

Assessing Telephone Consultations

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Outline

- * The use of telephones in GP
- * Telephone consultation skills: current assessment & training
- * The Audio-COT
 - * Development
 - * Worked example
- * Discussion

Use of telephones in GP

- * An ever increasing proportion of workload in GP:
 - * 1995/6 : 3% telephone consultations¹
 - * 2015 : 20% telephone consultations²
- * In 2014 GPs undertook 370 million consultations including almost 74 million telephone consultations
- * Recent study highlighted 80% of patients were satisfied with GP telephone management of same-day consultation requests³
- * MPS state ‘it is absolutely imperative to make telephone consultations ... clinically safe and effective’⁴

Telephone consultations

- * Research by 'Telephone Consultation Services Ltd' suggest:
 - * You lose 55% of your ability to communicate effectively due to the lack of visual cues
 - * In 1/3 of calls, the patients' understanding of the reason for the call doesn't match the clinicians(!)
 - * The tone of your voice and how you say things is vital as it accounts for 84% of your ability to communicate on the phone and can convey confidence in what you say, your state of mind and your attitude

Experiences of telephone consultations

- * Do you provide structured teaching on telephone consultations for staff?
- * How confident do you feel to teach other how to undertake telephone consultations in primary care?
- * What telephone equipment do you use in your practice?
- * Awareness of an Audio-COT

Example of equipment



- * Headset training adaptor (£10.74)



- * Headset –Bluetooth/Non-Bluetooth (£20.75)



Available resource

- * Simulated telephone consultations
 - * Structure based on Neighbour's consultation model
 - * Resources created by Dr Suzie Gill (ex Oxford GP Fellow), available via: <https://www.dropbox.com/sh/i1b5exulpavy5e4/oydqRofdFM>
- * Scenarios include:
 - * Chicken pox
 - * Third party consultation
 - * Unwell child
 - * Medication request

Telephone consultation skills: current assessment & training for GP trainees

- * GP trainees **MAY** get one telephone consultation case in their GP Clinical Skills Assessment (CSA)
- * No mandatory formative assessment of telephone consultation skills during training
- * Limited clinical training for GP trainees on how to undertake telephone consultations
- * Limited training for GP trainers on how to facilitate trainees' learning on conducting safe telephone consultations

Development of Audio-COT

- * Project for Educational Fellow in Wessex
- * Raise awareness using current COT format
- * Develop specific tool – incorporating nuances of telephone consultation
 - * Trainer and trainee:
 - * Questionnaire feedback throughout process
 - * Focus group discussion/interviews
 - * Need to ensure equality and diversity of tool
- * Support locally and nationally (pilot of tool)
- * Work with RCGP WPBA core group

The Audio-COT

- * A formative assessment tool
- * Uses the same methodology and process of completing the assessment as the COT, but is used in a different setting
- * Ensures all trainees are assessed on their telephone consultations during training
- * Prepares GP trainees for career post qualification

Audio-COT in practice

- * Selecting telephone consultation:
 - * Observed directly (e.g. a dual head set) or via a recording of both sides of the discussion
 - * Complex consultations are likely to generate more evidence
 - * Duration of consultation: 5-10 minutes
 - * Evidence from the ST3 year, reflecting a range of patient contexts ('routine' GP/OOH/triage)
- * Requirement when introduced at least one audio-COT required within ST3 year (minimum 12 COTs inc. one Audio-COT across year – FT GP trainee)

Patient consent

- * Appropriate informed consent for assessment:
 - * Documented consent for audio-recording and/or having second doctor listening in
 - * Consideration of storage of audio-recorded consultation
- * How many surgeries have statement on telephone suggesting calls may be recorded for training and quality purposes?

Audio-COT

Doctor's Name: _____ Doctor's GMC number: _____ Date: _____
 Assessor's name: _____ Assessor's GMC number: _____
 Assessor's position: _____ Type of call: Telephone triage / Telephone consultation / Out of hours
 Outline of case including outcome: _____

Using the guide to the performance criteria for the Audio-COT please grade the trainee by ticking the appropriate competence level in the boxes below:

Context	Area	Rating			
		Not Observed	NFD	Competent	Excellent
Consultation introduction	Introduces self and establishes identity of caller(s), ensuring confidentiality and consent				
	Establishes rapport				
Information gathering	Identifies reason(s) for telephone call and excludes need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills				
	Encourages the patient's contribution using appropriate open and closed questions, demonstrating active listening and responding to auditory cues				
	Places complaint in appropriate psycho-social contexts				
	Explores patient's health understanding/beliefs including identifying and addressing patient's ideas, concerns and expectations				
Defines the clinical problem	Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition)				
	Makes an appropriate working diagnosis				
Management plan construction	Creates an appropriate, effective and mutually acceptable treatment (including medication guidance) and management outcome				
Closure of consultation	Seeks to confirm patient's understanding				
	Provides appropriate safety-netting and follow-up instructions				
Effective use of the consultation	Manages and communicates risk and uncertainty appropriately				
	Appropriate consultation time to clinical context (effective use of time, taking into account the needs of other patients), with effective use of available resources				
	Accurate, relevant and concise record-keeping to ensure safe continuing care of patient				

When using Audio-COTs, trainees are assessed against the level of performance expected of a newly qualified practitioner.

Overall is this a safe consultation? Yes No

Time taken for telephone consultation (in minutes): _____

Feedback and recommendations for further development (please include documentation of any concerns regarding an unsafe consultation): _____

Audio-COT

* Same professional competency scoring as other supervised learning events

Performance criteria

- * Provides a detailed guide to areas of audio-COT
– see handout

Example of Telephone consultation

- * Sick note
- * Please mark this case and then discuss in small groups

Clip taken from WPBA website, WPBA core group, RCGP

Feedback from experience of completing Audio-COT

- * ? Appropriate for consultation
- * ? Ease of use
- * ? Perception of assessment burden

Moving forwards

- * Awaiting integration into the ePortfolio (? End of 2016)
 - * GMC approval gained
- * Ensure effective, user-friendly supervised learning event for telephone consultations ensuring patient safety and satisfaction
- * Complement existing components of the WPBA
 - * Audio-COT will form part of the 'tool box' of formative assessments/supervised learning events on the ePortfolio when working in GP
 - * Shouldn't add to trainee/trainer assessment burden

Summary

An Audio-COT:

- * Is a welcomed additional educational tool by trainers and trainees to support development and provide assessment on the use of telephone in GP during training
- * Ensures trainees have adequate supervised learning to prepare them for their GP career
- * Has a potential application in other settings e.g.
 - * Training for nurses in primary care undertaking triage/telephone consultations
 - * Secondary care setting

Take home messages

- * Increasing use of telephone consultations in GP setting
- * The Audio-COT offers GP trainers an additional supervised learning episode to formally assess and develop the clinical competence of trainees' telephone consultation skills
- * All documents (audio-COT Guidance, assessment form, detailed guide to performance criteria and guide on consent) available via RCGP WPBA 'New WPBA Developments webpage' <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/wpba-new-developments.aspx>

Questions?

Acknowledgements & References

- * RCGP Workplace-Based Assessment core group
- * GP trainers and trainees in Portsmouth
- * GP Education Unit in Portsmouth and Southampton
- * Wessex, Oxford, Midlands, West of Scotland Deaneries

¹ The NHS information Centre (2009) Trends in Consultation Rates in General Practice 1995/1996 to 2008/2009: Analysis of the QResearch® database

² Enhance your Telephone Consultations and Triage <http://www.rcgp.org.uk/learning/north-england/mersey-faculty/archive-2015/enhance-your-telephone-consultations-and-triage.aspx>

³ The effectiveness and cost-effectiveness of telephone triage of patients requesting same day consultations in general practice: study protocol for a cluster randomised controlled trial comparing nurse-led and GP-led management systems (ESTEEM); Campbell et al. *Trials* 2013, 14:4

⁴ MPS In the Dark: Risks of telephone consultations; (2012) Sessional GP; 4:2