“Telephone Consultation in Primary Care” (Article originally published in Pulse Magazine 09/09/08)

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Telephone Communication Skills in Primary Care

As General Practitioners we cannot escape the fact that telephone consultations are becoming a popular and efficient means of dealing with patients and issues surrounding access. Ironically, many of us have little training in the specific nuances of effective Telephone Communication Skills. In this article advice from both the medical and non-medical literature are amalgamated to provide simple lists to initiate a process self reflection with the aim of improving the “high touch” aspects of the telephone consultation.

Speaking Skills
High Touch
Problem Solving
Patient Caller
Listening Skills
High Tech
Local Resources/ Knowledge

(Modified from “The customer relationship composite” Help Desk Institute, Melanson 2003)

Imagine each of these skills are legs of a table. If one of the legs should falter the table will collapse. The “High Touch “skills are the **communication skills** needed for an effective interaction. Obviously the non-verbal aspects of communication are minimised when considering telephone consultations. One report suggests that 85% of a telephone communication interaction is based on “tone of voice” with the remaining 15% being the word content (1).

Effective Listening Skills

When thinking of communication skills we often think about *speaking*. “Active Listening” precedes speaking and is often overlooked.

Blockers that prevent “Active Listening” [1]

Environment Distractions – Busy surgery? Hectic call centre? Someone waving paperwork in front of your face/mobile phone going off simultaneously? Despite all these you need to pay attention and focus.

Third Ear Syndrome – Two ears are listening to the patient but the third ear is listening to the supervisor in the background or the teenager having a tantrum outside your room.

Jumping Ahead – We can think at 500 words per min, we can hear 300 words per min and we speak at 125-150 words per minute. It is easy to jump ahead in attempts to be more time efficient.

Emotional Filters – Heartsink patient calling again? Good Listeners will avoid the emotional filter unfairly influencing the interaction.
Mental Side Trips – On your fourth call of the day giving out diarrhoea advice…what you are really thinking about is what you want for your lunch.

One BMJ paper [(2)] suggests that doctors are ill-equipped at dealing with emotional cues and can end up displaying the following blocking behaviour:

- Offering advice and reassurance before the main problems have been identified
- Explaining away distress as normal
- Attending to Physical aspects only
- Switching the topic
- "Jollying" the patient along

Having described some of the pitfalls in listening, the "Do" list is rather more common sense.

- Pay Attention
- Assess the "Emotional climate" of the call. [(3)]
- Assess patient's level of knowledge
- Read between the lines
- Consider hidden agendas/unspoken requests

Effective Speaking Skills
"They don't care what you know until they know you care"

Tony Males has written a book (RCGP publication) on Telephone consultations in Primary care [(4)]. In this book there is a nice summary of the main communication headings (modified for this article):

1. *The Telephone Handshake*. Mutual identification of clinician and caller enabling rapport building, trust and social proximity.
2. *Information gathering* using the patients own narrative, eliciting the social and clinical history. Paying attention to non verbal cues.
3. *Address* the biomedical model and the patient's perspective (with empathy).
4. *Give an interpretation* of the problem with well pitched explanations or a summary.
5. *Signpost the point at which a triage decision must be made* (advice only, face-to face consultation needed, referral) involving the patient where possible.
6. *Negotiate the outcome* according to local or organisational guidelines. Be Aware that it is here where workload pressures etc can influence your decisions.
7. *Make Follow up arrangements and Safety Net*.
8. *Good Record keeping and preparation for the next call.*

In the absence of a visual channel for "eyeballing" a sick patient my own reflection on point 2 is that fairly soon on in the consultation you need to get to the "red flag" questions. This will then guide the triage decision. If there are no "red flags" then

your own level of anxiety (about missing something important) can drop a notch and the call can take a more leisurely pace.

With these headings in mind here are seven speaking "Do's" [1]:

- Smile
- Use the callers name
- Reflect back important points
- Incorporate courteous remarks (Please, Thank you, would you?)
- Acknowledge the "emotional climate"
- Mirror the patient (using similar vocabulary, if appropriate!)
- Tape or monitor your calls

Finally don't use jargon or abbreviations, don't mumble, and don't use negative language (e.g. "I am sorry you cannot have a visit for this problem" versus "The quickest way to be seen would be if you were able to attend a treatment centre. I realise this is an inconvenience for you, but we will ensure your problem is attended to").

Telephone consultations are here to stay and dare I say it won't be long before technology means we can see our patients face-to-face digitally, ensuring the art of effective telephone consultations will evolve.

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(2) Maguire.P, Pithceathly.C (2002)." Key Communication skills and how to acquire them" BMJ 325:p697-700
(3) Draper and Silverman. www.skillscascade.com
(4) Males.T (2007). "Telephone Consultations in Primary Care". RCGP publications. London.