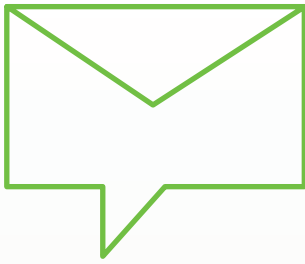




TIPS FOR COMMUNICATING WITH PATIENTS VIA EMAIL CONSULTATION

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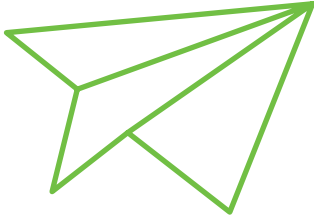


Tips for communicating with patients via email consultation

Introduction

Doctor-patient email consultations, i.e. written digital communication occurring asynchronously, have increased in recent years. The Covid-19 pandemic has made such types of digital communication even more pertinent. While guidelines for in-person and video consultations exist, email consultation has received less attention. Below, we outline evidence-based key recommendations; these are derived from current research projects and the existing literature.

These tips can be used by all healthcare professionals, but might be especially useful for those who have an ongoing pre-existing relationship with their patient, such as general practitioners.



IMPLEMENTATION OF EMAIL CONSULTATIONS

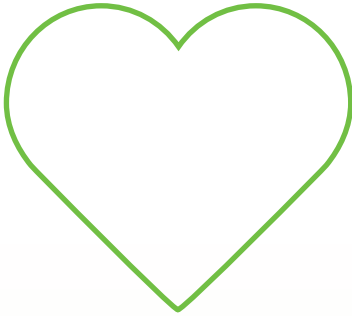
- Make sure patients know they have the option of having an email consultation
- Make sure patients know where to find it (e.g. website, app)
- Make sure patients understand the parameters, i.e. suitable topics, nothing urgent/acute
- Make sure patients are informed about response time

Safety issues

- Make sure the system you use is safe, i.e. so you can ensure confidentiality
- Make sure there is a procedure for when you are not around, off sick, on holiday etc.

How to frame the e-consultation

- Help patients understand what the purposes of email-consultations are. Include information on your website with concrete examples. Ex: "Email-consultations are suited for short simple queries,"
- Also state what problems are not suited for e-mail consultations, such as urgent/acute issues. Remember to give examples as the words 'urgent' and 'acute' can have different meanings for patient and doctor. Examples could be follow-up consultations, administrative requests.
- Be explicit about expected response time. Ex: "You will receive a response within xx days."
- If there is a maximum number of characters for the patients' messages embedded in the system used, consider what the sufficient number of characters would be.



COMMUNICATION SKILLS

Several of the communicative skills applied during oral doctor-patient consultation can also be used when writing, e.g. sign-posting, empathy, the patient's perspective, safety net:

- Use **sign-posting** to:
 1. to create structure in the email:
I have three questions:
 - 1....
 - 2....
 - 3....
 2. to mark transitions: "So that was the answer to the X-ray examination of your knee. With regard to your asthma, I think..."
- Use **empathy** in writing: "I am sorry to hear that your pain is still there" or "Good to hear that there is response from the social services ..."
- Ask for the **patient's perspective** when relevant, e.g. "The scan found that you do not have a herniated disc. How do you feel about that?"
- If you are unsure of the meaning of the patient's e-mail, write back and ask the patient to clarify their **perspective**.
- Create a written **safety net** where the patient is invited to share their uncertainty, questions and concerns: "If you have any doubts or questions about anything we have discussed, please contact me".



LANGUAGE AND STRUCTURE

- Remember to use both a greeting and a sign off. If you are not known to the patient, include an introduction e.g. "Dear X, this is Dr Y, I am a GP working on Tuesdays and I will be answering your query".
- To ensure the communication feels personalized and authentic, write in the tone you would normally use when communicating with patients via other modes. If you are someone who communicates formally, you can retain that, conversely if you use a more informal style, this can be maintained in your writing.
- Write in everyday language and avoid using formal or abrupt language. Also avoid the use of medical abbreviations (e.g. "BP")
- Use pre-formulated responses or template text which you can easily copy/paste. This can help to create a relationship with the patient as well as time-saving for you, e.g. "If there is anything you need clarified, please write or make an appointment to see me". This could also be to inform about changes in recipient-sender relationship, e.g. "Since I am on holiday at the moment, Doctor Jensen will answer this week"
- Consider your use of style. Exclamation marks!!, CAPITAL LETTERS and emoticons ☺ can in some cases be useful non-verbal cues, and in others, they can be misinterpreted. Also, be aware that spelling errors and typos might be disconcerting for some patients.
- If appropriate to send test results via email consultation, make sure the information is simple and remember to emphasize the main message first: for example "Your values are fine – that's good", before copy-pasting the actual values or images.

Sometimes the issue is too complex for the written email consultation medium, or it becomes clear that the patient has not understood the conversation and communication becomes difficult. In these cases, do not hesitate to convert to telephone or face-to-face consultation, for example: "I would like to help you right now via e-mail, but think that to deal properly with your problem, I need to see you in the clinic/talk on the telephone".

Do you want to read more?

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3. Mold F, Hendy J, Lai Y, de Lusignan S. Electronic Consultation in Primary Care Between Providers and Patients: Systematic Review. *JMIR Med Inform* 2019; 7(4): e13042.
4. Møller JE, Fage-Butler A, Nisbeth Brøgger M. Complexity and simplicity in doctor-patient email consultations. *Conjunctions* 2021; 8(1).
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