the consultation room don't occur.

- Need time to describe the problem (this can be stressful, e.g. what if you don't get the words right?) With screens, you have to get them angled right so that you can show the problem. And things look different on the screens. But obviously, this could be tricky with the time constraints providers have.

- Friendly text/email before an appointment – a friendly hello and a guide to what to expect and what they expect would make things easier. This could include a hyperlink to a webpage with more information. This should include:

  ◦ **Information** - Who will be in the consultation as the patient can't see who's in the room.

  ◦ **Reassurance** - The only recording will be the notes on your medical records the clinician makes, and you can always get a copy of these – this is normal practice. We don't record our consultation in any other way.

  ◦ **Advice** - There can be delays in sound and images – we are sorry if this happens and please don't worry that this is anything other than delays because of the technology. Please feel free to ask us to repeat things, or to let us know if we've misunderstood something. If a question makes you feel uncomfortable, say and we'll try asking for information differently.

  ◦ **Requests** - We'll ask you to keep your video on, as this helps us to better understand your medical concerns.

- Clinicians should invite patients to say if they can't hear or see them clearly, and reassure that the questions being asked are to help them to understand a person's health and wellbeing needs better.

- When making a digital appointment, ask if it would be helpful to upload photos ahead of the appointment, but it's important to explain who will see these and why. For example, to show an infected area.

- Review if there are any restrictions on under 18s making an appointment online, and if there are, review if this is appropriate.

The young people took digital engagement to include any engagement that wasn't face-to-face. This included digital platforms, e.g. zoom, NHS digital consultation platforms, email, phone conversations etc.

Straw poll results - Do you prefer digital appointments to face-to-face?

- No
- Yes
- On the fence

Positives

- Can be good for the older generation and those with mobility problems – can remove some of the physical barriers to accessing appointments.

- For many people, these forms of engagement may be more convenient and easier to fit in around people's lives. However, this was disputed later in the conversation, mainly due to phone appointments often being at some point today the doctor will call you basis, rather than for a time slot.
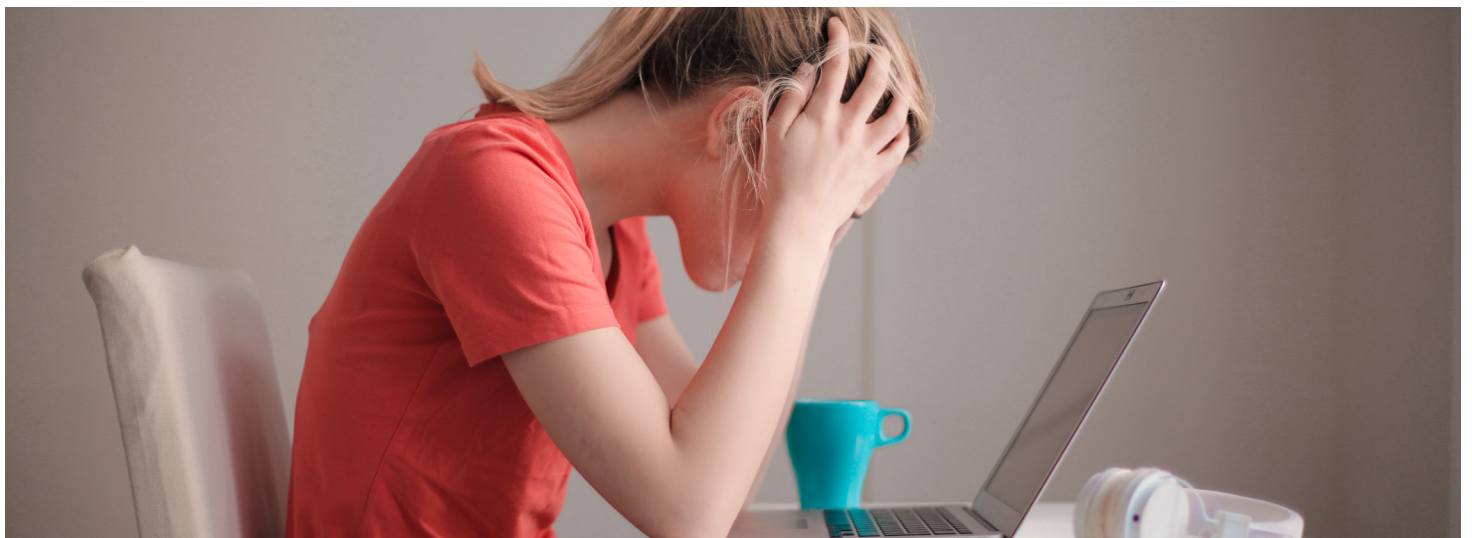
> "I have a fear of needles and if a GP is online it makes me feel less scared as I know I won't be sent for a blood test that day and it gives me time to get myself ready for one, or an in-person talk."

Negatives

- Awkward to communicate, particularly about health issues, if you can't see someone's face. You don't know how they're responding/taking what you say.

- Can be hard to trust them – you don't know who else is in the room; who can hear what you're saying or see pictures etc. The group felt that they were more likely to trust a practitioner when they saw them face-to-face. And that this was harder to build via other engagement. **"You don't know who's there or if it's being recorded."**

- There are certain things where it would feel difficult to have a virtual consultation due to personal boundaries and the communication barriers, e.g. if it was a "female" issue (however the young men in the group also agreed), or cancer or something else "big". It wouldn't feel comfortable over digital.

- On the phone, you miss out on lots of visual clues which are important in assessing someone's wellbeing.

- Feel like there is more room for misunderstanding when an appointment is not face-to-face

- Feels more embarrassing as it's not the normal type of engagement and you don't know what to expect.

- It's hard to get an appointment – the phones are too busy. I've been trying to get through for weeks. And I can't make an appointment on the website as I'm under 18.

- The group agreed that they felt more "obliged" to answer a question when on the phone or a screen. In-person, they can use body language to answer or not.

- I don't really like video calls so I would personally prefer to go in person.

- I would agree especially for starting college. It's hard to focus online.

- I don't like video calls just because I tend to be awkward and worried about accidentally saying something wrong or having my camera on when I hadn't realised, etc. I just kind of get worried for more reason than I should be.

- There needs to be better communication between GPs, e.g. one GP prescribed me some medication, but when I had an appointment with a second GP they nearly prescribed the same thing again as it wasn't on the system.
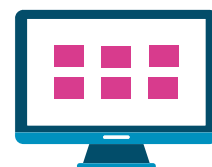
Difficulties due to the technology

- Difficulties of virtual engagement can be emphasised by the delay in feedback – **"it can make you feel that you're wrong or being judged."** Can feel like **"they don't believe you,"** and that it's easier for misunderstandings, e.g. that they decide you're feeling or describing something else, not what you are feeling or describing". Harder to correct as the interactions aren't as natural.

- The difference in technology/data connection can create lags and uncomfortable pauses that make conversation difficult.

- Difficulties with equipment – can be hard sometimes to make the technology work. Do health care providers have back-up plans if this happens?

Mixed

- The fact that screens can be turned off was considered both a negative and a positive, e.g. can feel more comfortable if off, but equally can "hide" and necessary information missed by the health care provider. Body language is so important and can give much more information than words alone.

Experiences

- Acne consultation felt very difficult due to the screens – wanted that consultation to be face-to-face.

- Had a GP consultation on the phone but had to wait all day whilst at college. This meant I had to tell my teacher so I could leave the classroom. This was embarrassing, and it also meant everyone saw I had to leave. Knowing a time would have been useful so I could be prepared. Also a text or email introduction. It was all too unknown and quite nerve-wracking. Being in college with nowhere private added to that.

- We had to have a digital appointment for an infected insect bite, but the connection was really poor and kept cutting out. The appointment lasted for ages as it took a long time to upload photos and then wait for emails about medication etc. We didn't know if information had got through.

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