

Telephone Consultation Skills for Health Care Professionals

Covid-19 and the social isolation measures mean that health care professionals rely even more than before on the telephone for consulting with patients and their carers.

According to Car and Sheikh (2003), “the telephone has been used as a tool for delivering health care since its invention in 1876. Alexander Graham Bell’s first recorded telephone call was for medical help after he spilt sulphuric acid on himself. By the 1970s clinical enthusiasts were describing the telephone as having become as much a part of standard medical equipment as the stethoscope.” (p326) The same authors suggest that acute conditions such as respiratory tract infections, musculoskeletal problems such as low back pain, and common symptoms such as headache and fever could be managed through telephone consultations but only a few studies have formally evaluated the appropriateness of telephone based management for individual acute disorders.

Learning and developing telephone consultation skills in the era of smart phones could not be easier. **It requires the consent of your patients** and an appetite for self-improvement and reflection. It would also help if you could use a colleague who could give you honest and constructive feedback.

Practically this means that you have to record some of your telephone consultations with your **patients’ consent** and have a colleague listen to some of them or use some of the existing tools to self-evaluate them.

For the trainings of our medical students and doctors I use two tools to evaluate telephone consultations: The Calgary/Cambridge model (Silverman, Kurtz and Draper 2013) and the RICE Instrument (Derkx et al 2007). I am sure there are more tools out there.

Here is a summary of some basic skills that fall under the above and you might find helpful:

- Be prepared (if you can) before answering the call of a patient or if you are calling a patient.
- Introduce yourself (e.g. your name), your role (General Practitioner, nurse, etc) and check the patient’s name or if a carer calls you check their name and relationship to the patient. Be vigilant of any conflict of interest between patient and carer.
- Identify the reason for the call (e.g. symptoms, problem, concerns, expectations) and explain the reason if you are calling in easy to understand language.
- Collect caller’s personal data (e.g. date of birth and other relevant information).
- Structure your consultation by using sign-posting (e.g. “let’s start with your symptoms/discomfort/pain”) when gathering or giving information and summarise (e.g. “so far we covered x,y,z”) at regular intervals.
- Use closed or semi closed questions when gathering specific information about the medical problem (e.g. “where do you feel the pain?”, “when did your symptoms start?”).
- Ask one question at a time.
- Use open questions (e.g. “I would like to listen more about what concerns you in relation to the treatment”) to gain more information and explore the patient’s ideas,

concerns and expectations in relation to the causes of the problem and its management.

- Ask the patient at regular intervals if they have any questions (e.g. “Is there something you would like to ask me?”)
- Explain in plain language your diagnosis, need for further action (e.g. investigations, referral) and course of action.
- Give information in small chunks.
- Check the patient’s understanding by asking them to repeat in their own words parts of the consultation that are crucial (e.g. “In order to make sure I explained things properly, would you mind telling me in your own words what would you do if your symptoms get worse?”)
- Check whether the patient agrees with the proposed treatment plan and deal with disagreements.
- Before you conclude your consultation make sure you discuss safety netting. (e.g. explain what to do if current health complaints worsen, what symptoms need attention and justify another call or further action, and what to do if the patient remains concerned).
- Practice active listening throughout the call. This means you are focused on the telephone consultation and your mind is not wandering off.
- Pick-up the verbal and non-verbal cues (e.g. sighs, change of tone of voice) to build and maintain rapport with the patient.
- Check with your patient how they feel and the impact of the condition on their lives.
- After the call - document the main aspects (e.g. diagnoses, further investigations, referrals & treatment plans).

I hope you find the above helpful in this difficult and demanding time for all health care professionals and health care systems.

References

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Silverman J, Kurtz S and Draper J. Skills for Communicating with Patients. Radcliffe Medical Press, 2013. 3rd edition

Other useful reading

Males, Tony. Telephone Consultations in Primary Care. A practical guide. Royal College of General Practitioners, 2007.

Bunn F et al. Telephone consultation and triage: effects on health care use and patient satisfaction. The Cochrane Library 2004, Issue 3.

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