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## VIRTUAL CONSULTATIONS IN GERIATRIC MEDICINE OUTPATIENT DEPARTMENTS; THE PERSPECTIVE OF GERIATRIC MEDICINE SPECIALIST TRAINEES

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**Background:** Covid-19 social distancing measures restricted access to outpatient services. “Virtual Clinics” (VCs) were introduced in Outpatients Departments (OPDs) to continue service provision. OPD experience is vital to geriatric medicine training. The geriatric medicine Higher Specialist Training (HST) curriculum requires annual OPD participation. This study sought to identify the impact of VCs on geriatric medicine training.

**Methods:** An online mixed-method questionnaire was developed and circulated among geriatric medicine specialist trainees. 20 closed-questions collected demographic information and considered opinion of VCs. 5 open-questions enabled respondents to expand views of VCs. Closed-questions responses underwent quantitative descriptive analysis. Open-question responses underwent qualitative thematic analysis.

**Results:** Response rate was 61.4%. 86.3% reported VCs were conducted via telephone calls. 58% didn't feel comfortable conducting VCs. 64.7% didn't feel VCs positively contributed to training. 90.2% stated Face-To-Face (FTF) clinics offer greater training opportunities. 74.51% stated they were less likely to discuss VCs with consultants (compared to FTF clinics). 98.04% hadn't received training in conducting VCs. Qualitative analysis revealed four main themes: (1) **Patient Selection:** certain patient cohorts are unsuitable for VCs. VCs are useful in relaying simple results; not for patients with complex needs; (2) **Practical Considerations:** there must be access to required technologies for patients and medical staff. Medicolegal concerns were raised by several respondents; (3) **Patient Care:** the inability to examine patients is a challenge which impacts patient care. The lack of non-verbal cues impeded communication; (4) **Training Impact:** Respondents felt VCs weren't beneficial to training. There was a sense that training opportunities had been missed.

**Conclusion:** This study found high rates of dissatisfaction with VCs among geriatric trainees. This may be due to: (1) Inadequate training/preparation; (2) Inappropriate patient selection or (3) Lack of video-conferencing technologies. There is a sense that VCs have negatively impacted geriatric medicine training. Current policy advocates for the continuation of VCs. If VCs continue, additional resources may be needed to address any accompanying training deficit.