



## Telephone communication skills

Seminar handout



***For many patients, the telephone is an important point of contact with the practice. You could receive a call from a new patient contacting the practice for the first time, an existing patient requesting an appointment or a concerned patient discussing their symptoms with the GP. A phone that is constantly engaged, never answered, or is answered and put on hold, is likely to annoy patients before they even get to see their GP.***

Good communication is essential for maintaining a high standard of patient care. Failure in communication is a common theme in patient complaints and claims notified to the MDU. In our experience, complaints and claims often do not arise solely from problems with clinical management. They are frequently caused or exacerbated by problems in administration systems, procedures and lines of communication.

To improve patient care and reduce the risk of complaints, it is important for everyone in the practice to ensure they communicate well, part of which may be to manage patient expectations over the telephone.

Many misunderstandings when dealing with patients over the telephone may be avoided by considering these five points.

### **1. Check who you are talking to**

Get off to a good start. Check the identity of the caller by taking their name and asking them to spell it if necessary. Make sure the caller knows who you are. If the caller is telephoning on behalf of a patient, make sure you verify exactly who he or she is.

### **2. Listen**

Try not to interrupt and regularly acknowledge what the caller is saying. Respond appropriately. To check that you have understood what the patient has told you, it may be helpful to repeat it back to them or summarise their request.

### **3. Be courteous**

Maintain an appropriate tone and avoid over-familiarity. The use of first names may be resented. Even if you are extremely busy, under pressure or tired, don't let your politeness suffer.

If a caller is making unreasonable demands or is rude, point this out politely but stay calm and in control of your emotions.

Allow them time to make their point or explain their problem. If time is short or if you see a queue of people waiting, find a diplomatic way to move the conversation on.

### **4. Apologise if warranted**

If patients have a genuine cause for complaint (for instance, an especially long wait on hold to make an appointment), explain promptly and apologise. If the patient is expressing anger, control your own temper.

Your practice will have a complaints procedure and all practice staff should familiarise themselves with it. Whenever a patient complains, listen carefully. Before responding, make sure you know exactly what the patient's concerns are. Remember, anxiety plus uncertainty equals anger. You can halt this process by offering reassurance and explanation.

### **5. 'Will you hold please?'**

One of the most frustrating aspects of making a telephone call is being put on hold for an indeterminable length of time, forced to listen to music you don't like, or nothing at all. There are several ways in which being put on hold can be made a more bearable and less frustrating experience. By following this checklist, you may receive fewer complaints from callers who need to wait to speak to their GP or make an appointment:

- find out why the patient is calling first
- refer to practice guidance on when to put the patient straight through to the GP
- remember to press the mute button, but be careful not to say something you shouldn't
- keep the caller updated on how long they may have to wait
- consider offering to call the patient back if it looks as though they may have to wait a while.

## Risk management advice

The following actions may be considered to improve telephone communication skills within your practice and reduce the risk of possible complaints from patients.

- It is important that all staff who answer the telephone have a pleasant manner and that the information they give about the practice is consistent and accurate.
- Set a target so the telephone is answered before a maximum number of rings.
- Ensure there are enough staff to answer the telephones and to deal with booking appointments at busy times.

When the practice is closed, there should be an appropriate answerphone message.

- Produce a practice policy or protocol to minimise the risks associated with

telephone use (see opposite). Review and update this policy regularly.

- Undertake a patient survey to gain an understanding of how the practice's telephone service is perceived and what improvements could be made.
- Audit telephone response times.
- Ensure the out-of-hours answering machine message is working correctly through appropriate checking processes.

## Practice telephone policy

The practice telephone policy could include:

- confidentiality issues
- when and when not to give results over the telephone
- location of phones

- staffing levels
- how to deal with urgent calls and when to interrupt the doctor
- how to deal with visit requests and messages
- standard phrases for answering the telephone
- ensuring calls are documented
- regularly reviewing telephone training requirements
- the use of nurse triage/telephone surgeries
- emergency contact arrangements.



## Case study Primary care

A patient called his GP practice to ask a doctor about some symptoms he had developed since starting a new prescription a few days before. The patient did not think that he needed to see the doctor again, but he did want to know whether his symptoms were normal side effects of the medicine.

The surgery telephone gave a number of automated choices and the patient selected the option of speaking to a receptionist. He was then on hold for four minutes with music playing. The line was then picked up but immediately went dead. The patient called again and did speak to a receptionist, who declined to put him through to a doctor and advised that he would need to make an appointment in the usual way.

The patient complained in writing to the practice about the long wait on the telephone, the line having been cut off and the manner of the receptionist. He was also dissatisfied that he had not been allowed to speak to one of the doctors.

The senior partner spoke to receptionist concerned and the practice undertook an audit of waiting times on their telephone line. They found that many patients had to wait three minutes or more to speak to reception. One of the receptionists confessed that, on occasion, she would pick up and put down the phone immediately, when the stress became too much.

The practice revised their rotas so there would be more people to answer the telephone, particularly at busy times, and planned another audit of waiting times in a month. They also organised generic telephone skills training for reception staff as well as specific training on the practice telephone protocols because the receptionist concerned had forgotten that the on-call doctor was available to speak to patients seeking telephone advice.

The senior partner wrote to the patient offering an explanation and apology for what had happened, and an explanation of the changes being made to improve the telephone system.

## For medico-legal queries

24-hour advisory helpline

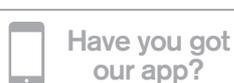
Call **freephone 0800 716 646**

Email **advisory@themdu.com**

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