

TELEPHONE CONSULTING

MODULE: TELEPHONE CONSULTING

TARGET: ST1/2 GP TRAINEES STARTING GP PLACEMENTS

BACKGROUND

Up to a quarter of primary care contacts may be by telephone¹. This is often a type of consultation that trainees have not encountered prior to primary care placements. It is often an area of anxiety for new GP trainees. Applying Neighbour’s consultation model² to telephone calls provides a structured and safe approach.

MRCGP COMPETENCIES

1	Communication and consultation skills - communication with patients, and the use of recognised consultation techniques
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MRCGP CURRICULUM

1	Being a General Practitioner
2.01	The GP Consultation in Practice
2.02	Patient Safety and Quality of Care

LEARNING OBJECTIVES

To be able to apply a simple framework to telephone calls to improve consultations and reduce stress

Specifically:

- To discuss advantages and disadvantages of telephone consulting
- To describe how Neighbour’s consultation model can be applied to telephone calls

SCENE SETTING

Print out 3 x participant briefing for scenario 1 and 2 (p5-7)

Location:	GP surgery – telephone appointments.
Personal in scenario	Receptionist, GP, patient
Expected duration of scenario:	15 mins
Expected duration of debriefing:	20 mins

FACILITATOR NOTES FOR SESSION

Facilitated group discussion: **What can telephone calls be used for in GP?**

E.g.

- Giving information / advice
- Dealing with minor illness
- Follow up – results, chronic disease, medication reviews, sick notes
- Triage – based on clinical need – in hours and out of hours
 - GP review – that day, that week, next week, home visit
 - Advice
 - To another service – 999, district nurses, pharmacist

Facilitated group discussion: **What are the advantages of telephone calls?**

E.g.

- Easy to access / convenient for the patient – house bound, live far away, at work, looking after children, less waiting
- Saves time – patient and ?doctor so can deal with more patients
- Patient may feel less guilty about taking up doctors time
- Avoids spreading disease – D&V, chickenpox
- 80-90% of the diagnosis is in the history

Facilitated group discussion: **What are the disadvantages?**

E.g.

- Lack of visual clues
- Lack of non-verbal communication
- Lack of direct examination and investigation
- Worry about missing something important - ?patient safety issue
- More difficult to build rapport
- ?More difficult with unfamiliar patients
- Concerns about confidentiality
- May put off work – make more consultations the next week instead
- Problems with communication or hearing exacerbated

MPS quote³

‘You should put yourself in a position to make a sound clinical judgment before offering advice. If you are unable to do this, you should arrange for the patient to be seen.’

Following group discussion of the above move on to **Scripted Scenario 1**.

The scenario requires 3 trainees to read out the scripted parts - a doctor, a patient and a receptionist. The roles for this module are scripted in order to demonstrate a ‘bad’ followed by a ‘good’ telephone consultation based around Neighbour’s model. This also allows the trainees to be eased into the idea of role play and build up confidence without the ‘doctor’ in the first scenario feeling under scrutiny. (In future modules the parts are not scripted.)

After scripted scenario 1 facilitate a group discussion: **Was this a good consultation? Discuss how Neighbour’s consultation² model can be applied to the telephone to improve consultations:**

Write on a flip chart the 5 Neighbour headings and brainstorm under each what needs to be covered in a telephone consultation. E.g.

CONNECT

What did you think of the start of the call? Did the GP connect? What do you need to cover in connect?

Starting the call

- Setting
 - Quiet, uninterrupted, the patient has your full attention
- Information from the patients notes
 - PMH/Dhx/Last consultation
- Introduce yourself
 - Does the patient know who they are speaking to?
 - Name and organisation - Hello this is Dr X from X surgery
- Check who you're speaking to
 - Don't assume
 - Speak to the patient if possible
 - 3rd party - what is their relationship to the patient, does the patient know they are calling, are there any confidentiality issues?

Define the reason for the call

- Building rapport
 - Focus your attention on the patient, see the world through their eyes - What are they saying / what are they not saying / how are they feeling / what are the verbal and non-verbal cues?
 - Active listening encourages the patient to tell their story – I see..., Go on..., Tell me more..., Mmmm...,
 - Matching – to put the patient at ease
 - Respond to cues and show empathy – 'I can hear from your voice you sound anxious...'

SUMMARISE

Did the GP give a clear summary?

- Have you understood why the patient called? Summarising clarifies for you and the patient whether you have understood the problem
- In order to be able to summarise you need to make sure you have all the information you need to sum up why the patient called, their worries and wishes
 - Open questions first before closed questions to clarify – tell me about...
 - Have you explore ideas/concerns/expectations/feelings/effects
 - Have you excluded red flags
 - Don't forget indirect examination
 - Neck stiffness – can you put your chin on your chest and all the way backwards and from side to side?

<ul style="list-style-type: none"> ▪ Rash - Can you test the rash with a glass – does it go away? ▪ Asthma – is the patient talking in full sentences? <ul style="list-style-type: none"> • Tell the patient the impression you've formed - avoid jargon • Check with the patient, have I got that right? – do they want to correct or add anything else, is there another important aspect you've missed? • Summarising makes sure you are both ready to move on to the next steps.
<p>HANDOVER <i>Did the GP and the patient make a clear plan?</i></p> <ul style="list-style-type: none"> • Making an action plan with the patient <ul style="list-style-type: none"> ○ Negotiating ○ Influencing ○ Gift-wrapping – making it understandable, acceptable, personal, desirable • Do you and the patient both know what they are going to do? • And what you are going to do? • Are they committed to it? • Check understanding
<p>SAFETY NET <i>Did the GP cover the what ifs?</i></p> <ul style="list-style-type: none"> • What to watch for, when to call back and who to speak to • Does the patient know what to do if the situation worsens or things change or don't go according to the plan made? • Do they know how to get further help? • General – 'call back if things are getting worse.' And Specific – 'if the pain hasn't settled in one hour with the ibuprofen please call back and ask to speak with me.'
<p>HOUSEKEEPING Attention to you</p> <ul style="list-style-type: none"> • Look after yourself • Notice how you are feeling • Reflect on and discuss emotions / issues • What do you need to do before you can move on to the next patient?

Then move on to **Scripted Scenario 2**. This is the same consultation but uses the Neighbour model and aims to demonstrate a good telephone consultation.

Move on to further scenarios in pack – keep the flip chart with brainstorming around Neighbour's model visible and refer back to this in discussions about further scenarios.

RESOURCES

1. Using telephones in primary care. Peter D Toon. BMJ 2002;324:1230
2. Neighbour's R; The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliffe Medical Press. 2004
3. MPS telephone consulting: <http://www.medicalprotection.org/Default.aspx?DN=7c975b86-c9fe-4a4a-800b-5318a99bb9ed>
4. http://www.gp-training.net/training/communication_skills/consultation/telephone_consultation.htm
5. <http://www.bradfordvts.co.uk/online-resources/0200-consultation/telephone-consultations/>
6. Telephone consultations. Josip Car, Aziz Sheikh. BMJ 2003;326:966–9
7. Telephone consulting in primary care: a triangulated qualitative study of patients and providers. Brian McKinstry, Philip Watson, Hilary Pinnock, David Heaney and Aziz Sheikh. Br J Gen Pract. 2009 Jun;59(563):e209-18.

SCENARIO 1 - PARTICIPANT BRIEFING – (PRINT OUT X3)

Script for GP, patient and receptionist:

RECEPTIONIST – script in red, GP – script in green, PATIENT – script in blue:

RING, RING

Hello, it's Dr Smith

Hi it's Carol on reception, I've got Pauline Jackson on the telephone. She was down for a call with you about her test results, but she has to leave for work in 10 minutes, any chance you can talk to her now?

Yes of course, just let me get her notes up..... Please put her through.....Hi it's Dr Smith,

Hi doctor, I was just ringing about that urine sample I brought in last week. I've finished the antibiotics but things don't seem to be any better.

No it wouldn't be your sample shows an infection that unfortunately isn't sensitive to the antibiotic. I'll prescribe you a new antibiotic.

Good I want to get rid of this. So can I pick up the prescription from reception? I'm just on my way to work. I'll be there in 5 minutes.

Yes.

Thank you, goodbye.

Goodbye.

RING, RING

Hello reception,

Carol, I've done a prescription for amoxicillin for Mrs Jackson, can you come and get it? She's coming to pick it up in 5 minutes.

Patient notes:

Name	Pauline Jackson
Reason for call	To discuss urine result
Age	35
Past medical history	Nil
Social history / occupation	Nil
Repeat medications	Nil
Allergies	Nil
Last consultation	UTI, treatment trimethoprim 200mg bd 3/7, send MSU, ring for result.
MSU result	E. coli S – Amoxicillin S – Nitrofurantoin S – Ciprofloxacin R – Trimethoprim

SCENARIO 2 - PARTICIPANT BRIEFING – (PRINT OUT X3)

Script for GP, patient and receptionist:

RECEPTIONIST – script in red, GP – script in green, PATIENT – script in blue:

RING, RING

Hello, it's Dr Smith

Hi it's Carol on reception, I've got Pauline Jackson on the telephone. She was down for a call with you about her test results, but she has to leave for work in 10 minutes, any chance you can talk to her now?

Yes of course, just let me get her notes up..... Please put her through.....Hi it's Dr Smith, can I just check who I'm speaking to?

Yes it's Shelia Wilkinson

What's the first line of your address Shelia? I just want to bring up your notes.

27 Lakeside Drive,

Right I've got your notes up now.

I was just ringing about that urine sample I brought in last week. I've finished the antibiotics but things don't seem to be any better.

Oh dear, remind me what problems is it causing you?

It's burning when I go to the loo and I'm still having to go every half an hour or so.

That's no good, anything else you've noticed?

Only that it's a bit uncomfortable over my bladder when I go.

Does the uncomfortable feeling stay over the bladder or are you getting any pain higher up around your back or sides?

No, just over my bladder when I go.

I just want to check a couple of other things, are you feeling feverish or unwell in yourself?

No

Are you eating and drinking ok?

Yes. Is that urine sample back yet?

Yes it is and it does show an infection that unfortunately isn't sensitive to the antibiotic, so I'm not surprised that you're still getting the burning and going to the loo a lot. But I'm glad to hear that things haven't got any worse.

Is there another antibiotic that will work?

Yes. Your notes say you're allergic to penicillin, is that the only antibiotic you've had a problem with?

Yes just the penicillin

I'll do a prescription for another antibiotic that the infection is sensitive to. It's called nitrofurantoin and you take one tablet four times a day. Usually 3 days is enough to get rid of the infection.

Good. Can I pick up the prescription from reception? I'm just on my way to work.

Yes it'll be ready in five minutes. These antibiotics should clear things up for you, but if the symptoms don't get any better after the three day course, make an appointment to see one of the GPs here and bring another urine sample. If in the meantime you start to feel worse with pain around your back over the kidney area, or if you develop a fever or vomiting, call back or book a same day appointment. Anything else you wanted to ask?

No, that makes sense, thanks doctor, I'll pick the antibiotics up soon. Goodbye.

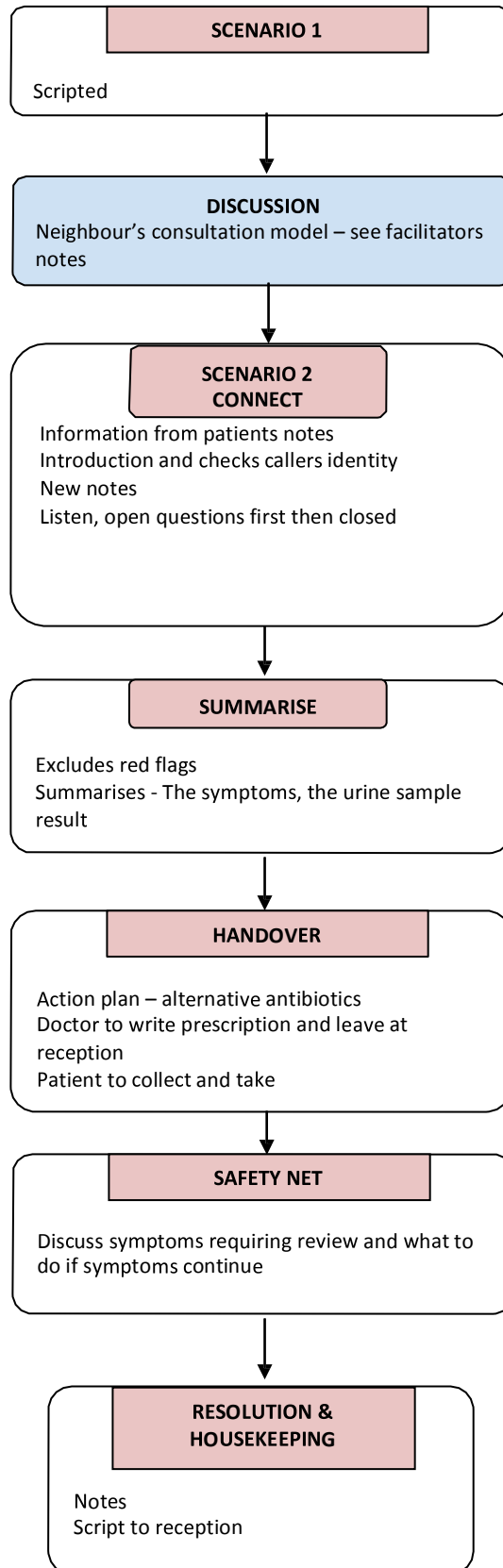
Goodbye.

Patient notes:

Name	Pauline Jackson
Reason for call	To discuss urine result
Age	35
Past medical history	Nil
Social history / occupation	Nil
Repeat medications	Nil
Allergies	Nil
Last consultation	UTI, treatment trimethoprim 200mg bd 3/7, send MSU, ring for result.
MSU result	E. coli S – Amoxicillin S – Nitrofurantoin S – Ciprofloxacin R – Trimethoprim

Name	Shelia Wilkinson
Reason for call	To discuss urine result
Age	42
Past medical history	Nil
Social history / occupation	Nil
Repeat medications	Nil
Allergies	Penicillin
Last consultation	UTI, treatment trimethoprim 200mg bd 3/7, send MSU, ring for result.
MSU result	E. coli S – Amoxicillin R – Ciprofloxacin S – Nitrofurantoin R – Trimethoprim

CONDUCT OF SCENARIO



TELEPHONE CONSULTING - HANDOUT

LEARNING OUTCOMES

To be able to apply a simple framework to telephone calls to improve consultations and reduce stress

Specifically:

- To discuss advantages and disadvantages of telephone consulting
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MRCGP COMPETENCIES

1	Communication and consultation skills - communication with patients, and the use of recognised consultation techniques
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MRCGP CURRICULUM

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2.01	The GP Consultation in Practice
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KEY POINTS COVERED

What can telephone calls be used for in GP?

- Giving information / advice
- Dealing with minor illness
- Follow up – results, chronic disease, medication reviews, sick notes
- Triage – based on clinical need – in hours and out of hours
 - GP review – that day, that week, next week, home visit
 - Advice
 - To another service – 999, district nurses, pharmacist

What are the advantages of telephone calls?

- Easy to access / convenient for the patient – house bound, live far away, at work, looking after children, less waiting
- Saves time – patient and doctor so can deal with more patients
- Patient may feel less guilty about taking up doctors time
- Avoids spreading disease – D&V, chickenpox
- 80-90% of the diagnosis is in the history

What are the disadvantages?

- Lack of visual clues
- Lack of non-verbal communication
- Lack of direct examination and investigation
- Worry about missing something important - patient safety issue
- More difficult to build rapport

- ?More difficult with unfamiliar patients
- Concerns about confidentiality
- May put off work – make more consultations the next week instead
- Problems with communication or hearing exacerbated

MPS quote³

‘You should put yourself in a position to make a sound clinical judgment before offering advice. If you are unable to do this, you should arrange for the patient to be seen.’

Applying Neighbour’s consultation model² to telephone calls

CONNECT

Starting the call

- Setting
 - Quiet, uninterrupted, the patient has your full attention
- Information from the patients notes
 - PMH/Dhx/Last consultation
- Introduce yourself
 - Does the patient know who they are speaking to?
 - Name and organisation - Hello this is Dr X from X surgery
- Check who you’re speaking to
 - Don’t assume
 - Speak to the patient if possible
 - 3rd party - what is their relationship to the patient, does the patient know they are calling, are there any confidentiality issues?

Define the reason for the call

- Building rapport
 - Focus your attention on the patient, see the world through their eyes - What are they saying / what are they not saying / how are they feeling / what are the verbal and non-verbal cues?
 - Active listening encourages the patient to tell their story – I see..., Go on..., Tell me more..., Mmmm...,
 - Matching – to put the patient at ease

Respond to cues and show empathy – ‘I can hear from your voice you sound anxious...’

SUMMARISE

- Have you understood why the patient called? Summarising clarifies for you and the patient whether you have understood the problem
- In order to be able to summarise you need to make sure you have all the information you need to sum up why the patient called, their worries and wishes

- Have you explore ideas/concerns/expectations/feelings/effects
- Have you excluded red flags
- Don't forget indirect examination
 - Neck stiffness – can you put your chin on your chest and all the way backwards and from side to side?
 - Rash - Can you test the rash with a glass – does it go away?
 - Asthma – is the patient talking in full sentences?
- Tell the patient the impression you've formed - avoid jargon
- Check with the patient, have I got that right? – do they want to correct or add anything else, is there another important aspect you've missed?
- Summarising makes sure you are both ready to move on to the next steps.

HANDOVER

- Making an action plan with the patient
 - Negotiating
 - Influencing
 - Gift-wrapping – making it understandable, acceptable, personal, desirable
- Do you and the patient both know what they are going to do?
- And what you are going to do?
- Are they committed to it?
- Check understanding

SAFETY NET

- What to watch for, when to call back and who to speak to
- Does the patient know what to do if the situation worsens or things change or don't go according to the plan made?
- Do they know how to get further help?
- General – 'call back if things are getting worse.' And Specific – 'if the pain hasn't settled in one hour with the ibuprofen please call back and ask to speak with me.'

HOUSEKEEPING

Attention to you

- Look after yourself
- Notice how you are feeling
- Reflect on and discuss emotions / issues
- What do you need to do before you can move on to the next patient?

RESOURCES

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4. http://www.gp-training.net/training/communication_skills/consultation/telephone_consultation.htm
5. <http://www.bradfordvts.co.uk/online-resources/0200-consultation/telephone-consultations/>
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TELEPHONE CONSULTING – PRE-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

	1 Agree strongly	2	3	4 Neither agree nor disagree	5	6	7 Disagree strongly
1. I feel confident about doing telephone consultations in GP	1	2	3	4	5	6	7
2. I know the advantages and disadvantages of telephone consulting	1	2	3	4	5	6	7
3. I can describe how Neighbour’s consultation model can be applied to telephone calls	1	2	3	4	5	6	7

TELEPHONE CONSULTING – POST-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

	1 Agree strongly	2	3	4 Neither agree nor disagree	5	6	7 Disagree strongly
1. I feel confident about doing telephone consultations in GP	1	2	3	4	5	6	7
2. I know the advantages and disadvantages of telephone consulting	1	2	3	4	5	6	7
3. I can describe how Neighbour’s consultation model can be applied to telephone calls	1	2	3	4	5	6	7

TRAINEE FEEDBACK – TELEPHONE CONSULTING

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?

TELEPHONE CONSULTING – 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?