Practical tips for working remotely with young people
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This guidance is intended to supplement the learning from the CPD Online podcast:

Working with patients remotely
With Dr Isobel Heyman

Technical tips

- Don’t be scared of the technology – it gets easier quickly. You are doing what you always do clinically.

- Make sure your device and platform are working.

- Make sure the patient is contacted ahead of the appointment and that they have software installed, can work the interface, etc. If possible, have a trial run of a first appointment or ask your secretary to do so.

- Reassure the patient about confidentiality, security, etc. Make use of technology as required, e.g. passwords, waiting room, etc.

- Remote consultations can be much easier when working with teenagers – they always get everything working!

Confidentiality/privacy and risk

- Be alert to risk or safeguarding issues as usual. There might be a need to arrange additional or face-to-face interventions, sometimes urgently.

- Make sure the child and family have a quiet and private place to talk if possible. This can be quite difficult for some families.

- A teenager once asked me if anyone else was present or within earshot of my room at home. It is good practice to reassure your patients that they have total privacy.

- If conducting recurrent therapeutic appointments, schedule in the usual way and keep to time. One teenager once answered my call while out on their bike – not ideal.
General sessional tips (as usual – this is what you always do)

- Set an agenda.

- Make sure you and the family have notes of the plan and/or arrange to email after.

- Write your notes straight after if you can – you may have more time to do this.

- Remote working is a huge advantage if you would like colleagues and other family members to join when needed and wanted, e.g. grandparents, referring clinician, paediatrician, teacher, etc.
  I recently had father in the US join a consultation.

- It can be harder to read non-verbal cues, so you may need to be verbally explicit, e.g. “do you need a break now?” I once thought a patient was crying, when in fact she was just rubbing her eye.

CBT and other therapies

- These can be more convenient and flexible for you and the family.

- Remote working means less time off school, spent travelling, etc.

- You can use the opportunity to work with both parents if needed. In my experience, fathers seem to be more accessible when working remotely.

- This is an ideal opportunity to work in situ with presenting issues, e.g. tics, OCD, etc. You can move around the house with the patient, e.g. go into any trigger areas with them.

- You can conduct therapy at times when symptoms are at their worst, e.g. mealtimes – and observe ‘real-life’ situations.

- Arrange times to see the child and their parents separately if needed.

- Remote consultations give you the chance to observe the ‘real’ behaviour of a child when not in clinic, e.g. their ADHD or autism symptoms. Don’t worry if they are off screen for much of the time – I recently saw an ADHD child who was out of shot for about 90% of the assessment, but I was able to observe their behaviour.

- Make use of the technology to share your screen and allow the patient to view written or drawn material such as graphs, charts and notes.