

P 14.016 A Mixed Methods Exploration of Oncology and Palliative Care Healthcare Professionals Experience of Virtual Consultations

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Background/aims: Virtual consultations (VC) were widely used during the Covid-19 pandemic to ensure continuity of care. (1) Prior to this, little was understood regarding healthcare professionals' (HCP) experiences in translating their care to this modality.

Exploration of oncology and palliative care HCP experience of VC, and the future role of VC in patient care.

Methods: A cross sectional mixed methodology observational study of oncology and palliative care HCPs, analysed via an inductive thematic approach.

Results: 87 surveys completed within a one-month period identifying three master themes. Relationships and connection highlighted the influence of VC in empowering patients, the importance of a therapeutic relationship and its perceived loss within VC modalities. Majority of respondents reported considerable challenges having difficult conversations with patients using VC. Many survey respondents emphasized that they preferred to have first time consultations face-to-face, and not virtually. Personal, professional, and familial theme included factors of patient age, severity of illness and VC skill (patient and professional) in influencing HCPs' experience. Within the domain of logistical and practical implications, increased accessibility was seen as a benefit of VC, as well as the environmental benefits of reduced travel and time. Participants raised concerns regarding overlooking clinical signs and an inability to examine patients, necessitating increased follow up requirements, alongside the anxiety faced with occasionally failing technology.

Conclusions: VC benefits were mainly noted when used for patients already known to the professional, during stable treatment reviews. VC for difficult discussions and for unstable patients were felt to be unsatisfactory and a barrier to their use. There was a strong preference for patient choice in choosing the preferred consultation modality, alongside prior triaging of the appropriateness of VC for individual patients.

References

- (1) Abel, J., & Taubert, M. (2020). Coronavirus pandemic: Compassionate communities and information technology. *Supportive and Palliative Care*, 10(4), 369–371.