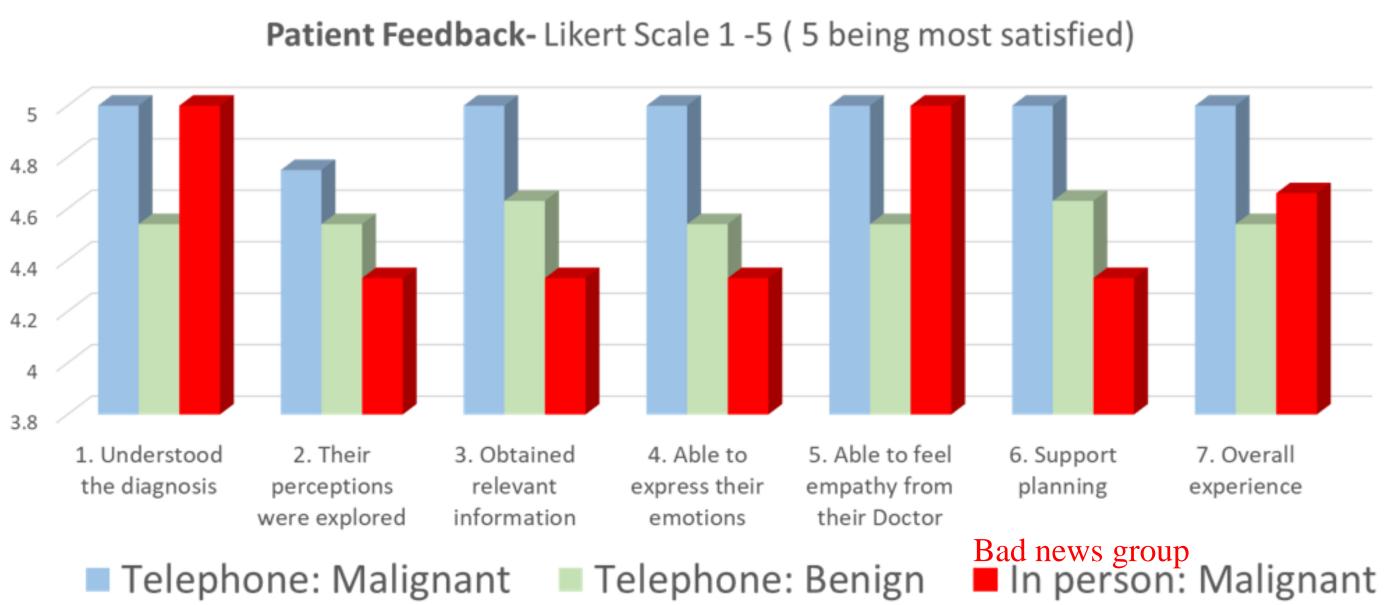


Breaking

Telephone reviews to discuss biopsy results can be well perceived but there needs to be a personalised process for choosing review modality.

Bad news: Set up Perceptio n Invitation Knowledg e Empathy Strategy



Our patients told us:

- Speaking to someone face to face is better
- It's more difficult to think quickly and to concentrate on the telephone
- I felt that my appointment was delayed
- I feel I did not process everything over the phone- would have preferred face to face
- I would not like to get bad news over the phone

POSITIVE ATTITUDES TO PHONECALLS

- I was delighted with the telephone service
- Uncomfortable with too many patients in the hospital
- I would have liked prior notice of the results to be prepared to ask questions
- I have reduced mobility and was happy that the phone \bullet call saved me travelling
- Do video calls like my physio does

- Hospital feels overwhelming for getting bad news, I feel
- safer at home with a telephone consultation

A REVIEW ON PATIENT SATISFACTION OF VIRTUAL CONSULTATIONS FOR BIOPSY RESULTS IN THE TIMES OF COVID

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INTRODUCTION

This is a presentation of a retrospective review of patient satisfaction related to the use of virtual consultations when discussing biopsy results from ENT procedures in AAH.

METHODS

We have analysed the views of 18 of our patients who underwent an operation that included taking tissue specimens for histopathologic analysis and we have used Likert scale assessments of satisfaction based on the Glasgow Benefit Inventory questionnaire and on the SPIKES principles of breaking bad news.

RESULTS

- malignancies with representing the good news group.
- preferred in person reviews

CONCLUSIONS

Under specific circumstances, it can be appropriate to discuss biopsy results on telephone clinics for selected patient groups.

Limitations: Selection bias for bad news **Further action:** Randomised groups and bigger sample

We found predominantly positive attitudes towards the telephone reviews in the virtual consultation group but it was noted that this represented mostly patients with benign conditions or patients with treated

Highest satisfaction noted amongst the malignant group that received good news about their treatment (complete resection) over the phone.

Our patients with malignant diagnoses and bad news seem to have