THE TELEPHONE INTERVIEW

(Draper & Silverman)

The telephone interview is now becoming a common mode of doctor-patient communication. Triaging, managing minor or administrative problems or follow up for both acute and chronic conditions (Pinnock et al 2003) can all be effectively achieved on the telephone. Car and Sheik's review of telephone consultations (2003) has shown that patient satisfaction with this medium of consulting is high. Patients value speed and improvement of access, reduced travel time and costs, as well as the possibility of increased frequency of contact. However there has been little study of the skills needed to consult effectively on the telephone, nor of the training doctors need to use this medium with skill and confidence, (Toon 2002) which is vital if quality and safety are to be ensured.

Although the core skills for communication with patients pertain to consulting on the telephone, there are some important differences, and many of these core skills need to be used with much greater depth and accuracy, particularly if the patient lacks confidence on the telephone. In emergency work it is common for someone else to telephone on the behalf of an ill or elderly patient, so that communication has to be conducted through a third party.

For instance, there are no visual cues available to the physician or the patient; accurate analysis and an interested response to speech patterns are paramount if the interview is to be effective and complaints avoided. Encouraging the patient to speak must therefore be done by the use of verbal rather than non-verbal facilitation, "mm...mm..., aha.....yep....", or the clearer, " I see.....go on.....tell me a bit more....yes....yes....". Discovering the patient's concerns, ideas, and hopes for the consultation is vital. Often patients' present fears are based on difficult previous experiences. (Hopton et al 1996) Overtly picking up the patient's cues enables the doctor to enter this arena is an efficient and empathic manner. "It sounds as if you are very concerned....I can hear from your voice that you are anxious about .....". Sometimes a careful challenge needs to be made; "You don't sound satisfied with what I've just said".

Paradoxically, new or emergency consultations on the telephone may be no shorter than face-to-face ones because of the necessity of clarifying, without doubt, both the disease and illness content of the interview. It is easy to cut corners and fail to clarify of specific parts of the patient's story and miss an important diagnosis. Asking what the patient can see or feel - "what does the rash look like....., how alert is you baby?" - may allow the clinician to prescribe safely without seeing the patient for instance. Giving information needs to be clear and simple, with chunking and checking throughout. Repetition and summarising the management plan more than once is useful. Offering options often enables the patient and the doctor to move towards mutual common ground (see chapter 5), and allows negotiation to proceed more smoothly. Closing the consultation will be difficult if the patient feels that their needs have not been met, and in particular if follow up plans are unclear, or the patient has not agreed to the doctor's suggestions. Accurate recoding of the interview is crucial.

Out-of-hours consultations in primary care practice where the doctor does not know the patient may present special problems, and are well described in Males' qualitative study of UK family doctors' experiences of giving telephone advice. (1998)

Key skills of the Calgary Cambridge Guide which need applying with greater depth, intention and intensity

Skills from the CC guides	**Applying these skills with greater depth, intention and intensity**
Initiation	
Preparation	Answering the telephone promptly Checking that you have all the relevant information in front of you before picking up the telephone
Introductions	Checking that you are talking to the correct patient
Developing rapport	Using tone of voice and supporting statements early in order to develop rapport
Gathering information	
Active listening	Verbal encouragement to continue
Gauging the patient's emotional state	Picking up and clearly responding verbally to cues
Clarifying	
Discovering the patients framework	Careful clarification of the clinical story, using appropriate direct questions Clarify that this has been obtained before proceeding to explanation and planning
Building the relationship	
Empathy, acceptance, sensitivity Support	These need to be demonstrated verbally, and repeatedly
Structuring the interview	
Summarising Signposting	These twin skills need to be exaggerated in order to clarify transitions between open and closed questions, the disease and illness frameworks, and explanation and planning
Explanation and planning	
Chunking and checking	Checking understanding and agreement
Clear language, moderate pace, free from jargon	Particularly important if the telephone line is indistinct
	Give some ideas abut the prognosis (this may save another phone call or visit to the patient later)
Offer options	Offer options before trying to agree management plan
Negotiate management plan	Check that the management plan is acceptable (again carefully clarifying this on the telephone where you are lacking the non-verbal feedback body language of the face-to-face interview is important)
	Encourage the patient to repeat the advice given
	Ask if there are any outstanding questions or concerns
Closing	
Summarising and checking Safety netting	These three skills need particular attention on the telephone, in order be clinically safe and to maintain rapport

References:
Car J, Sheikh A. 2003 Telephone Consultations British medical Journal ; 326: 966-970
Hopton J, Hogg R, McKee I (1996) Patients' accounts of calling the doctor out of hours: qualitative study in one general practice BMJ 313: 991-994
Males T, 1998 Experiences and perceived learning in out -of-hours telephone advice: interview study of ten GPs in a co-operative Education for General Practice; 9; 470 - 477

Pinnock H, Bawden R, Proctor S, Wolfe S, Scullion J, Proctor D, Sheikh A 2003, Access, acceptability, and effectiveness in primary care of routine telephone review of asthma: pragmatic, randomised controlled trial. British medical Journal 326; 477-479
Toon P. (2002) Using telephones in primary care. British Medical Journal:324;1230-1231

Other sources:

Curtis P, Evens S. The telephone interview in M. Lipkin et al. (eds.) The Medical Interview. Clinical Care, Education and Research. Springer-Verlag, New York