

Kane, Bridget

## **Is it easier to offer expert opinion in teleconference?**

Kane, B. and Luz, S.

Department of Computer Science, Trinity College, Dublin, Ireland

### **Abstract**

Psychological distancing in teleconference may account for a propensity for clinicians engaged in patient case discussions to offer opinions, and believe a more positive outcome is possible, for patients under discussion. This paper discusses results arising from an exercise that have implications for professional opinions in teleconference. Results suggest that people may be more likely to offer an opinion in teleconference, even though their answer may be wrong. They are also more likely to hold positive beliefs towards colleagues presentations, and not to disagree with proposed patient management strategies in teleconference compared to co-located discussions.

### **Method**

Observer participants were recruited to undertake an exercise during patient case discussions at multi-disciplinary medical team meetings (MDTMs) for lung cancer. The exercise was designed such that it could be completed, potentially, by the observer participants during a patient case discussion. The activity served as a proxy measure for the ability of active participants to gather data from case discussions. There were 20 questions that aimed to elicit specific items of information presented during the discussion. All recruits to the study were medically trained and worked on the clinical teams constituting the MDTM.

### **Results**

There was a significant increase in the response rate in teleconference which is partly accounted for in the increased time taken for teleconference discussions. Close inspection of the pattern of results, especially the non-responses, demonstrates the differences in the response rates for individual questions ranges from -2.5% to +28.2% with little change in the overall rates of errors and correct responses. All except two questions yielded more responses in teleconference. Those two questions were: a. the patient's name and b. if the patient was a smoker. There was no apparent reason why the name of the patient, and if they smoked, was submitted more often in the co-located setting. The patient's name and personal smoking habit were documented for all cases, yet yielded a higher response rate in co-located discussions. De-personalisation of the patient under discussion may account for the finding and is being further investigated.

It is well understood among the team that the prognosis for advanced lung cancer is poor with high mortality rate, yet many respondents expected that the patient's planned treatment would effect a 'cure' for the patient. For colocated case discussions, expectations were more realistic. Respondents are more likely to find the presentation of clinical findings, radiology and pathology clearer in teleconference and believe that they followed the discussion, know the management plan for the patient and understand the basis for the decision, better than in co-located discussions. While there is also a tendency to attribute a higher overall educational value to teleconference discussions, there is a trend to have more errors in teleconference, less criticism and not to express any disagreement with respect to the patient management decisions made in teleconference.

### **Relevance for telemedicine:**

Increased psychological distance in teleconference may influence the ease with which clinical specialists might offer diagnostic and management opinions, allowing the potential for false optimism, confidence and expectations with regard to patient treatment strategies. Further investigation of these results is in progress.