Maggie Meeks interview 1

11 Nov interview Maggie -

**Background of Particpant**

Developmental Paeds

Cohort pts similar to that pre Covid

Includes Maori

20 years experience

Job title – Community paediatrician

Half of time is in developmental Paed (where zoom) the other is non clinical project based in the wider system

**Range conditions**

New pts primarily referrals for possible features of Autism

Follow up some current

? of si nay over the screen – cannot remember

Medication reviews that sort of thing – some trouble shooting

Families at a crisis point that sort of things

Some cosuts full – new pt – others targeted to things that were brought up

Do not have granular memory – would have seen the off person coming up for regular review

Lead family

Outside Covid would that … normaly happen

**Experience prior to Covid**

Formally not really – do a lot of stuff on phone , call families to clarify check meds etc – so some limited but a new experience to for new – doing fromm scratch

Phone calls more formal

So all fairly new ‘

**Platform**

Zoom we used - I did not use skype -used all at home

Off call

Based at home

**How comfortable then and now?**

Beginning I fund technical element challenging

Have risen above and I am confident now

Wjy zoom? Did DHB suggest

I thik ti was all we had

OtehrHealth professionals

A No three way consults with their behaviousspecialist from explore – a dis funded specialist service

Workedbrillantly

(Were exploreat home with family)

No linked in

Early intervention teams join form home or work place

Before …

Occaisonly it -p- for a few key families it was enourmously useful

I have for some families but not new pts

(Have had ..

A couple of families – some were pre-schoolers – so was supposed to be with early int team but familt plus us

A couple worked vrillantly

Cjild confortable at home no stress

Video on child an=ble to work thru diagnostic questions

(evn in our clinics children diff in --- families carried on normal existence

A groupin states developed a whole package around this pre covid record send in so interwestin thissoor tof ting internationally

Diagnostis feedback better n person than remotely cuing to non verbal cues when in perpsn

Strategises thatworked well

Diretcobs child on happy

Able toinvovem diff people –estranged parents who would not come in together but agreed to

Having people form different organistaions involved with child

Didn’t work?

When I did not know family – A little bt trickier

A couple sOL verydifficult what they were wanting out of equip did not wotk as well as onsit

Prepaeration?

No

Admo email address – I sent email and link so clunky my end and goving out email address??? Ideally could have been better set up at Interactive

Some used teams then invied families in when …

Where youdoing cosuktants atusual time ?

Had standard clincia time but that probably 50% and scattered thru week – same

Maori or other different

Not sure if it was any different

In to llok at data feel I had soe gratinteraction pacifica

\Challenging with Indian famiies trying to figure out espectations, not lang but pri cultural boundary

Maor would have ot go back – a few families ? ethnic breakdown did notwnat zoon, s used phone

Some a=had tech but not want other didn’t have band etc

Do not know

? rserved about what could or could do

Some families love it others may find it invasive

Any feedbacl

No not doectly probably not asked them

One stilllikes a call others a zoom

Allowed a closer linkwithout barriers of a hosp visit

One hard with Afgan family interposing he r phone and putting either rof us on hold

That was aweful had to relie on translated wrd – no facial , tone words

Critical incidents

mJust talked Any other ?

There were a few for whom it made appts easier so a higher entensity face to face to c=grabble with

Ahs value

IP approacj?

Was the Ip facilitated by this virtual ability

I guess needs to be put to other professions

It pro is a barrier – maybe at time better at saying to families who else needs to come

Poitives of yor use

Great for 3 ways – everything for 40mins – Time limit

Timelinit on zoom kept on time

Challneges ?

The interpersonal factors

Not too many tech problems – pretty easy

Sometimes finding equnip ??

Cameras not easy find

Structrie for concultation

I fi[ound I had to chair the meeting a bit more (? Helped keep to time )

Harder to have freelfowing

Way comm

More likely to wait for your turn

Wonder if impacte don way people shared info

I had mre structure on info gathering

(reframe had to be more exolicit in hoe information flowed – opr - ? inhibited)

All kids I saw had to see again to examine

Not he;d up by technology

(Reframed …………..)

**Ministry guideline**

Not familiar

Lots groups chat

Did oyu have aguidleine ‘

Started wit intention then forgot

Anyvtraiing

No

Sourced any

A bit really as above

**Learning needs**

In terms of learning ?

When I stared looking into ti I thought the concept of remote assessments and what key pieces could you use was an interesting idea. There is agroup in child dev space looking at structured guidelines in allied health will be interesting to see what they come u with

Technically – no

Goif forward understanding are there medico legal or ethical things eg if families recording etc Not thought beyond

Speciifc clicnial utilies – how touse in a good way

Any oher – change practice in future ? (M)

I am much happier to do remote appointments

I have learnt t works really well for some family

Enables care

More happy to sue it

Anyhting else ?

No