

# TELEPHONE APPOINTMENT - COUGH

## MODULE: COUGH

## TARGET: ST1/2 GP TRAINEES STARTING GP PLACEMENTS

## BACKGROUND

Respiratory tract infections are the commonest acute problem dealt with in primary care<sup>1</sup> so it is important that GPs are confident in their assessment, management and safety netting of cough. NICE has issued guidance about when antibiotics should be prescribed<sup>1</sup>. Patients requesting antibiotics and appropriate safety netting over the telephone are both areas of concern for trainees new to general practice.

## MRCGP COMPETENCIES

|   |   |
|---|---|
| 1 | Communication and consultation skills - communication with patients, and the use of recognised consultation techniques                |
| 3 | Data gathering and interpretation -for clinical judgement, choice of physical examination and investigations and their interpretation |
| 4 | Making a diagnosis and making decisions – a conscious, structured approach to decision making   |
| 5 | Clinical management - recognition and management of common medical conditions in primary care   |

## MRCGP CURRICULUM

|      |                                 |
|------|---------------------------------|
| 1.   | Being a General Practitioner    |
| 2.01 | The GP Consultation in Practice |
| 3.19 | Respiratory Health              |

## LEARNING OBJECTIVES

To develop a structured approach that allows safe and confident assessment cough over the telephone.

Specifically:

- To rule in or out features that require further review
- To discuss why antibiotics don't help with viral URIs
- To give the patient clear safety netting advice

## SCENE SETTING

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Location:                        | GP surgery – telephone appointments. |
| Personal in scenario             | GP trainee and patient               |
| Expected duration of scenario:   | 15 mins                              |
| Expected duration of debriefing: | 15 mins                              |

**DOCTOR BRIEFING**

You are a GP trainee in a GP practice placement. You are working through your morning telephone call list.

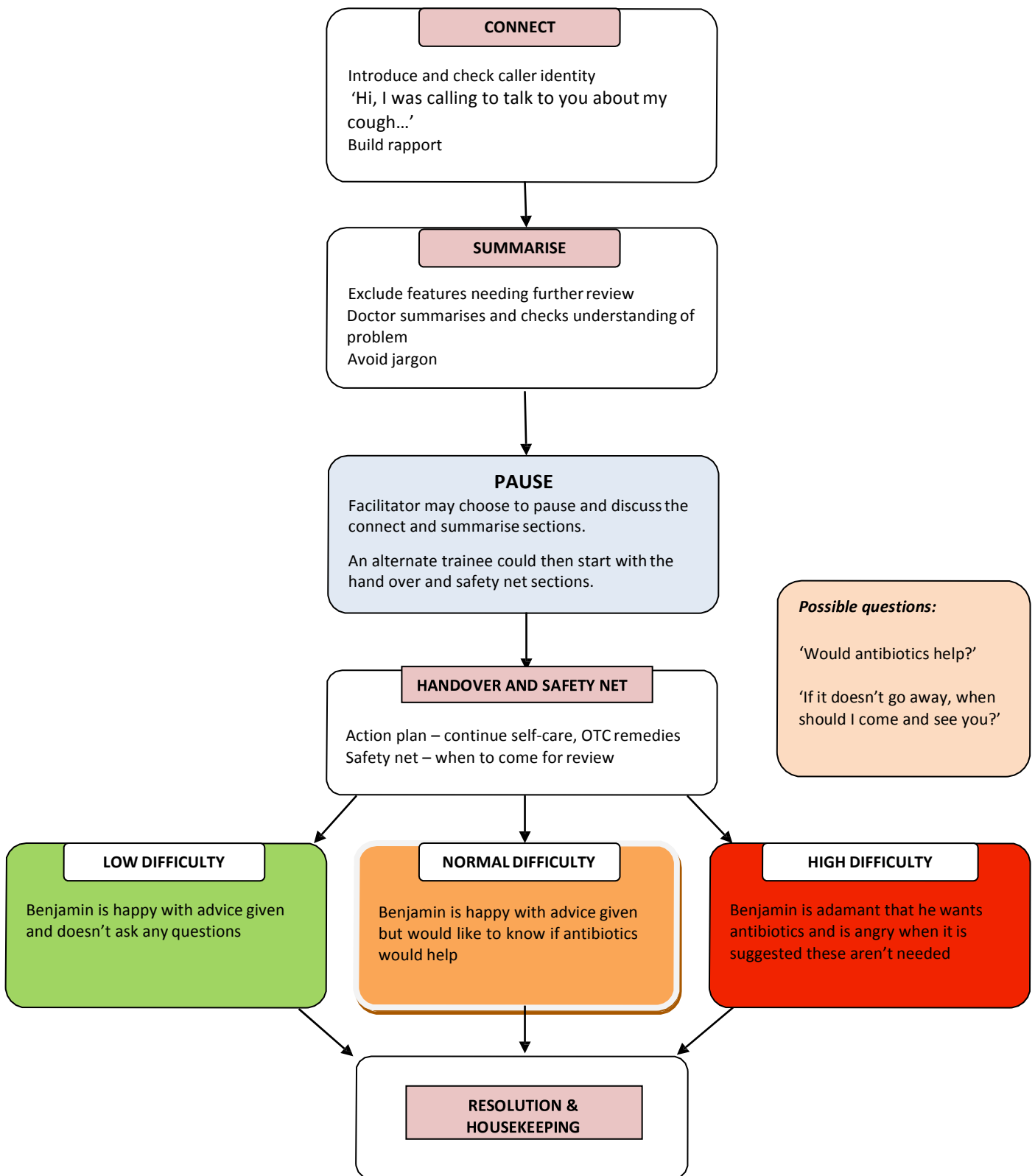
Your next call is:

|                             |                                  |
|-----------------------------|----------------------------------|
| Name                        | Benjamin Johnson                 |
| Reason for call             | 'To discuss cough'               |
| Age                         | 22                               |
| Past medical history        | Appendicectomy age 15            |
| Social history / occupation | Computer programmer              |
| Repeat medications          | Nil                              |
| Allergies                   | Nil                              |
| Last consultation           | Age 20. Sprained ankle, advised. |

**PATIENT BRIEFING**

|                                      |  |
|--------------------------------------|--|
| Name                                 | Benjamin Johnson   |
| Age                                  | 22   |
| Reason for telephone call            | You called for a telephone appointment with the doctor because of your cough.  |
| Opening statement                    | 'Hi, I was calling to talk to you about my cough...'   |
| Information to give                  | It's been going on for about 1 week now and isn't getting any better. You wouldn't normally call the doctor but your mum keeps hassling you to see the doctor and you didn't have time to get down to the surgery so you thought a phone call would do.  |
| Information to give if asked         | <p>The cough</p> <ul style="list-style-type: none"> <li>• Doesn't vary with time of day</li> <li>• Doesn't keep you awake at night.</li> <li>• There's a bit of clear phlegm</li> <li>• You haven't coughed up any blood</li> <li>• You don't have a temperature.</li> <li>• You're eating and drinking as normal and haven't lost any weight recently.</li> <li>• You're breathing feels normal (no breathlessness or wheeze).</li> <li>• You have a runny nose as well</li> <li>• You had a sore throat initially but this has now settled.</li> </ul> <p>You</p> <ul style="list-style-type: none"> <li>• Work as a computer programmer and have been going to work as normal.</li> <li>• Live with your mum and dad having recently finished university.</li> <li>• Have never smoked</li> <li>• Have never had problems with your chest before</li> <li>• <u>Have no one in your family with asthma or any other lung problems</u></li> </ul> |
| Attitude                             | <p>You think the cough will get better on its own and are only phoning up to make your mum happy.</p> <p>You wonder if antibiotics would help the cough to go away quicker but are happy with advice.</p> <p>You would like to know when you should go and see the GP if it doesn't get better because your mum asked you to ask this question</p>   |
| Possible questions to ask the doctor | <p>'Would antibiotics help?'</p> <p>'If it doesn't go away, when should I come and see you?'</p>   |
| Past medical history                 | Appendicectomy age 15  |
| Social history / occupation          | Computer programmer  |
| Repeat medications                   | Nil  |
| Allergies                            | Nil  |

**CONDUCT OF SCENARIO**



## DEBRIEFING – POINTS FOR FURTHER DISCUSSION

This scenario has two areas of focus; assessment over the telephone (connect and summarise) and then negotiating an action plan and safety netting (hand over and safety netting). The facilitator may choose to focus on the first aspect with one trainee and PAUSE the simulation after summarise in order to facilitate discussion of this section. Another trainee may then be swapped in to continue with the hand over and safety netting aspects.

### SUMMARISE

What information do you need to gather to be safe to give advice over the telephone to patient with cough and to be able to summarise and move on to the next stages of the telephone call?

- Age
- Past medical history - significant heart, lung, renal, liver or neuromuscular disease, immunosuppression (including steroids), diabetes, cystic fibrosis and young children who were born prematurely, recent surgery, hospital admission in previous year.
- Symptoms
  - Cough
  - Phlegm / blood
  - Other URTI / flu symptoms
  - Fever
  - Breathing – sob/wheezing
  - Pain
  - Eating or drinking
  - Weight changes
- Duration – average illness length of cough is 3 weeks
- Smoking history
- Things tried so far – OTC remedies
- Indirect examination – talking in full sentences, breathless, wheezy, coughing. Do you need to make an appointment for full examination?
- What does the patient think is going on?
- Why did they ring today?
- What were they hoping you would do?

### HANDOVER

'Would antibiotics help?'

NICE guidance<sup>1</sup>:

- No antibiotics or delayed antibiotic prescribing strategy for patients with acute cough/acute bronchitis
- Give immediate antibiotics or further investigation/management for patients who:
  - Are systemically very unwell
  - Have symptoms and signs suggestive of serious illness and / or complications (particularly pneumonia, mastoiditis, peritonsillar abscess, intraorbital or intracranial complications)
  - Are at high risk of serious complications because of pre-existing co-morbidity. This includes patients with significant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis and young children who were born prematurely.
  - Are older than 65 years with acute cough and two or more of the following, or older than 80 years with acute cough and one or more of the following:
    - Hospitalisation in previous year
    - Type 1 or type 2 diabetes
    - History of congestive heart failure
    - Current use of oral glucocorticoids

Example:

'It sounds like this cough is due to a viral infection. Antibiotics don't work for viral infections and sometimes they can make things worse with side effects like diarrhoea or a rash. Your body will fight off the infection itself with some more time. You can help by making sure you drink plenty to stay well hydrated and by taking paracetamol if you have a sore throat or feel achy. Some people take cough mixtures from the pharmacy, they won't make the cough get better quicker but sometimes can help you feel a little better in the meantime.'

#### SAFETY NETTING

Does the patient clearly understand when to seek further help and who from?

Example:

'Normally a cough like this will get better on its own over 2-3 weeks. So I'd expect that you will start feeling better gradually each day over the next week or so. If it's no better in two weeks time make an appointment so we can look at things further. Very rarely people with a cough can develop a more serious infection so in the meantime if things change, you're more unwell or worried book in for an appointment or telephone appointment. Specifically if you feel breathless or wheezy, if you cough up blood or if you're not managing to keep down fluids you should be examined by a doctor.'

#### HOUSEKEEPING

Any other reflections?

#### RESOURCES

1. NICE Clinical Guideline 69: Respiratory tract infections – antibiotic prescribing (2008)-  
[www.nice.org.uk/](http://www.nice.org.uk/)
2. <http://www.patient.co.uk/health/Cough-Caused-by-a-Virus.htm>
3. <http://www.cks.nhs.uk/cough>
4. Neighbour R; The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliffe Medical Press. 2004

**GENERAL PRACTICE – SCENARIO 2 - HANDOUT**

**LEARNING OUTCOMES**

To develop a structured approach that allows safe and confident assessment cough over the telephone.

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**KEY POINTS COVERED**

**SUMMARISE**

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- Symptoms
  - Cough
  - Phlegm / blood
  - Other URTI / flu symptoms
  - Fever
  - Breathing – sob/wheezing
  - Pain
  - Eating or drinking
  - Weight changes
- Duration – average illness length of cough is 3 weeks
- Smoking history
- Things tried so far – OTC remedies

- Examination – talking in full sentences, breathless, wheezy, coughing. Do you need to make an appointment for examination?
- What does the patient think is going on?
- Why did they ring today?
- What were they hoping you would do?

**HANDOVER**

‘Would antibiotics help?’

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Example:

‘It sounds like this cough is due to a viral infection. Antibiotics don’t work for viral infections and sometimes they can make things worse with side effects like diarrhoea or a rash. Your body will fight off the infection itself with some more time. You can help by making sure you drink plenty to stay well hydrated and by taking paracetamol if you have a sore throat or feel achy. Some people take cough mixtures from the pharmacy, they won’t make the cough get better quicker but sometimes can help you feel a little better in the meantime.’

**SAFETY NETTING**

Does the patient clearly understand when to seek further help and who from?

Example:

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**RESOURCES**

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**GENERAL PRACTICE – SCENARIO 2 – PRE-TEACHING QUESTIONNAIRE**

Please ring the score that reflects your views:

|  | 1<br>Agree<br>strongly | 2 | 3 | 4<br>Neither<br>agree<br>nor<br>disagree | 5 | 6 | 7<br>Disagree<br>strongly |
|--|------------------------|---|---|--|---|---|---------------------------|
| 1. I can safely assess a cough over the telephone  | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |
| 2. I know what questions to ask a patient with a cough in order to decide whether they need further review | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |
| 3. I can confidently discuss with patients why antibiotics don't help viral URTIs                          | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |
| 4. I can give clear safety netting advice over the telephone to a patient with a cough                     |                        |   |   |  |   |   |                           |

**GENERAL PRACTICE – SCENARIO 2 – POST-TEACHING QUESTIONNAIRE**

Please ring the score that reflects your views:

|  | 1<br>Agree<br>strongly | 2 | 3 | 4<br>Neither<br>agree<br>nor<br>disagree | 5 | 6 | 7<br>Disagree<br>strongly |
|--|------------------------|---|---|--|---|---|---------------------------|
| 1. I can safely assess a cough over the telephone  | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |
| 2. I know what questions to ask a patient with a cough in order to decide whether they need further review | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |
| 3. I can confidently discuss with patients why antibiotics don't help viral URTIs                          | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |
| 4. I can give clear safety netting advice over the telephone to a patient with a cough                     | 1                      | 2 | 3 | 4  | 5 | 6 | 7                         |

**GENERAL PRACTICE – SCENARIO 2 – TRAINEE FEEDBACK**

**Overall score out of 5:**

The scenario covered material that was useful and relevant to me (1 = strongly disagree, 5 = strongly agree)

Will you use the information / ideas from this scenario? If yes how will you use them?

How could this scenario be improved for future participants?

Other comments?

**GENERAL PRACTICE – SCENARIO 2 – FACILITATOR FEEDBACK**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?