

SKYPE CONSULTATION OF COVID-19 PATIENTS IN SPECIAL TREATMENT UNIT

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Background: Video consultations are increasingly seen as a possible replacement for face-to-face consultations. Direct physical examination of the patient is impossible; however, a limited examination may be undertaken via video. Little is currently known about what such video examinations involve.

Objective: This study aimed to explore the opportunities and challenges of remote physical examination of patients with novel coronavirus disease 2019 (COVID-19) using video-mediated communication technology.

COVID-19 is an urgent and spreading threat whose clinical and epidemiological characteristics are still being documented. With a view to containing COVID-19, a shift from in-person to remote consulting is occurring. Clinicians are thus faced with a new disease and a new way of interacting with patients.

Research shows that if the technical connection is high quality, clinicians and patients tend to communicate by video in much the same way as in an in-person consultation.

Low-cost and no-cost software-based video tools may be a feasible and effective way to provide some telemedicine services, particularly in low-resource settings. One of the most popular tools is Skype; it is freely available, may be installed on many types of devices, and is easy to use by clinicians and patients. While a previous review found no evidence in favor of, or against the clinical use of Skype, anecdotally it is believed to be widely used in healthcare for providing clinical services. However, the range of clinical applications in which Skype has been used has not been described.

From March 20 to April 1, 40 patients infected with the COVID-19 were under observation in the Central Hospital of the city of Guba, Azerbaijan Republic. Within 10 days, patients were placed on three floors of the hospital. All patients lacked severe symptoms. Periodically there was an increase in body temperature, diarrhea, sore throat, fatigue.

The sudden stressful situation of patients complicated the healing process and led to conflict situations. People did not want to accept the fact of infection with this virus.

Given the stressful situation, mainly patients needed psychological support. In this regard, it was decided to introduce Skype technology to communicate with patients on duty doctors. For 10 days, doctors on duty interviewed patients. In two cases, a consultation with a psychologist was needed.

As a result, we observed stabilization of the physiological state of patients and normalization of the treatment process.

