

Lecture details: Telephone skills

- Author: Philip Zack
- Running time: 1 hour
- Last updated: Nov 2015
- Date of next review: Jan 2017

Telephone Consultations

Dr Udvitha Nandasoma

3 September 2016

Nottingham

An error of judgement!

‘The telephone has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us.’

Western Union internal memo 1876

- How is a telephone like a scalpel?



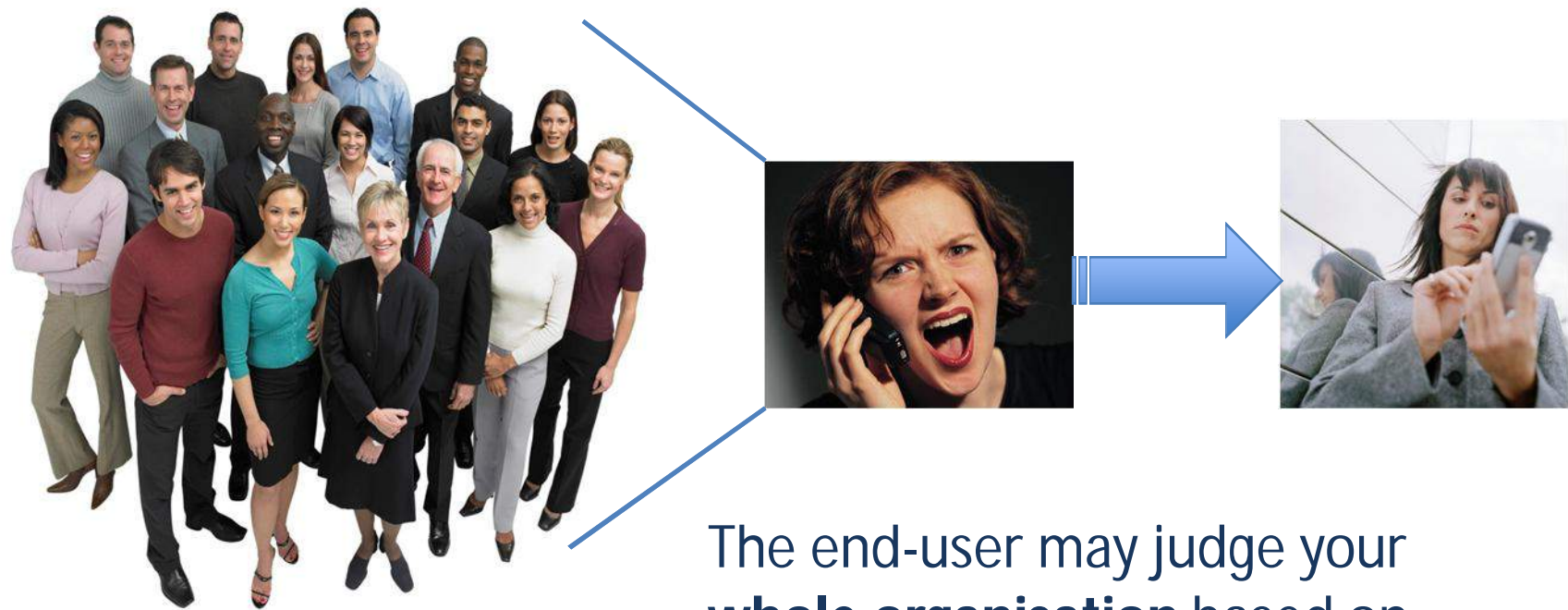
Using the telephone



- Think about work-related phone calls you've experienced (as a professional or as a patient/ customer).
- What happened in an effective, satisfying call?
- What happened in an annoying, frustrating call?



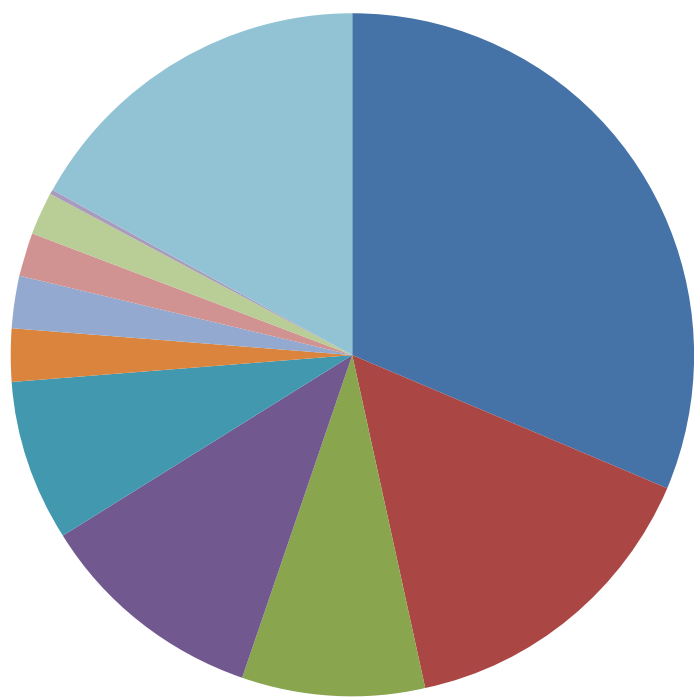
Customer Care – how your organisation is perceived



The end-user may judge your **whole organisation** based on *your voice and words.*

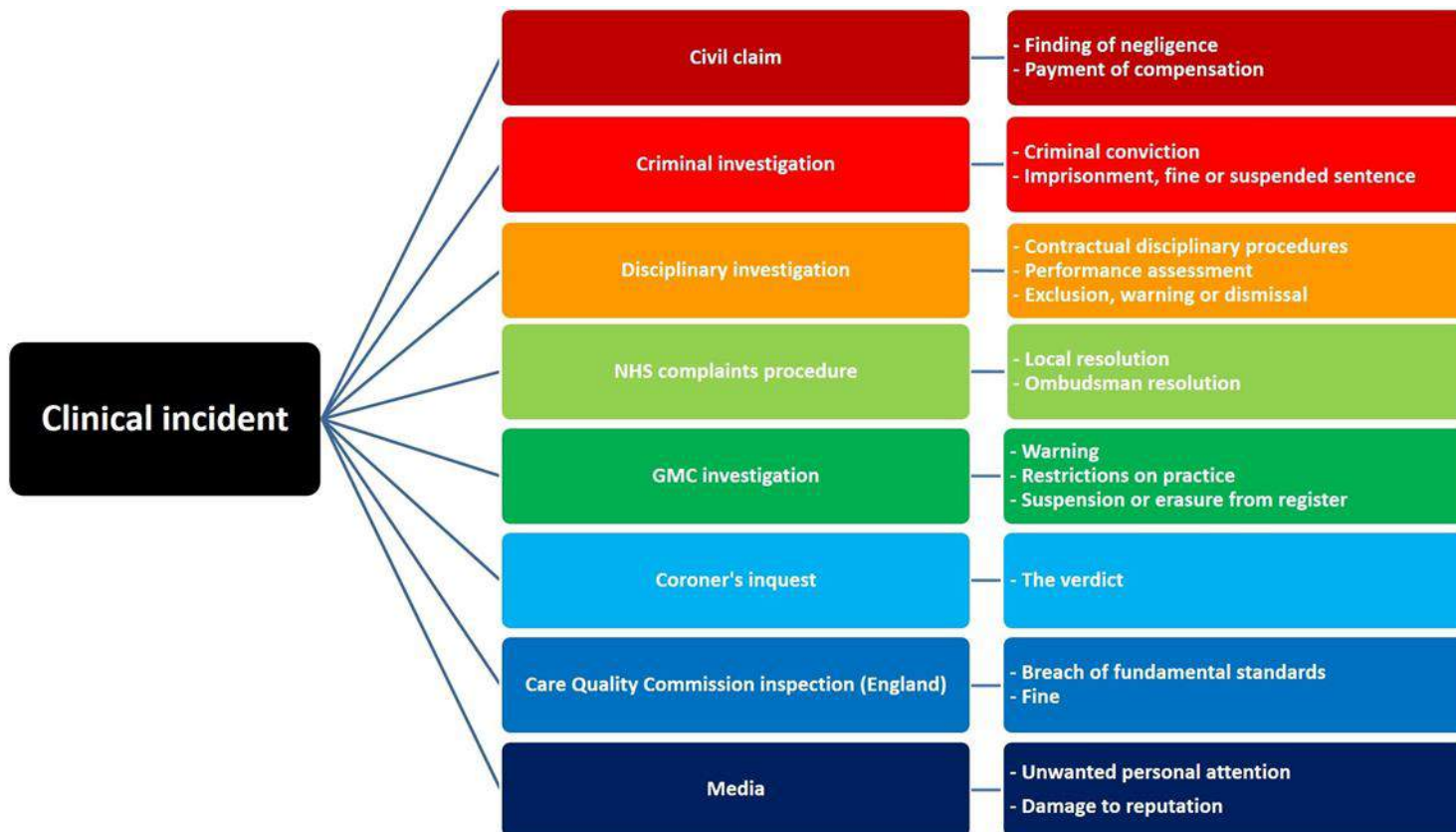
MDU complaints analysis

Reasons for GP complaints



- Delayed/wrong diagnosis
- Communication/attitude
- OOH care
- Prescribing
- Home visits
- Telephone consultations
- Confidentiality
- Consent
- Removal from GP list
- Inappropriate relationship
- Other

Multiple jeopardy



Customer care

What annoys and frustrates *you*
on the phone?

What annoys and frustrates *you* on the phone?

- Automated menus (“...press 38 for...”)
- Not getting a reply fast enough
- Being put through to the wrong extension and/or cut off
- Being left hanging on without an explanation of what is happening
- Not knowing who you are talking to
- Being greeted by an answering machine instead of a real person
- Being given incorrect information
- Being called at an inconvenient time
- Someone jumping to conclusions about your needs before you have had time to explain yourself
- Someone ringing off leaving things vague and you uncertain as to what will happen next



Common uses of the phone in healthcare

Calls in –

- Admin: appointments, simple results, repeat prescriptions
- Routine clinical: pre-arranged consultations, follow-ups
- Emergency clinical: triage, advice

Calls out –

- Admin: reminders, simple (normal) results
- Routine clinical: pre-arranged consultations, call-backs, follow-ups

Medico-legal and Risk Management issues

- Recording phone calls.
- Making notes of phone calls.
- Who decides if consultation by phone is safe?
- Overseas calls – *where* are you ‘practising medicine’?
- Prescribing.
- Confidentiality.

How is a phone consultation different from face to face?

How is a phone consultation different from face to face?

- **No visual cues** – facial expression, complexion, dress, body language, gait.
- **No olfactory cues** – poor hygiene, ketoacidosis.
- **No tactile cues** – skin temperature, room temperature, physical examination.
- **Different auditory cues** – sound quality, ‘phone voice’, lack of perceptual synergy (“*I hear better with my glasses*”).
- **Different social cues** – partner, children, etc.
- **No accessory cues** – medication on bedside, cigarettes in bag, etc.



Scenario 1

- You see Mrs X in your surgery, as she is complaining of upper abdominal pain. She is a heavy drinker and you suspect pancreatitis, so take blood samples for FBC, LFTs, and amylase, and ask her to call in a few days for the results.
- A few days later a call is passed through from reception for results (as the result is not normal) – the caller says “*It’s Mrs X here, calling about my results*”.



Scenario 1

- You check Mrs X's results – as expected, her gamma GT is high, and her amylase raised.
- You explain this to the patient, and tell her that she must cut down on her heavy drinking and offer to refer her to a local alcohol support service.
- At this point the patient says: *“I think you're talking about my mother-in-law – AX , I'm BX. I was calling for my cervical smear result. Do you mean my mother-in-law's back on the booze again?!”*



Scenario 1

- What went wrong?
- How could it have been avoided?
- What should you do now?

Structure of a phone call

- Beginning
- Middle
- End

Structure of a phone call

- Beginning - Introduction
- Middle – Information Exchange
- End - Closure

Structure of a phone call

Introduction

Purposes:

1. 'Handshake' – who are you, who am I?

Structure of a phone call

Introduction

Purposes:

1. 'Handshake' – who are you, who am I?
2. Agenda – what is this call for?

Scenario 2

- You are working for an OOH service and taking triage calls. Mr Y calls about his wife, who he says has been nauseous with an upset tummy for a few days.
- Your computer is running slowly, so you don't have access to the old records on Mrs Y when the call comes through.
- Mr Y tells you that his wife has been vomiting on and off for a couple of days and is feeling quite washed out. She has just got to sleep, so he is reluctant to wake her to come to the phone.



Scenario 2

- Mr Y says this all started as a drug reaction to an antibiotic she was given for a water infection 4 or 5 days ago – she's now stopped the antibiotic
- He asks if you could let his wife have some painkillers to make her more comfortable, as her own GP just told her to take paracetamol, which didn't help.
- You make a note of the conversation:
Husband called. 2/7 D&V & tummy cramps. Trimethoprim SFX. Wife settling. Rx Diclofenac – to pick up from pharmacist in morning.
- A week later you hear that the patient was admitted with intestinal obstruction and died.



Scenario 2

- What went wrong?
- How could it have been avoided?
- What should you do now?

Risk management

Good Medical Practice (GMC, 2013) says:

“15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a. Adequately assess the patient’s conditions, taking into account their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary examine the patient...”

Risk management

Good Medical Practice (GMC, 2013) says:

“15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a. **Adequately assess** the patient’s conditions, taking into account their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; **where necessary examine** the patient...”

Risk management

Deciding how to consult – phone or in person

- Before starting a call
- Near start of a call
- Mid-way through a call (beware confirmation bias of an early diagnosis)
- After a call (don't be afraid to call back "*I've been thinking...*")

Factors to consider:

- The patient – medical and social background
- The symptoms/likely diagnoses
- Worst case scenario – what if I'm wrong?
- Safety-netting options and support services
- Patient satisfaction.



Triage

- Clinician should ensure that they have access to the clinical records
- Make the same detailed records which would be made in a face-to-face consultation
- Include relevant negative as well as positive responses

Triage

- Detailed documentation of history perhaps more important than in a face-to-face consultation as there is no examination to support history. Particularly important if the patient makes a complaint or claim later.
- Agree minimum standards within the practice for documentation of calls

Structure of a phone call

- Beginning - Introduction
- Middle – Information Exchange
- End - Closure

Structure of a phone call

Information Exchange

- Based on call agenda
- Questioning
 - Open/closed
 - 6 W's
- Active Listening
 - Reflecting – *“so you're saying...”*
 - Checking – *“just so we're clear, can you summarise what we've agreed”*
- Critical thinking –
 - Does the history make sense?
 - What are my differential diagnoses?



GMC Guidance – remote prescribing

- 60. Before you prescribe for a patient via telephone, video-link or online, you must satisfy yourself that you can make an adequate assessment, establish a dialogue and obtain the patient's consent in accordance with the guidance at [paragraphs 20–29](#).
- 61. You may prescribe only when you have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs. You must consider:
 - a. the limitations of the medium through which you are communicating with the patient
 - b. the need for physical examination or other assessments
 - c. whether you have access to the patient's medical records.
- 62. You must undertake a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as Botox, Dysport or Vistabel or other injectable cosmetic medicines. You must not therefore prescribe these medicines by telephone, video-link, or online.
- 63. If you are prescribing for a patient in a care or nursing home or hospice, you should communicate with the patient (or, if that is not practicable, the person caring for them) to make your assessment and to provide the necessary information and advice. You should make sure that any instructions, for example for administration or monitoring the patient's condition, are understood and send written confirmation as soon as possible.



GMC Guidance – remote prescribing

- 61. You may prescribe only when you have ***adequate knowledge*** of the patient's health, and are satisfied that the medicines serve the patient's needs. You must consider:
 - a. the **limitations of the medium** through which you are communicating with the patient
 - b. the **need for physical examination** or other assessments
 - c. whether you have **access to the patient's medical records**.

In the case of Mrs Y (Scenario 2) – how did the doctor's action match up against this guidance?

GMC Guidance – remote prescribing

- 61. You may prescribe only when you have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs. You must consider:
 - a. the limitations of the medium through which you are communicating with the patient
 - b. the need for physical examination or other assessments
 - c. whether you have access to the patient's medical records.

In the case of Mrs Y (Scenario 2) – how did the doctor's action match up against this guidance?

- What were the relevant limitations of the medium?
- Was physical examination indicated?
- Were the patient's records available?
- Did the doctor have adequate knowledge of the patient's health?
- Could the doctor be satisfied that the medicines served the patient's needs?



Scenario 3

- A patient, Mrs Z, calls the Practice to request a GP call-back. You take the message and phone Mrs Z's number an hour later. Her husband answers, tells you that his wife has gone out, and that you'll have to phone back later.
- You inform Mr Z that the Practice policy is that if patients are not in for call-backs, then they have to call again, and request another one.
- Mr Z says *"I don't care what your policy is – you can phone back when she's in."*
- The call descends into an argument, and after Mr Z starts to tell you *"It's your bloody job to..."* you put the phone down.



Scenario 3

- What went wrong?
- How could it have been avoided?
- What should you do now?

Structure of a phone call

- Beginning - Introduction
- Middle – Information Exchange
- End - Closure

Structure of a phone call

Closure

Purposes:

1. Check agenda satisfied (as far as possible)
2. Summarise & check understanding
3. Negotiate next steps (may be to arrange face to face consultation)
4. Safety-netting

Exercise

- 3 conversations (Receptionist, Practice Nurse, GP)
 - List what you liked about the way the call was handled
 - List what you did not like
 - How would you recommend the conversation is handled?



(.wav)
Receptionist
1:14



(.wav)
Nurse
1:56



GP
1:28



Exercise

- For each call analyse structure:
 - Beginning (Introduction)
 - Handshake
 - Agenda agreed
 - Middle (Information Exchange)
 - Questioning
 - Active listening
 - Critical thinking
 - End (Closure)
 - Agenda check
 - Summary
 - Next-steps
 - Safety netting

Ask if elements complete from perspective of *both* parties in each conversation.



Vocal skills

Characteristics of voice

- Volume
- Pitch
- Pace
- Inflection
- Emphasis
- Use of language

Vocal skills

Characteristics of voice

- Volume
 - Loud
 - Distorts voice
 - Aggressive/arrogant
 - Uncaring
 - Soft
 - Difficult to hear
 - Timid/unconfident
 - Caring

Vocal skills

Characteristics of voice

- Volume
 - Loud
 - Distorts voice
 - Aggressive/arrogant
 - Uncaring
 - Soft
 - Difficult to hear
 - Timid/unconfident
 - Caring

Exercises

Try each phrase at high and low volume:

“I’m afraid your wife will have to book another call back: that’s Practice policy”

“Waiter, I ordered the vegetarian dish – this is meat, could you change it please.”



Vocal skills

Characteristics of voice

- Pitch
 - High
 - Can sound timid or shrill
 - Child-like
 - Low
 - Easier to hear on phone
 - More authoritative

Exercises

Try each phrase at high and low volume:

“I’m afraid your wife will have to book another call back: that’s Practice policy”

“Waiter, I ordered the vegetarian dish – this is meat, could you change it please.”

Vocal skills

Characteristics of voice

- Pace
 - Fast
 - Difficult to hear
 - Prevents dialogue
 - Sounds dismissive
 - Slow
 - Easier to hear
 - Allows spaces for dialogue
 - Allows thinking time

Exercises

Try each phrase at high and low volume:

“I’m afraid your wife will have to book another call back: that’s Practice policy”

“Waiter, I ordered the vegetarian dish – this is meat, could you change it please.”

Vocal skills

Characteristics of voice

- Inflection
 - Upward
 - Tends to sound like a question
 - Flat
 - Sounds factual, but can be monotonous
 - Downward
 - Can sound like an order

Exercises

Try each phrase at high and low volume:

“I’m afraid your wife will have to book another call back: that’s Practice policy”

“Waiter, I ordered the vegetarian dish – this is meat, could you change it please.”

Vocal skills

Characteristics of voice

- Emphasis

Exercises

Try changing emphasis :

1. “I’m **sorry**, you were **right**, its all my **fault**”
2. “**I’m** sorry, **you** were right, its all **my** fault”

Vocal skills

Use of Language

- Active/Passive Voice

- *“It’s necessary for your wife to book another call back: that’s Practice policy”*
- *“I’m not going to phone back, our policy says your wife will have to book another call back.”*

- Positive/Negative Framing Language

- *“I’m not going to phone back unless your wife books another call back”*
- *“If your wife books another call back when she returns, I’ll call her back”*



- And finally...



Voicemail / Answering machines

Questions:

1. How do you know you have the right number?
2. Should you leave a message and how much can you say?
3. Who might pick up the message?
4. What message should you leave?

Voicemail / Answering machines

Answers:

1. Check phone numbers with patients – ask for their mobile numbers (tend to be more private)
2. Ask for permission to leave messages & any conditions on content – record in notes.
3. Ask patients who they live with, and for consent to share information with others.
4. Ideally, leave brief message with return number.

Compare:

- *“This is Dr Peter Smith your GP, calling John - about your test results.”*
- *“This is a message for John Jones – could you please call back [number] when you get this message”*



GMC Guidance – Recording calls

56. Telephone calls from patients to healthcare organisations may be recorded for legitimate reasons; for example, for medico-legal purposes, staff training, and audit, provided you take all reasonable steps to inform callers that their call may be recorded. Given the sensitive nature of calls to medical advice lines or similar services, you should pay particular attention to ensuring that callers are aware that their call may be recorded. You must not make secret recordings of calls from patients.

GMC Guidance – Recording calls

56. Telephone calls from patients to healthcare organisations may be recorded for legitimate reasons; for example, for medico-legal purposes, staff training, and audit, provided you take all reasonable steps to inform callers that their call may be recorded. Given the sensitive nature of calls to medical advice lines or similar services, you should pay particular attention to ensuring that callers are aware that their call may be recorded. **You must not make secret recordings of calls from patients.**



GMC Guidance – Recording calls

Recordings of telephone calls:

1. Must be with prior warning to patients/customers.
2. But, patients can record for their own personal use without notice.
3. Recordings must be for specified purposes, and not used beyond those purposes (Data Protection Act – fair processing)
4. If patients want to record a consultation, let them; and ask for a copy to put in the medical record
5. Disputes can arise about what was said (or how it was said), which can be settled by listening to a recording.

E.g. “*Dr X swore at me and said he refused to see me ever again...*”

Best practice: assume anything you say might be recorded, stay professional and courteous.



Internet prescribing

A GP was approached by an online pharmacy asking him to provide a remote consulting and prescribing service to its patients.

He was told that many of the patients required treatment for erectile dysfunction and cosmetic imperfections.

The GP phoned the MDU to seek advice about the medico-legal implications of remote consulting and prescribing.

- What potential issues can you identify in this case?

Internet prescribing

GMC's (2013) guidance on prescribing specifically covers remote consultation:

- *You should prescribe medicines only if you have adequate knowledge of the patient's health and you are satisfied that they serve the patient's needs.*
- *You **must** undertake a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as injectable cosmetic medicines and must not therefore prescribe these by telephone, video-link, or online.*



Internet prescribing

- Lack of knowledge of patients' medical histories.
- Difficulty checking patients' understanding of advice.
- Difficulty assessing patients, for example, erectile dysfunction could be a sign of undiagnosed disease (e.g. depression, diabetes).
- Checking if the online pharmacy is breaching advertising regulations.
- If patients are overseas:
 - *How would you know?*
 - Not covered by UK professional indemnity
 - May be illegally 'practising medicine' in patient's country
 - Could infringing export/import regulations for drugs



Quiz

- List five things that annoy and frustrate people on the telephone?
- List three ways in which a phone consultation is different from a face to face consultation?
- Describe the simple structure of a phone call.
- What does the GMC have to say about remote prescribing?

Quiz

- List four characteristics of the voice which can change the interpretation of the conversation e.g. Pitch
- When leaving a message on a voicemail, how much should you say?
- What steps must be taken to inform all callers that their call may be recorded.

How to
contact us

Membership
0800 716 376
membership@themdu.com

Medico-legal team
0800 716 646
advisory@themdu.com

Website
themdu.com

 @the_mdu



Support.
Defend.



MDU

MDU Services Limited (MDUSL) is authorised and regulated by the Financial Conduct Authority for insurance mediation and consumer credit activities only. MDUSL is an agent for The Medical Defence Union Limited (MDU). MDU is not an insurance company. The benefits of MDU membership are all discretionary and are subject to the Memorandum and Articles of Association.

MDU Services Limited, registered in England 3957086. Registered Office: One Canada Square, London E14 5GS

Support.
Defend.



How to
contact us

Membership
0800 716 376
membership@themdu.com

Medico-legal team
0800 716 646
advisory@themdu.com

Website
themdu.com

 @the_mdu

Support.
Defend.



MDU

MDU Services Limited (MDUSL) is authorised and regulated by the Financial Conduct Authority for insurance mediation and consumer credit activities only. MDUSL is an agent for The Medical Defence Union Limited (MDU). MDU is not an insurance company. The benefits of MDU membership are all discretionary and are subject to the Memorandum and Articles of Association.

MDU Services Limited, registered in England 3957086. Registered Office: One Canada Square, London E14 5GS