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Short communication

Maintaining medical team communication using video conferencing during the COVID-19 lockdown

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Abstract

COVID-19 is a global pandemic of unprecedented proportions. It has resulted in changes to all aspects of our lives. The impact on medicine has been significant. Clear and effective communication during these times is vital. We present an evaluation of the use of video conferencing (VC) and offer a simple format to structure meetings for their effectiveness and promotion of team communication and wellbeing.

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Introduction

The 2020 COVID-19 global pandemic has resulted in sweeping changes to society. With wide ranging effects on ‘everyday’ lives, there have been far-reaching implications to the working and communication of medical teams. The introduction of public health social measures, team redeployment has reduced our face-to-face (direct) contact and communication.

The use of video conferencing (VC) in medicine has been described¹ in multiple situations, however, little has been published on its effectiveness for developing and maintaining communication for the medical team. With the psychological effects of this crisis now being reported,² we should not underestimate the impact that isolation can have on morale

and wellbeing. As doctors, this can affect the care we afford our patients.³

During this current period, our department has been undertaking weekly team VC meetings. From the outset, we defined the overall aims as being: to maintain clear communication, discuss up to date developments, offer support and wellbeing advice, and ‘face to face’ contact. We present our evaluation of this method and provide a simple format to structure these meetings and gain maximum benefit.

Methods

Weekly team meetings were commenced on a secure VC platform. Email invitation was sent to all members (of the medical team). In total, 20 people were invited to participate over five meetings with an identified facilitator. To evaluate this process and gain feedback, we sent out an anonymous online survey to each individual participant. All results were collected confidentially and results analysed.

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Results

A total of 20 responses were received from DCT 1/2/3 and medical students (n = 12) and specialty registrar/middle grade doctors (n = 8).

Few people had regular experience of VC communication (no regular use n = 12/20). One respondent had experience >5 times. Of those who had previously experienced video conferencing, five had used it for work-based meetings and two for social reasons.

Individuals undertook their meeting at home (n = 17), with three at work. They used: 40 % phone, 15% home desktop, 35% laptop, and 10% tablet.

All twenty participants felt that the weekly meeting promoted reassurance (100%) and delivered a positive impact (n = 20) for themselves. A total of 75% (n = 15) felt the meeting was at least ‘as good as’ a face to face meeting, and four felt it to be better.

Overall, on a Likert satisfaction scale (1-10) a mean (range) score was 8.5 (6-10). A total of 85% (n = 17) believed the meeting enhanced their well-being.

During the current crisis (n = 15) wanted weekly meetings and suggested these be continued for the future.

Discussion

Communication can be defined as the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs.

Several theories on communication view this as a process⁴ and suggest how the transfer of a message can be achieved through verbal and nonverbal communication.⁵ The ability to actually ‘see’ those communicating to us is important as body language, attitude, and tone, contribute to this process.

In periods of crisis, the ability to maintain communication is critical to allow accurate and up to date information to be disseminated.

Effective group communication has been described by ‘convergence theory’, a psychological modelling tool.⁶

Based on this theory, we provide the following acronym ‘**SAID Thank you**’ to promote the most effective meeting structure and team working:

1/ **Setting** of meeting – site, setting and safety (confidentiality).

2/ **Acknowledgement** and **Agenda** – informally the facilitator should welcome everyone thus checking their connection and making all feel part of the meeting.

3/ **Information dissemination** – all should be informed of any key issues or changes.

4/ **Discussion** - open questions to the whole group and address any concerns.

5/ **Thank you** - thank all members of the group individually, and provide all individuals with an opportunity to speak before closing the meeting.

We suggest a flattened hierarchy is critical for effectiveness and promoting an informal sharing environment.⁷

Whilst our results are widely positive, we appreciate there are some negatives with VC including difficulty with time lag, and the variability in communications technology. Consideration of confidentiality issues should also be considered.

In conclusion, this evaluation suggests that VC provides the medical team with an effective tool to maintain communication, provides opportunities for discussion, and promotes wellbeing.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients’ permission

Not required.

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