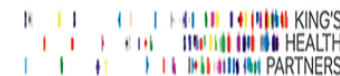


Use of digital clinical communication for families and carers of children and young people with short or long term conditions: a rapid scoping review

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Inclusion/exclusion criteria

- *Study type/language of publication:* All type of study design published in English language from January 2009 to August 2015 except conference abstracts and articles with fewer than 5 participants.
- *Participants:* Family members and/or carers of young people/ adolescents/ children aged between 0-25 years.
- *Condition/disease:* All type of acute, short and long-term conditions were included.
- *Intervention:* All forms of communication technologies which involve two-way communication between families (including child minders, babysitters, home care workers) and health professionals
- *Comparator:* None pre-specified
- *Outcomes: All outcomes such as :*
 - The attitude of families and carers
 - The quality of care
 - The organization of care
 - The capacity to achieve independence in the management of their condition
 - Emotional/functional outcomes
 - Patient outcomes

Characteristics of populations

- Relationship of participants to children: mainly parents
- Main conditions of children/ young people:
 - Traumatic brain injury x 5 studies
 - Prematurity and/or consequences of prematurity x 3
 - Anorexia nervosa x 2, Atopic dermatitis x 2, Autism spectrum disorder x 2, Type 1 diabetes x 2, Palliative care x 2
- Range of mean age of children/young people , 24 days to 28 years

Characteristics of interventions

14 studies: Video-conferencing or video-consultation x 14 studies
13 studies: Emails or web-messaging systems
3 studies: Web-chat or SMS

Aim of evaluated interventions	Number of studies
Consultation	7
Problem- solving training (CBT)	7
Communication	4
Communication + support	3
Access to medical record elements + communication	2
To improve parenting skills	2
Care coordination	1
Support + education	1
Education	1

Randomised Controlled Trials (n=10)

- Limited duration of follow-up (24 days to 6 months)
- No difference between groups (no impact of digital communication) with respect to :
 - behavioural rating scales
 - satisfaction/acceptance
 - self-report instruments including HRQoL and visual analogic scale
 - biologic exam
 - clinical outcomes

Other Trial designs (n=22)

- Cost saving for remote patients
- Complement to face to face meetings but concern for loss of interpersonal contact
- Increased sense of control and independence
- Increased sense of support
- Potential of risk to privacy

In conclusion

Digital communication between patient and clinician has been developing alongside policy; governance remains unclear.

Digital clinical communication can usefully be an integral part of clinical care as a targeted response to a problem; consider why it is used, when, where and with whom?

Tracking the effect of the introduction of digital clinical communication demands attention to (among others): equality, efficiency, opportunity costs .

Quick Reference Guides

For health professionals considering using digital clinical communication

- Hard copies available at our project stand
- <http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/research/lynchs/>

Collaborating Organisations:

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