

Communication Challenges and Mitigation Strategies in Virtual Consultations versus Face-to-face Appointments – Qualitative Assessment using Focus Group Discussions

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Background: There is a trending shift in primary care towards considering virtual consultations as the primary model of communication with patients. This shift highlights the need to reassess communication practices, challenges, and gaps to ensure maintaining quality and safety.

Research question: What are the communication gaps and their mitigation strategies in virtual primary care consultations compared to face-to-face appointments from the perspectives of patients and General Practitioners (GPs)?

Methods: We employed a qualitative approach using Focus Group Discussions (FGDs) to explore communication challenges in virtual primary care consultations. Four online FGDs (two with patients and two with GPs) were conducted via Microsoft Teams, moderated using a semi-structured discussion guide. Participants had UK-based experience with both face-to-face and remote consultations. Patients were recruited through an online community engagement platform (VOICE), while GPs were selected through purposive and convenience sampling from the research team's networks. Data were analysed using a deductive-inductive approach, guided by the Shannon-Weaver Communication Model (SWCM) and the COM-B framework. NVivo software facilitated thematic analysis, with iterative researcher discussions ensuring consensus and thematic saturation. Ethical approval was obtained from ICREC.

Results: A total of 21 participants (12 patients and 9 GPs) took part in four online FGDs between June and August 2024, each lasting approximately 90 minutes. The analysis identified five adapted themes on communication challenges from the SWCM and one new inductive theme, patient autonomy and inclusivity. The SWCM-derived themes included: challenges in maintaining active interaction and missing non-verbal cues (Sender-Encoder), difficulties in conveying and understanding clinical content, especially for complex cases (Message), technical issues affecting communication (Channel), reduced trust and resistance from some patients, particularly elderly population (Receiver-Decoder-Feedback), and the need to align consultation modalities with individual needs for equity and effectiveness (Context and Modality Appropriateness). The inductive theme underscored the importance of patient choice in selecting consultation modalities, with some patients preferring in-person consultations for sensitive discussions. Mitigation strategies were thematically presented using the COM-B framework: enhancing capability (training for virtual consultations), increasing opportunity (standardised triage systems), and fostering motivation (aligning consultations with patient preferences).

Conclusion: The outcomes highlight the need to address communication barriers in virtual primary care to improve patient engagement, trust, and care quality. Recommended improvements in practice include targeted training for GPs, enhanced triage systems, and a focus on patient autonomy to reduce disparities in access. Future research should assess the long-term impact of these strategies on clinical outcomes and satisfaction, while exploring innovative technologies, such as AI-driven tools, to enhance communication during virtual consultation.

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Let's Play a Quick Challenge!

How do the different components of communication influence our understanding, and how might each be affected across various primary care consultation methods?

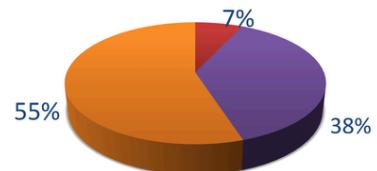


Words (Verbal Content)

Tone of Voice (Vocal)

Body Language (Non-verbal)

Read through to find the answer!



Background & Rationale

There is a trending shift in primary care towards considering virtual consultations as the primary model of communication with patients. This shift highlights the need to reassess communication practices, challenges, and gaps to ensure maintaining quality and safety.

Research Question

What are the communication gaps and their mitigation strategies in virtual primary care consultations compared to face-to-face appointments from the perspectives of patients and General Practitioners (GPs)?

Methods

Two online Focus Group Discussions, involving nine General Practitioners (GPs)



Two online Focus Group Discussions, involving twelve patients

Data was analysed using a deductive-inductive approach for thematic analysis, using NVivo software. Two theoretical frameworks have been adapted to guide the analysis and structure outcomes.

Communication challenges and gaps

Adapting the Shannon-Weaver Communication Model

Communication mitigation strategies

Adapting the COM-B framework (Capability; Opportunity; Motivation; Behaviour)

Results

Communication challenges and gaps



Sender – Encoder (GPs)

- Missing non-verbal and visual clinical signs
- Lack of empathy and emotional connection



Message (content)

- Difficulties in explaining diagnostic reasoning and management plans (GPs)
- Limited ability to describe symptoms and medical complaints (patients)



Channel (communication tool)

- Connection failures, dropped calls, and distractors during phone consultations were of concern from both GPs' as well as patients' perspectives



Receiver - Decoder - Feedback (patients)

- Less confidence in phone consultations for serious conditions (patients)
- Equity concern, particularly with non-native speakers and elderly patients



Context and modality appropriateness

- Communication methods and tools need to be tailored to each individual background, healthcare needs, experience, and culture.



Patient autonomy and inclusivity

- Patients wish to have their voices heard beyond their clinical symptoms, particularly in deciding the type of consultation they receive with their GP.

Communication mitigation strategies



Capability

- Individualised and contextualised training and skill development for GPs
- Introducing digital health and AI tools to support communication virtually



Opportunity

- Setting a triage system and guidelines to decide on the most appropriate consultation modality for each patient and considering video calls



Motivation

- Considering GP's and patient's preferences and comfort with different consultation modalities and communication methods

Conclusion

In 1967, psychologist Albert Mehrabian introduced the 7-38-55 Rule: words account for 7% of understanding, tone for 38%, and body language for 55%. In virtual consultations, we risk losing that 55%. This study explored ways to understand, address and overcome this challenge. In our further research, we propose using AI-powered voice-to-text technology tools to support communication and patient-centred primary care. If you are interested, reach out and discuss it further with the authors!