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
An ever increasing proportion of workload in GP:

- 1995/6: 3% telephone consultations
- 2015: 20% telephone consultations

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 requests.

MPS state ‘it is absolutely imperative to make telephone consultations ... clinically safe and effective’.
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)
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/i1b5exulpavy5e4/0ydqRofdFM

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?
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:

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

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

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