



Remote surgical consultation in the time of COVID 19: a patient oriented, mixed methods approach

Journal:	<i>CMAJ Open</i>
Manuscript ID	CMAJOpen-2021-0159
Manuscript Type:	Mixed methods
Date Submitted by the Author:	16-Jun-2021
Complete List of Authors:	Irvine, Kyle; University of Saskatchewan, Surgery Alarcon, Marissa; University of Saskatchewan Dyck, Heather Martin, Barbara Carr, Tracey Groot, Gary; University of Saskatchewan, Community Health and Epidemiology
Keywords:	General surgery, Surgery, Qualitative research
More Detailed Keywords:	
Abstract:	<p>Background: There has been a rapid shift in healthcare delivery over the past year in the setting of COVID-19 where virtual and remote consultations have replaced many face-to-face interactions. Our study gathered patients' perspectives on the advantages and disadvantages of this emerging method of healthcare delivery and determined how to optimize its use in the future of surgical care.</p> <p>Methods: Using a patient oriented, mixed methods approach, we conducted forty-five telephone interviews with patients who had a virtual consultation with a general surgeon in Saskatoon, Saskatchewan, between the months of April and May 2020. The interviews contained both open and closed-ended questions. As research team members, two patient partners were involved in identifying priorities, developing the research question, designing research methods, analyzing data, and disseminating findings.</p> <p>Results: We established themes for both the advantages and disadvantages of remote consultation. The advantages were 'convenience', 'not having to take time off work', 'more time efficient', 'no need to travel', 'decreased burden on care givers', 'cost savings' and 'decreased exposure to pathogens'. The disadvantages were the 'inability to perform a physical exam', 'less personal', 'no previous relationship', 'receiving bad news', 'not given an appointment time', 'not prepared to ask questions', and 'issues with technology'. Participant age, geographical location or appointment type did not have significant effect on satisfaction or future willingness to use virtual care.</p> <p>Interpretation: Participants reported that virtual consultation is an</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

	effective and efficient way to deliver surgical care but is not appropriate for every situation.

SCHOLARONE™
Manuscripts

Table 1

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

No	Item	Guide questions/description
Domain 1: Research team and reflexivity		
Personal Characteristics		
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group? Student researcher, Kyle Irvine (Page 2)
2.	Credentials	What were the researcher's credentials? <i>E.g. PhD, MD</i> MD
3.	Occupation	What was their occupation at the time of the study? Surgical resident
4.	Gender	Was the researcher male or female? Male
5.	Experience and training	What experience or training did the researcher have? Previous experience with qualitative research, focus groups and patient interviews. No formal training.
Relationship with participants		
6.	Relationship established	Was a relationship established prior to study commencement?

No	Item	Guide questions/description
		No
7.	Participant knowledge of the interviewer	<p>What did the participants know about the researcher? <i>e.g. personal goals, reasons for doing the research</i></p> <p>Participants were told the researcher's profession and the aim of the research project.</p>
8.	Interviewer characteristics	<p>What characteristics were reported about the interviewer/facilitator? <i>e.g. Bias, assumptions, reasons and interests in the research topic</i></p> <p>There were no biases or conflicts of interest to disclose. Participants were told the reason for conducting the research was to understand patient perspectives on remote consultations and see how the process could be improved.</p>
Domain 2: study design		
Theoretical framework		
9.	Methodological orientation and Theory	<p>What methodological orientation was stated to underpin the study? <i>e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i></p> <p>Thematic analysis approach as well as a deductive approach.</p> <p>(Page 2)</p>
Participant selection		

No	Item	Guide questions/description
10.	Sampling	<p>How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i></p> <p>Recruitment by student researcher based on participant data provided by surgical offices. (Page 2)</p>
11.	Method of approach	<p>How were participants approached? <i>e.g. face-to-face, telephone, mail, email</i></p> <p>Telephone and email (Page 2)</p>
12.	Sample size	<p>How many participants were in the study?</p> <p>45 (Page 3)</p>
13.	Non-participation	<p>How many people refused to participate or dropped out? Reasons?</p> <p>0 (Page 3)</p>
Setting		
14.	Setting of data collection	<p>Where was the data collected? <i>e.g. home, clinic, workplace</i></p> <p>Via telephone in a private office (Page 2)</p>
15.	Presence of non-participants	<p>Was anyone else present besides the participants and researchers?</p> <p>In some cases family members of participants were present</p>
16.	Description of sample	<p>What are the important characteristics of the sample? <i>e.g. demographic data, date</i></p>

No	Item	Guide questions/description
		We collected age, gender, and distance from Saskatoon. (Page 3)
Data collection		
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested? Questions were provided by the researchers in the form of a brief, semi-structured interview guide. It was pilot tested with our two patient partners (Page 2)
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many? No repeat interviews were done
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data? The interviews were audio-recorded (Page 2)
20.	Field notes	Were field notes made during and/or after the interview or focus group? No field notes were made
21.	Duration	What was the duration of the interviews or focus group? 2-8 minutes (Page 2)
22.	Data saturation	Was data saturation discussed? Yes, we did a retrospective analysis to determine we had reached data saturation.

No	Item	Guide questions/description
(Page 2)		
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction? Participants did not have the opportunity to review transcripts
Domain 3: analysis and findings		
Data analysis		
24.	Number of data coders	How many data coders coded the data? 1 (Page 3)
25.	Description of the coding tree	Did authors provide a description of the coding tree? Yes (Page 5)
26.	Derivation of themes	Were themes identified in advance or derived from the data? Derived from the data. (Page 2)
27.	Software	What software, if applicable, was used to manage the data? Nvivo (Page 3)
28.	Participant checking	Did participants provide feedback on the findings? Patient partners helped with analysis, interpretation and writing the manuscript.

No	Item	Guide questions/description
(Page 3)		
Reporting		
29.	Quotations presented	<p>Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? <i>e.g. participant number</i></p> <p>Quotations were presented but not identified. (Pages 5-8)</p>
30.	Data and findings consistent	<p>Was there consistency between the data presented and the findings?</p> <p>There was consistency between the data reported and the findings. (Pages 5-8)</p>
31.	Clarity of major themes	<p>Were major themes clearly presented in the findings?</p> <p>Major themes were all presented in the findings (Pages 5-8)</p>
32.	Clarity of minor themes	<p>Is there a description of diverse cases or discussion of minor themes?</p> <p>Subthemes were discussed in the interpretation (Pages 8-11)</p>

GRIPP2 short form Section and topic Item

1: Aim	Report the aim of PPI in the study	Reported on page 2
2: Methods	Provide a clear description of the methods used for PPI in the study	Reported on page 3
3: Study results	Outcomes—Report the results of PPI in the study, including both positive and negative outcomes	Reported on page 10
4: Discussion and conclusions	Outcomes—Comment on the extent to which PPI influenced the study conclusions overall. Describe positive and negative effects	Reported on page 10
5: Reflections/critical perspective	Comment critically on the study, reflecting on the things that went well perspective and those that did not, so others can learn from this experience	Reported on page 10

Confidential

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Remote surgical consultation in the time of COVID 19: a patient oriented, mixed methods approach

Kyle Irvine*, MD, Marissa Alarcon MA, M.Ed, Heather Dyck, Barbara Martin, Tracey Carr, PhD, Gary Groot MD, PhD

Supplemental funding for patient partners was provided through the Saskatchewan Centre for Patient Oriented Research (SCPOR).

The authors have no conflicts of interest to report

* Corresponding author: kyi871@usask.ca

Abstract

1
2
3
4
5 *Background:* There has been a rapid shift in healthcare delivery over the past year in the setting
6 of COVID-19 where virtual and remote consultations have replaced many face-to-face
7 interactions. Our study gathered patients' perspectives on the advantages and disadvantages of
8 this emerging method of healthcare delivery and determined how to optimize its use in the
9 future of surgical care.

10 *Methods:* Using a patient oriented, mixed methods approach, we conducted forty-five
11 telephone interviews with patients who had a virtual consultation with a general surgeon in
12 Saskatoon, Saskatchewan, between the months of April and May 2020. The interviews
13 contained both open and closed-ended questions. As research team members, two patient
14 partners were involved in identifying priorities, developing the research question, designing
15 research methods, analyzing data, and disseminating findings.

16
17
18 *Results:* We established themes for both the advantages and disadvantages of remote
19 consultation. The advantages were 'convenience', 'not having to take time off work', 'more
20 time efficient', 'no need to travel', 'decreased caregiver burden', 'cost savings' and 'decreased
21 exposure to pathogens'. The disadvantages were the 'inability to perform a physical exam', 'less
22 personal', 'no previous relationship', 'receiving bad news', 'not given an appointment time',
23 'not prepared to ask questions', and 'issues with technology'. Participant age, geographical
24 location or appointment type did not have significant effect on satisfaction or future willingness
25 to use virtual care.

26
27
28 *Interpretation:* Participants reported that virtual consultation is an effective and efficient way to
29 deliver surgical care but is not appropriate for every situation.
30

31 **Plain Language Summary**

32
33
34 In a research team guided by patient partners, we asked patients about their appointment with
35 their surgeon either over the telephone or by video conference in place of a face-to-face
36 consult. We interviewed forty-five patients who had appointments between April and May
37 2020 and asked them what they did and did not like about this type of consultation method and
38 whether there is a role for telephone or video appointments in the future delivery of surgical
39 care. The majority of participants were satisfied with their virtual consultation and felt as
40 though the care that was provided was not compromised in any way. Many patients
41 appreciated the convenience of doing the appointment from home as well as the cost savings
42 related to travel and taking time off work. Patients also felt safer doing the appointment
43 remotely as they did not have to go into a hospital or clinic during the COVID-19 pandemic.
44 Some participants did have concerns about the scheduling of appointments as well as the
45 surgeon not being able to examine them physically or look at their wounds post-operatively.
46 Remote consultation was also not the preferred method for delivering bad news. Having
47 appointments by phone or video was preferred by many of the participants, and they would be
48 willing to use this type of remote consultation in the future if it were available.
49
50
51
52
53
54
55

56 **Introduction**

1
2
3
4
5 Over the past decade, remote consultation has become an increasingly popular resource in the
6 medical world¹ and has expanded to encompass many different clinical areas of medicine,
7 including specialist consultation.^{2,3} With the emergence of COVID-19, there was a rapid shift in
8 the delivery of healthcare to a virtually based platform.⁴⁻⁸ Remote consultation has the ability to
9 reduce many of the barriers patients experience when trying to access medical services and
10 allows them to receive the care they need from the safety of their homes.⁹ Moreover, initial
11 studies have shown that remote consultation for surgical services can be equally as effective as
12 in-person appointments for patient outcomes and patient satisfaction.^{2,3,10-12}
13
14

15
16 In rural Saskatchewan, where there are often no readily available specialist services, patients
17 are required to travel many hours for consultations and follow up appointments.¹³ The goal of
18 our research was to analyze the initial implementation of remote consultation in the setting of
19 COVID-19 and offer evidence to support continued remote consultation for surgical patients in
20 Saskatchewan. Our study gathered patients' perspectives on the advantages and disadvantages
21 of this emerging method of healthcare delivery and determined what role it may play in the
22 future of surgical care in our province.
23
24

25 **Methods**

26
27
28 *Recruitment:* We contacted seventeen general surgeons and general surgery subspecialists in
29 Saskatoon, Saskatchewan to approach patients about our study. Seven surgeons invited their
30 patients to participate, five surgeons did not schedule remote consultations during the study
31 period, and the remaining five either did not reply or did not provide patient contacts. Any
32 patient over the age of eighteen who had a telephone or video appointment between April and
33 May 2020 was eligible to participate. Each surgical office provided contact information for up to
34 ten eligible participants to the primary researcher who recruited participants via email or
35 telephone and obtained verbal consent prior to conducting the interviews.
36

37
38 *Data Collection:* A mixed methods approach was used to ensure that patient experiences were
39 fully understood. All interviews occurred remotely by telephone and were conducted from a
40 Saskatchewan Health Authority (SHA) hospital or private office location. A brief, semi structured
41 interview guide was co-developed with patient partners. The guide contained both open and
42 closed ended questions that related to overall satisfaction with and the advantages and
43 disadvantages of the remote consultation process. Interview duration ranged from two to eight
44 minutes. Interviewing ceased once no new themes were identified, and a retrospective analysis
45 of themes showed data saturation had been reached.¹⁴ All interviews were audio-recorded and
46 then transcribed by the Canadian Hub for Applied and Social Research.¹⁵
47

48
49 *Data Analysis:* Transcripts were uploaded to NVivo 12[®] software for coding and analysis. Using
50 a thematic analysis approach,^{16,17} the research team developed codes and identified coding
51 frequencies which were then sorted into relevant groupings as overarching themes and
52 subthemes. The main themes were then categorized into advantages and disadvantages using a
53 deductive approach based on our research question.¹⁸ Descriptive statistics of the responses to
54 closed ended questions and demographic data were analyzed using IBM SPSS for Windows
55 version 26. Patient satisfaction and future willingness to use remote consultation were
56
57
58
59
60

compared to patient age, gender, location, and appointment type. We calculated p values (statistical significance set as $p < 0.05$) using Fisher's Exact test of significance.

Patient engagement: Our research team used the Saskatchewan Centre for Patient Oriented Research (SCPOR) Patient-Oriented Research Level of Engagement Tool (PORLET) to guide our engagement with patient partners.¹⁹ Two patient partners were recruited through SCPOR's patient and researcher connection site.²⁰ Researchers and patient partners identified remote surgical consultation as a priority for the study, and patient partners suggested a mixed-methods approach. The patient partners were part of all seven team meetings held over video conference from the research proposal stage to completion of the manuscript. Patient partners co-developed recruitment methods and interview questions. Furthermore, patient partners undertook qualitative analysis by identifying themes and contributing to interpretation. They helped write, edit, and review the manuscript as well advocated for findings to be integrated into surgical practice by volunteering to co-present at upcoming conferences.

Ethics: Ethics was obtained through the University of Saskatchewan Behavioural Research Ethics Board (Beh ID- 1827).

Results

Forty-five patients were contacted to participate. All patients contacted consented to be interviewed. The majority of participants (69%) were female with a mean age of 62 years. Approximately two thirds of participants (64%) lived outside of the city and over half had previous experience with remote consultation (55%). Most appointments were follow-ups (73%) and conducted by telephone (91%). Demographic and appointment information is summarized in Table 1.

Table 1. Summary of participant demographic and appointment information.

Age (yr)		Gender	
Mean (range)	62 (31-87)	Male	14 (31%)
Remote Consultation Experience		Female	31 (69%)
First time	17 (38%)	Type of Remote Consultation	
Previous experience	25 (55%)	Telephone	41 (91%)
Not stated	3 (7%)	Video conference	1 (2%)
Location/Distance from Saskatoon		Both	3 (7%)
Lived inside the city	15 (33%)	Appointments	
Lived outside the city (<200 km)	18 (40%)	Initial consult	12 (27%)
Lived outside the city (>200 km)	11 (24%)	Follow-up	33 (73%)

The interview contained several closed-ended questions pertaining to overall satisfaction with the remote consultation method, preference for appointment type and future willingness to use a remote platform (Table 2). The vast majority of participants were satisfied with the remote consultation process (91%) which led to many stating they would use it again in the future (71%). However, given the choice, less than half of participants would prefer a remote consultation (38%) and many said it would depend on the circumstances (38%). Most participants felt that their care was not compromised in any way by a virtual appointment (87%).

Table 2. Summary of closed-ended question responses.

Satisfaction		Care Provided	
Satisfied	41 (91%)	Did not feel compromised	39 (87%)
Not Satisfied	4 (9%)	Felt may have been compromised	6 (13%)
Would use Remote Consultation in the Future		Remote Consultation vs In-Person	
Would use	31 (70%)	Prefer remote	17 (38%)
Would not use	4 (9%)	Depends on circumstances	17 (38%)
Maybe	9 (21%)	Prefer in-person	11 (24%)

There was no statistical difference in satisfaction based on participant age ($p>0.99$) or gender ($p>0.99$). Additionally, the participants location and whether their appointment was initial consult or follow-up did not have any significant impact on their satisfaction ($p=0.66$ and $p>0.99$ respectively, Table 3).

Table 3. Overall satisfaction based on participant age, gender, location, and appointment type.

		Overall Satisfaction n (%)	
		Satisfied	Not Satisfied
Age group	30-65	20 (91)	2 (9)
	66-87	16 (89)	2 (11)
Gender	Female	28 (90)	3 (10)
	Male	13 (93)	1 (7)
Location	Saskatoon	13 (87)	2 (13)
	<200 km	16 (89)	2 (11)
	>200 km	11 (100)	0 (0)
Appointment Type	Initial Consult	11 (92)	1 (8)
	Follow-up	30 (91)	3 (9)

As Table 4 outlines, there were no statistical differences based on participant age ($p=0.61$), gender ($p=0.87$), location ($p=0.88$), or appointment type ($p=0.51$) and participants' willingness to use remote consultation in the future.

Table 4. Future willingness to use remote consultation based on participant age, gender, location, and appointment type.

		Would you use remote consultation in the future- n (%)		
		Yes	No	Maybe
Age group	30-65	17 (77)	2 (9)	3 (14)
	66-87	11 (61)	2 (11)	5 (28)
Gender	Female	22 (71)	3 (10)	6 (19)
	Male	9 (64)	1 (7)	4 (29)
Location	Saskatoon	10 (67)	2 (13)	3 (20)

	<200 km	12 (67)	2 (11)	4 (22)
	>200 km	9 (82)	0 (0)	2 (18)
Appointment Type	Initial Consult	10 (83)	0 (0)	2 (17)
	Follow-up	21 (69)	4 (9)	10 (22)

The results from the analysis of the open-ended interview responses are described in Figure 1. We developed our thematic framework around the advantages and disadvantages of remote consultation based on our research question and the participants' interview responses.

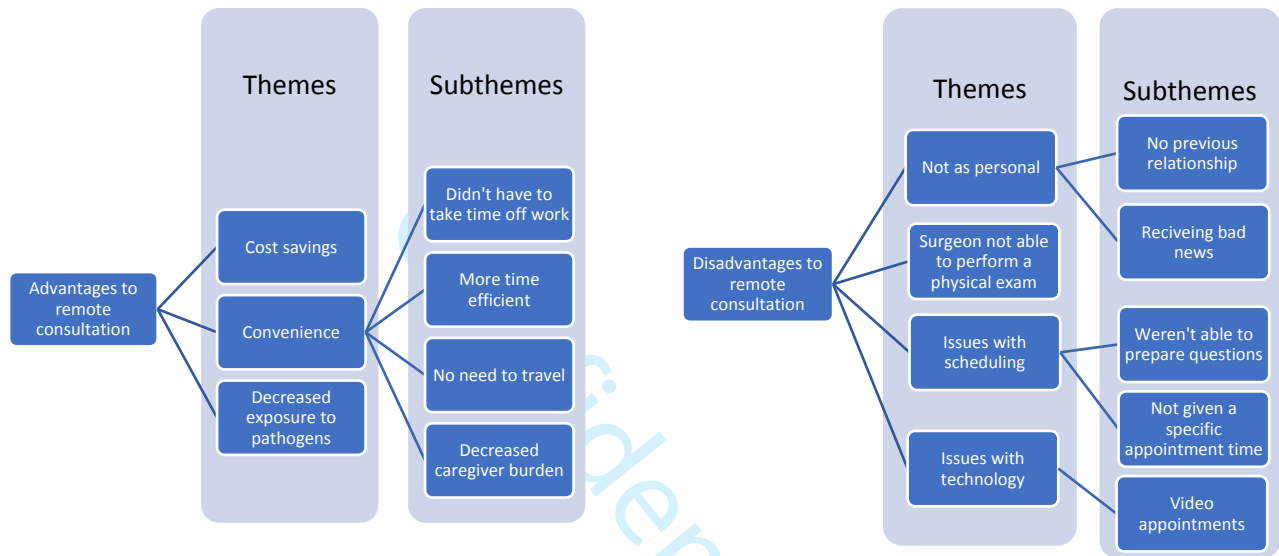


Figure 1. Themes and subthemes for patient perspectives on remote consultation.

Advantages (Refer to Table 5):

'Convenience' was the most prominent theme across the interviews being mentioned by thirty-nine participants and with ninety-eight coding references. Subthemes under 'convenience' included 'more time efficient', 'no need to travel', 'not having to take time off work' and 'decreased caregiver burden'. Two additional themes were 'cost savings' and 'decreased exposure to pathogens'.

Table 5: Participant quotations related to the advantages of remote surgical consultation

Themes/subthemes	Direct quotes from participants
Convenience	<p><i>You know what? It is such a hindrance to have to go to the University hospital, find parking, take time off and go and sit and wait there. When you make that appointment and 20 minutes later you're off the phone and you're on your way. You didn't even have to leave your house.</i></p> <p><i>As mentioned before, in this day of technology personal visits should be rare. I sent him pictures by email as well and he would respond.</i></p> <p><i>We have used video conference, phone calls and email with pictures with my GP, my surgeon and oncologists and their assistants. It's wonderful.</i></p>

	<p><i>Sat here in the kitchen, we were on the phone and he was in his office and we could talk back and forth, and everything was a hundred percent.</i></p>
- More time efficient	<p><i>...it saved me time, saved him time, he was very succinct...</i></p> <p><i>...it just takes a lot less time 'cause in-person, you'd have to drive down there, find parking, pay for parking, and then you go up and then sometimes there's a wait as well in the waiting room. Then you go there, you're shown into a room, then you wait some more. So there's a whole lot of time there that you could be doing something else and all of that time leading up to that point is just so that you can spend, what? Five maybe ten minutes with someone.</i></p> <p><i>I think the fact that the doctor maybe had a little more time to spend talking with (us), he answered all of the questions and took the time to really see if there were any problems. We didn't feel rushed or worried as you often do maybe when you have an appointment in person.</i></p> <p><i>The responsiveness was good, probably was able to get to see him or speak to him sooner than I would've if I had to do an in-person consultation. So luckily the response was quicker which was good.</i></p>
- No need to travel	<p><i>Most of my concerns were easily addressed without having to travel.</i></p> <p><i>I don't think it made a lot of difference other than I would be traveling to Saskatoon if it was an in-person appointment where this way I could just talk from home, save the trip.</i></p> <p><i>I mean for the most part thinking back to all the appointments I had before surgery, probably a lot of them could've been done over the phone... I mean if there's no actual test that needs to be done or anything like that I don't see why you can't do the majority of it over the phone until you actually need to examine someone it seems fine.</i></p>
- Didn't have to take time off work	<p><i>I would have had to take at least a half day, but more likely a full day off work.</i></p> <p><i>I didn't have to go back to Saskatoon and miss another day of work.</i></p>
- Decreased burden on care givers	<p><i>...he wasn't very strong and it's quite a long ways from the parking lot, into the hospital and you've gotta get wheelchairs types of things and navigate through it. It's a bit nerve wracking.</i></p> <p><i>It does take two people, I could probably do it just by myself now but when these took place yeah it would two people and a day and 75 bucks and a wheelchair.</i></p> <p><i>It would require two drivers, one to drive me there because there's no place even to really stay because of COVID they came back and then the other driver picked me up the next day.</i></p>
Cost savings	<p><i>I live out of province, so it would have been expensive to attend the appointment in person - accommodations, gas, meals, etc.</i></p> <p><i>...especially if I have to go to a doctor at RUH or whatever for sure because it's the exuberant parking fees...</i></p>

<p>Decreased exposure to pathogens</p>	<p><i>You eliminate all the risks, in fact you eliminate the risk of traveling down the highway as far as I'm concerned. So you don't have that risk, you don't have the risk like I say of getting any infections or anything at the hospital which is minimal but still there's a chance.</i></p> <p><i>...worry about perhaps meeting other people, in a waiting room situation that might have been compromised. And the fact that _____' health wasn't the best but he was still able to have a very good appointment online.</i></p> <p><i>Considering that it was during COVID and the issues that I was having were lung-related so yes, I preferred it over the phone and not needing to go into St. Pauls.</i></p>
---	--

Disadvantages (Refer to Table 6):

The most common concern that patients had with remote consultations was that it was not as personal as an in-person appointment. This was mentioned in twenty participant interviews. Subthemes identified under this category were 'receiving bad news' and 'no previous relationship'. Additional themes were 'the inability to perform a physical exam' which was mentioned by eleven participants, 'issues with scheduling', which included the subtheme 'not prepared to ask questions' and 'issues with technology'.

Table 6: Participant quotations related to the disadvantages of remote surgical consultation

Themes/subthemes	Direct quotes from participants
<p>Not as personal</p>	<p><i>I find him kind of hard to read just over the phone...</i></p> <p><i>Even like the Pexip appointment is preferable 'cause then you can actually see the person who's going to be providing you care. Otherwise it's just a voice on the end of the phone.</i></p>
<p>- Receiving bad news</p>	<p><i>I'm like six months into cancer treatment, I have—Dr. _____ is the first doctor I have laid eyes on in-person. So it's been a, it's not a good process when you're going through something that's traumatizing it's not a good process.</i></p>
<p>- No previous relationship</p>	<p><i>I guess I was nervous because I had never met him, didn't know nothing about him.</i></p> <p><i>...it helps having met the doctor before and having a kind of relationship and _____ was in the hospital steadily for five months and he saw this doctor quite often. So he already knew the doctor so that made a difference as well.</i></p>
<p>Not able to perform physical exam</p>	<p><i>I was quite satisfied with my initial consult via telephone, but post-op, would prefer an in-person appointment simply because as a patient I may not be able to describe my concerns accurately and having a surgeon see, touch or feel would make me feel more comfortable that there was no misunderstanding or communication error.</i></p> <p><i>I may be describing a situation or concern with the wrong vocabulary that won't be caught via phone call.</i></p> <p><i>...it doesn't work well for everything...I mean they're satisfactory to a point depends on what you have wrong with you. Sometimes you just have to be seen because it's impossible to explain.</i></p>

Issues with scheduling <ul style="list-style-type: none"> - Not given a specific appointment time 	<p><i>The remote consultation was more difficult mentally because I didn't know when the call would occur. Additionally, I wasn't as prepared for the discussion due to my day-to-day distractions. Child at home with me versus on my own at doctor appointment. I ended up missing the initial call because I happened to be out of the house.</i></p> <p><i>So caught off-guard, often in the middle of a meeting see that I have to take a call. So, it would've been nice to have been given an appointment time because it did feel frenetic.</i></p>
<ul style="list-style-type: none"> - Not prepared to ask questions 	<p><i>...the downfall with that is I couldn't ask the questions I wanted to ask. There were so many questions that after we hung up that I thought- why didn't?</i></p> <p><i>If I had an appointment seeing him before, I would've had the list of questions with me. I was caught at a time where I didn't have the questions with me...</i></p>
Issues with technology	<p><i>Only to the extent that the video didn't work, the problem that I have now could've been assessed earlier.</i></p>

Interpretation

Our findings indicate that remote surgical consultation is an acceptable alternative to in-person appointments but may not be appropriate for every situation. Most participants found remote consultation to be more convenient, as it saved time, money and the need to travel. It also decreased family and caregiver burden and reduced the patients' exposure to potential pathogens. The disadvantages of remote consultation were that some participants found it less personal, and it was not sufficient when a physical exam was required or if the patient was receiving bad news. There were also issues around scheduling appointments, and participants felt that they were not prepared to ask questions. We did not find any significant difference in participant satisfaction or their future willingness to use remote consultation based on participant age, gender, appointment type, or location.

We anticipated that participants who lived further from Saskatoon would benefit more from remote consultation and therefore have higher levels of satisfaction and be more willing to use remote consultation in the future. This was not the case as many of the advantages participants noted such as not taking time off work, paying for parking, burden on care givers and exposure to pathogens were still applicable to those that did not have to travel from outside the city. The participants who were not satisfied were also those that stated they would be unwilling to use remote consultation in the future. Their responses focused mainly on the need to have a physical exam and receiving bad news by telephone. These respondents did not feel that the advantages of remote consultation outweighed the benefits of seeing a surgeon in-person. Over one-third of participants stated that they would prefer a remote consultation, however the same number said that it would depend on the circumstances.

1
2
3
4
5 The advantages of remote consultation in this study were similar to those identified in
6 other research.^{2,3,10} Particularly, studies done over the past year have highlighted
7 patients' concerns surrounding exposure to COVID-19.⁴⁻⁷ Conducting surgical
8 consultations remotely allows patients to adhere to travel restrictions, maintain social
9 distancing measures, and minimizes risk of patients contracting the virus or other hospital
10 associated illness.⁵ Saskatchewan's geographic distribution of health services requires
11 many rural patients to travel long distances to receive specialist services.¹³ Participants
12 appreciated not having to travel many hours, often during poor winter road conditions, to
13 spend only a few minutes talking with their surgeon, a finding consistent with the
14 literature.¹⁰⁻¹² The remote consultations were widely viewed as more time efficient for
15 both the patient and the surgeon, and participants commented on shorter wait times for
16 virtual versus in-person consultation, all findings consistent with other studies.^{10,11} The
17 costs associated with travel and parking, as well as having to take time off work to attend
18 an in-person appointment, were additional barriers to patients accessing care that were
19 negated with remote consultation. These were prominent themes for participants that
20 lived outside of Saskatoon and for those that lived in the city centre. Similar to other
21 research, our study identified the ability of remote consultation to alleviate caregiver
22 burden for patients who require assistance attending in-person consultations.²¹ Some
23 studies have found that younger patients are more willing to use remote consultation and
24 report higher levels of satisfaction,^{3,6} however, we did not find age to have a significant
25 impact on satisfaction, perhaps due to sample size or the relatively high mean age.

31
32 Remote consultation may not be appropriate for all surgical appointments, and our study
33 identified several areas we think the remote consultation process could be improved.
34 First, patients prefer a set appointment time or a narrow time range for when the
35 appointment occurs. Participants often noted they were only given a date for the
36 appointment. If patients had an appointment time, they could prepare a list of questions
37 and be in an appropriate setting to have a discussion. Second, patients should have a clear
38 avenue to ask follow-up questions or contact their surgeon if something was missed
39 during their appointment. The inability to perform a physical exam is an obvious downside
40 to remote consultation, however the use of video conference and smartphone technology
41 to send photos could help to alleviate a portion of those concerns.^{4,5} This raises the
42 concept of a hybrid approach,²⁴ where a virtual consultation be considered a component
43 of the entire consultation process. A virtual consultation can facilitate the surgeon triaging
44 patients and organizing necessary investigations prior to meeting in-person. Subsequent
45 in-person appointments can be made for physical exams, discussing diagnoses, or
46 explaining more complex treatment options to patients and their families. Follow up could
47 be either in-person or virtual depending on patient preference and needs. This concept
48 would require further research to determine its feasibility and effectiveness. The
49 technological issues surrounding video consultations is another area to be addressed
50 because video appointments typically require more substantial infrastructure, increased
51 user technical ability, a higher bandwidth internet connection and more formal approach

1
2
3 on behalf of the surgeon.^{7,11,22} Our findings suggest that video consultations might be
4 better received than phone consultations, and it is worth exploring how it might be used
5 more frequently.^{22,23}
6
7

8 Limitations:

9 Because our sample was primarily telephone consultations; (n=41), it was difficult to assess the
10 effectiveness of video consultation. Since all patients included in the study had already agreed
11 to have a virtual appointment, selection bias could be present. We were unable to interview
12 participants from every surgical office in Saskatoon and the surgical offices provided us with the
13 participant information which may have contributed to sampling bias. Additionally, some
14 interviews took a few minutes to complete which could limit the quality of the qualitative
15 data.²⁵ This study examined surgical consultations only and extrapolation of the findings may
16 not be applicable to all medical specialties. Although data saturation was reached for our
17 thematic analysis, our sample size may have been too small to see significant trends based on
18 age, location or appointment type.
19
20
21
22

23 Lessons learned from patient engagement:

24 We were fortunate to have two patient partners that had significant experience with the
25 healthcare system as well as an interest in research and prior involvement in patient-oriented
26 projects. The patient partners contributed their personal experience with remote consultation
27 to help tailor the research project to address an area of healthcare they felt was important.
28 Actively involving patient partners as full team members led to a research question that was
29 relevant and could lead to system change in a timely manner. Open and frequent
30 communication with the patient partners facilitated engagement and empowered their
31 contributions to the research. As part of every video conference team meeting, they helped to
32 identify the concerns that would be most relevant to patients and ensured that the research
33 was conducted in a patient-oriented manner with the goal to improve patient outcomes. We
34 encouraged a strong theme of shared decision making²⁶ within our team to build an effective
35 relationship with the partners. The researchers made accommodations as needed to allow the
36 partners to fully contribute, such as presenting data in visual formats, avoiding jargon, limiting
37 the technological requirements, and doing frequent check-ins to see if there was any way to
38 make the process easier. By creating an environment that acknowledged the values,
39 preferences, and experiences of the patient partners, partners were comfortable raising
40 concerns and providing direction, resulting in a stronger research project that can lead to
41 changes in healthcare with real value to patients.²⁷ The patient partners repeatedly emphasized
42 the importance of having our findings integrated into clinical practice and volunteered to co-
43 present at upcoming research conferences.
44
45
46
47
48
49

50 Conclusions:

51 Overall, the advantages of remote consultation were a prominent theme throughout the
52 interviews and resulted in high patient satisfaction with this emerging delivery method.
53 Remote consultation has the potential to improve patient outcomes by delivering
54 healthcare in a more convenient, costly, and timely manner, without compromising the
55 quality of care. Many patients commented not only on their willingness, but their
56
57
58
59
60

1
2
3 preference, to use remote consultation for future surgical care. Based on our findings, we
4 highlight several areas where remote consultation could be improved which included
5 proper scheduling, patient selection, a process for follow-up questions and increased
6 utilization of video platforms and pictures. If a patient requires a physical exam or is
7 discussing a sensitive topic, they may not be appropriate for a remote appointment. It
8 may not be perfect for every patient or every situation, but remote consultation has many
9 benefits, and we argue it should continue to be offered to patients in a post-pandemic
10 world.
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

References:

1. Cornejo-Palma D, Urbach DR. Virtual postoperative clinic: can we push virtual postoperative care further upstream? *BMJ Qual Safe* [Internet]. 2018 [cited Mar 2021]; 0: 1-3. Available from: DOI:10.1136/ bmjqs-2018-008697
2. Asiri A, AlBishi S, AlMadani W, ElMetwally A, Househ M. The use of telemedicine in surgical care: a systematic review. *Acta Inform Med* [Internet]. 2018 [cited Mar 2021]; 26(3):201-206. Available from: DOI: 10.5455/aim.2018.26.201-206.
3. Gunter RL, Chouinard S, Fernandes-Taylor S, Wiseman JT, Clarkson S, Bennett K, Greenberg CC, & Kent K. Current Use of Telemedicine for Post-Discharge Surgical Care: A Systematic Review. *J Am Coll Surg* [Internet]. 2016 [cited Mar 2021]; 222(5): 915–927. Available from: DOI:10.1016/j.jamcollsurg.2016.01.062.
4. Rarrázaval MJ, Inzunza M, Muñoz R. Telemedicine for postoperative follow-up, virtual surgical clinics during COVID-19 pandemic. *Surg Endosc* [Internet]. 2020 [cited Mar 2021]. Available from: <https://doi.org/10.1007/s00464-020-08130-1>
5. Gillman-Wells CC, Sankar TK, & Vadodaria S. COVID-19 Reducing the risks: telemedicine is the new norm for surgical consultations and communications. *Aesthet plast surg* [Internet]. 2021 [cited Mar 2021]; 45(1), 343–348. Available from: <https://doi.org/10.1007/s00266-020-01907-8>
6. McKenna MC, Al-Hinai M, Bradley D, Doran E, Hunt I, Hutchinson S, Langan Y, O'Rourke D, Qasem R, Redmond J, Troy E, Doherty CP. Patients' experiences of remote neurology consultations during the COVID-19 pandemic. *Eur Neurol* [Internet]. 2020 [cited Mar 2021]; 83:622-625. Available from: DOI: 10.1159/000511900
7. Rimmer A. Covid-19: Surgeons embrace virtual consultations to meet patients' needs during pandemic. *BMJ* [Internet]. 2020 [cited Mar 2021]; 370. Available from: doi:10.1136/bmj.m2644
8. Car J, Koh GC, Foong PS, Wang CJ. Video consultations in primary and specialist care during the covid-19 pandemic and beyond. *BMJ* [Internet]. 2020 [cited Mar 2021]; 371. Available from: doi:10.1136/bmj.m3945
9. Buvik A, Bugge B, Knutsen G, Småbrekke A, & Wilsgaard T. Quality of care for remote orthopaedic consultations using telemedicine: a randomized controlled trial. *BMC Health Serv Res* [Internet]. 2016 [cited Mar 2021]; 16: 483. Available from: DOI 10.1186/s12913-016-1717-7. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1717-7>
10. Williams AM, Bhatti UF, Alam HB, & Nikolian VC. The role of telemedicine in postoperative care. *mHealth* [Internet]. 2018 [cited Mar 2021]; 4: 11-11. Available from: DOI: 10.21037/mhealth.2018.04.03.

1
2
3 [https://www.researchgate.net/publication/324988057_The_role_of_telemedicine_in_post](https://www.researchgate.net/publication/324988057_The_role_of_telemedicine_in_post_operative_care)
4 [operative_care](https://www.researchgate.net/publication/324988057_The_role_of_telemedicine_in_post_operative_care)
5
6
7

- 8 11. Healy P, McCrone L, & Tully R. Virtual outpatient clinic as an alternative to an actual
9 clinic visit after surgical discharge: a randomized controlled trial. *BMJ Qual Safe*
10 [Internet]. 2019 [cited Mar 2021]; 28: 24-31. Available from: DOI: 10.1136/bmjqs-2018-
11 008171
12
- 13 12. Leshner AP, & Shah SR. Telemedicine in the perioperative experience. *Semin Pediatr*
14 *Surg* [Internet]. 2018 [cited Mar 2021]; 27(2): 102-106. Available from:
15 <https://doi.org/10.1053/j.sempedsurg.2018.02.007>
16
17
- 18 13. Karunanayake CP, Rennie DC, Hagel L, Lawson J, Janzen B, Pickett W. The
19 Saskatchewan Rural Health Study Group. Access to Specialist Care in Rural
20 Saskatchewan: The Saskatchewan rural health study. *Healthcare* (Basel, Switzerland)
21 [Internet]. 2015 [cited Mar 2021]; 3(1), 84–99. Available from:
22 [doi:10.3390/healthcare3010084](https://doi.org/10.3390/healthcare3010084)
23
24
- 25 14. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in
26 qualitative research. *PLOS ONE open access* [Internet]. 2020 [cited Mar 2021];
27 Available from: <https://doi.org/10.1371/journal.pone.0232076>
28
29
- 30 15. University of Saskatchewan. Canadian Hub for Applied and Social Research. [cited Apr
31 2021]. Available from: <https://chasr.usask.ca/>.
32
- 33 16. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in*
34 *Psychology* [Internet]. 2006 [cited Apr 2021]; 3(2), 77–101. Available from:
35 [doi:10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa)
36
37
- 38 17. Vaismoradi M, Turunen H, Bondas T. Content analysis and thematic analysis:
39 Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*
40 [Internet]. 2013 [cited Apr 2021]; Available from: <https://doi.org/10.1111/nhs.12048>
41
42
- 43 18. Wheeldon J, Ahlberg M. Mind maps in qualitative research. In: Liamputtong P. (eds)
44 *Handbook of Research Methods in Health Social Sciences*. [Internet]. 2017 [cited May
45 2021]. Available from:
46 https://www.researchgate.net/publication/319871494_Mind_Maps_in_Qualitative_Research
47
48
- 49 19. Saskatchewan Centre for Patient Oriented Research. Patient Oriented Research Level of
50 Engagement Tool. [cited Apr 2021]. Available from: <https://www.scpor.ca/porlet>.
51
52
- 53 20. SCPOR. Patient and Researcher Connection Site. [Cited March 2021]. Available from:
54 <http://qi.hqc.sk.ca/scpor-connection-site/>
55
56
57
58
59
60

- 1
2
3 21. Chi NC, Demiris G. A systematic review of telehealth tools and interventions to support
4 family caregivers. *J Telemed Telecare* [Internet]. 2015 [cited Apr 2021]; Jan;21(1):37-44.
5 Available from: doi: 10.1177/1357633X14562734
6
- 7
8 22. Barsom EZ, van Dalen ASHM, Blussé van Oud-Alblas M. Comparing video consultation
9 and telephone consultation at the outpatient clinic of a tertiary referral centre: patient and
10 provider benefits. *BMJ Innov* [Internet] 2021 [cited Mar 2021]; 7:95-102. Available
11 from: <https://innovations.bmj.com/content/7/1/95>
12
- 13
14 23. Johansson A, Lindberg I, Söderberg S. Patients' experiences with specialist care via video
15 consultation in primary healthcare in rural areas. *Int J of Telemed Appl* [Internet]. 2014
16 [cited Mar 2021]; Available from: DOI: 10.1155/2014/143824
17
- 18
19 24. List R, Compton M, Soper M, Bruschein H, Gettle L, Bailey M, Starheim E, Kalmanek
20 J, Somerville L, Albon D. Preserving Multidisciplinary Care Model and Patient Safety
21 During Reopening of Ambulatory Cystic Fibrosis Clinic for Nonurgent Care: A Hybrid
22 Telehealth Model. *Telemed J E Health* [Internet]. 2021 Feb [cited Apr 2021];27(2):193-
23 199. Available from: doi: 10.1089/tmj.2020.0247.
24
- 25
26 25. Irvine A. Duration, Dominance and Depth in Telephone and Face-to-Face Interviews: A
27 Comparative Exploration. *Int J Qual Methods* [Internet]. 2011 [cited Apr 2021];
28 Available from: <https://doi.org/10.1177/160940691101000302>
29
- 30
31 26. Groot G, Waldron T, Barreno L, Cochran D, Carr T. Trust and world view in shared
32 decision making with indigenous patients: A realist synthesis. *J Eval Clin Pract*
33 [Internet]. 2020 [cited Apr 2021]; 26: 503– 514. Available
34 from: <https://doi.org/10.1111/jep.13307>
35
- 36
37 27. Canadian Institute for Health Research. Strategy for patient-oriented research. [Cited
38 May 2021]. Available from: <https://cihr-irsc.gc.ca/e/41204.html>
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Table 1. Summary of participant demographic and appointment information.

Age (yr)		Gender	
Mean (range)	62 (31-87)	Male	14 (31%)
Remote Consultation Experience		Female	31 (69%)
First time	17 (38%)	Type of Remote Consultation	
Previous experience	25 (55%)	Telephone	41 (91%)
Not stated	3 (7%)	Video conference	1 (2%)
Location/Distance from Saskatoon		Both	3 (7%)
Lived inside the city	15 (33%)	Appointments	
Lived outside the city (<200 km)	18 (40%)	Initial consult	12 (27%)
Lived outside the city (>200 km)	11 (24%)	Follow-up	33 (73%)

Table 2. Summary of closed-ended question responses.

Satisfaction		Care Provided	
Satisfied	41 (91%)	Did not feel compromised	39 (87%)
Not Satisfied	4 (9%)	Felt may have been compromised	6 (13%)
Would use Remote Consultation in the Future		Remote Consultation vs In-Person	
Would use	31 (70%)	Prefer remote	17 (38%)
Would not use	4 (9%)	Depends on circumstances	17 (38%)
Maybe	9 (21%)	Prefer in-person	11 (24%)

Table 3. Overall satisfaction based on participant age, gender, location, and appointment type.

		Overall Satisfaction n (%)	
		Satisfied	Not Satisfied
Age group	30-65	20 (91)	2 (9)
	66-87	16 (89)	2 (11)
Gender	Female	28 (90)	3 (10)
	Male	13 (93)	1 (7)
Location	Saskatoon	13 (87)	2 (13)
	<200 km	16 (89)	2 (11)
	>200 km	11 (100)	0 (0)
Appointment Type	Initial Consult	11 (92)	1 (8)
	Follow-up	30 (91)	3 (9)

Table 4. Future willingness to use remote consultation based on participant age, gender, location, and appointment type.

		Would you use remote consultation in the future- n (%)		
		Yes	No	Maybe
Age group	30-65	17 (77)	2 (9)	3 (14)
	66-87	11 (61)	2 (11)	5 (28)
Gender	Female	22 (71)	3 (10)	6 (19)
	Male	9 (64)	1 (7)	4 (29)

Location	Saskatoon	10 (67)	2 (13)	3 (20)
	<200 km	12 (67)	2 (11)	4 (22)
	>200 km	9 (82)	0 (0)	2 (18)
Appointment Type	Initial Consult	10 (83)	0 (0)	2 (17)
	Follow-up	21 (69)	4 (9)	10 (22)

Table 5: Participant quotations related to the advantages of remote surgical consultation

Themes/subthemes	Direct quotes from participants
Convenience	<p><i>You know what? It is such a hindrance to have to go to the University hospital, find parking, take time off and go and sit and wait there. When you make that appointment and 20 minutes later you're off the phone and you're on your way. You didn't even have to leave your house.</i></p> <p><i>As mentioned before, in this day of technology personal visits should be rare. I sent him pictures by email as well and he would respond.</i></p> <p><i>We have used video conference, phone calls and email with pictures with my GP, my surgeon and oncologists and their assistants. It's wonderful.</i></p> <p><i>Sat here in the kitchen, we were on the phone and he was in his office and we could talk back and forth, and everything was a hundred percent.</i></p>
- More time efficient	<p><i>...it saved me time, saved him time, he was very succinct...</i></p> <p><i>...it just takes a lot less time 'cause in-person, you'd have to drive down there, find parking, pay for parking, and then you go up and then sometimes there's a wait as well in the waiting room. Then you go there, you're shown into a room, then you wait some more. So there's a whole lot of time there that you could be doing something else and all of that time leading up to that point is just so that you can spend, what? Five maybe ten minutes with someone.</i></p> <p><i>I think the fact that the doctor maybe had a little more time to spend talking with (us), he answered all of the questions and took the time to really see if there were any problems. We didn't feel rushed or worried as you often do maybe when you have an appointment in person.</i></p> <p><i>The responsiveness was good, probably was able to get to see him or speak to him sooner than I would've if I had to do an in-person consultation. So luckily the response was quicker which was good.</i></p>
- No need to travel	<p><i>Most of my concerns were easily addressed without having to travel.</i></p> <p><i>I don't think it made a lot of difference other than I would be traveling to Saskatoon if it was an in-person appointment where this way I could just talk from home, save the trip.</i></p> <p><i>I mean for the most part thinking back to all the appointments I had before surgery, probably a lot of them could've been done over the phone... I mean if there's no actual test that needs to be done or anything like that I don't see why you can't do</i></p>

	<i>the majority of it over the phone until you actually need to examine someone it seems fine.</i>
- Didn't have to take time off work	<i>I would have had to take at least a half day, but more likely a full day off work. I didn't have to go back to Saskatoon and miss another day of work.</i>
- Decreased burden on care givers	<i>...he wasn't very strong and it's quite a long ways from the parking lot, into the hospital and you've gotta get wheelchairs types of things and navigate through it. It's a bit nerve wracking. It does take two people, I could probably do it just by myself now but when these took place yeah it would two people and a day and 75 bucks and a wheelchair. It would require two drivers, one to drive me there because there's no place even to really stay because of COVID they came back and then the other driver picked me up the next day.</i>
Cost savings	<i>I live out of province, so it would have been expensive to attend the appointment in person - accommodations, gas, meals, etc. ...especially if I have to go to a doctor at RUH or whatever for sure because it's the exuberant parking fees...</i>
Decreased exposure to pathogens	<i>You eliminate all the risks, in fact you eliminate the risk of traveling down the highway as far as I'm concerned. So you don't have that risk, you don't have the risk like I say of getting any infections or anything at the hospital which is minimal but still there's a chance. ...worry about perhaps meeting other people, in a waiting room situation that might have been compromised. And the fact that _____' health wasn't the best but he was still able to have a very good appointment online. Considering that it was during COVID and the issues that I was having were lung-related so yes, I preferred it over the phone and not needing to go into St. Pauls.</i>

Table 6: Participant quotations related to the disadvantages of remote surgical consultation

Themes/subthemes	Direct quotes from participants
Not as personal	<i>I find him kind of hard to read just over the phone... Even like the Pexip appointment is preferable 'cause then you can actually see the person who's going to be providing you care. Otherwise it's just a voice on the end of the phone.</i>
- Receiving bad news	<i>I'm like six months into cancer treatment, I have—Dr. _____ is the first doctor I have laid eyes on in-person. So it's been a, it's not a good process when you're going through something that's traumatizing it's not a good process.</i>
- No previous relationship	<i>I guess I was nervous because I had never met him, didn't know nothing about him.</i>

	<p><i>...it helps having met the doctor before and having a kind of relationship and _____ was in the hospital steadily for five months and he saw this doctor quite often. So he already knew the doctor so that made a difference as well.</i></p>
<p>Not able to perform physical exam</p>	<p><i>I was quite satisfied with my initial consult via telephone, but post-op, would prefer an in-person appointment simply because as a patient I may not be able to describe my concerns accurately and having a surgeon see, touch or feel would make me feel more comfortable that there was no misunderstanding or communication error.</i></p> <p><i>I may be describing a situation or concern with the wrong vocabulary that won't be caught via phone call.</i></p> <p><i>...it doesn't work well for everything...I mean they're satisfactory to a point depends on what you have wrong with you. Sometimes you just have to be seen because it's impossible to explain.</i></p>
<p>Issues with scheduling</p> <ul style="list-style-type: none"> - Not given a specific appointment time 	<p><i>The remote consultation was more difficult mentally because I didn't know when the call would occur. Additionally, I wasn't as prepared for the discussion due to my day-to-day distractions. Child at home with me versus on my own at doctor appointment. I ended up missing the initial call because I happened to be out of the house.</i></p> <p><i>So caught off-guard, often in the middle of a meeting see that I have to take a call. So, it would've been nice to have been given an appointment time because it did feel frenetic.</i></p>
<ul style="list-style-type: none"> - Not prepared to ask questions 	<p><i>...the downfall with that is I couldn't ask the questions I wanted to ask. There were so many questions that after we hung up that I thought- why didn't?</i></p> <p><i>If I had an appointment seeing him before, I would've had the list of questions with me. I was caught at a time where I didn't have the questions with me...</i></p>
<p>Issues with technology</p>	<p><i>Only to the extent that the video didn't work, the problem that I have now could've been assessed earlier.</i></p>

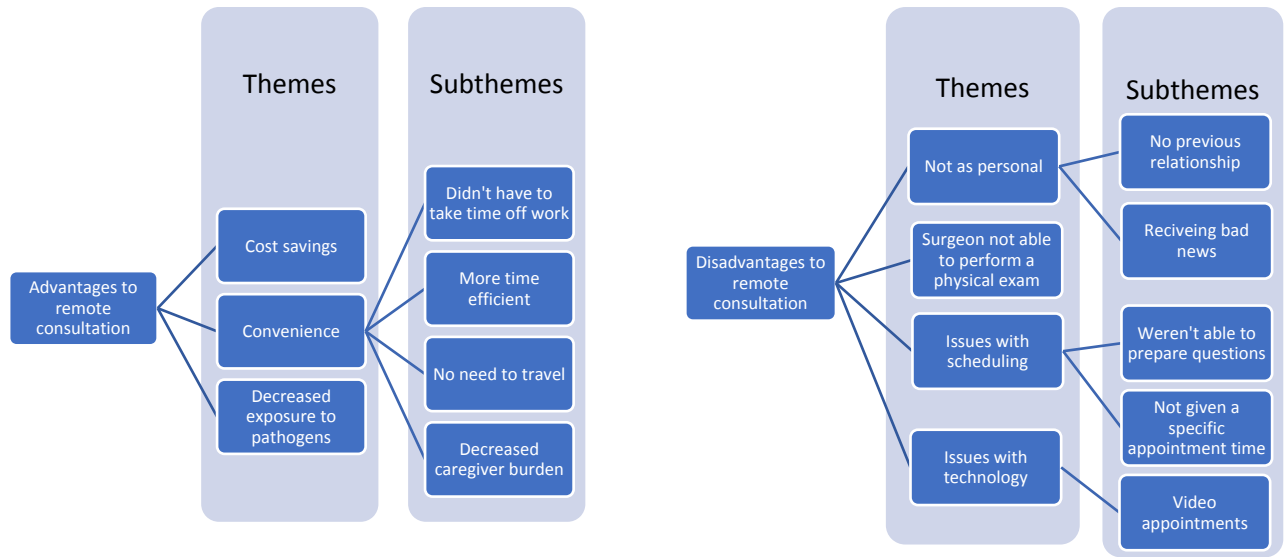


Figure 1. Themes and subthemes for patient perspectives on remote consultation.

Confidential