



National Healthcare  
Communication  
Programme

# TELEPHONE CONSULTATIONS

**CALGARY-CAMBRIDGE GUIDE**



*Making conversations easier*

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# Initiating the session

## Preparation

### Prepare yourself

- Make sure that you are ready to start this next consultation.
- Be aware of decision fatigue. Take regular breaks as necessary.

### Prepare the environment

- Avoid interruptions, wear headphones and mouthpiece. If not available at least make sure you are in quiet area.

### Prepare your information

- Are there any records you need to read before the consultation?

## Body language

- Your body language plays a significant role in how you sound on the phone. Get into a comfortable position at your desk. This can help you to breathe comfortably and will improve your telephone consultations.
- Even though your patients can't see you, try to behave as if you are speaking to them face to face.

# Initiating the session

## Establishing rapport

### Greeting

- This should be warm yet professional. Use formal titles initially *“Hello, please may I speak to Mr/Mrs Collins”*. Now confirm FULL name, date of birth and first line of address.
- Ask if it is a good time for the patient to talk to you. If the patient is busy, it may be more productive to arrange another time.
- AFTER you have confirmed you are speaking to the patient or the patient has given permission to speak to a relative, start your consultation.

### Start the consultation

- Introduce yourself. Give your name (first and family name), your role within the healthcare team. *“Hello – my name is Dr Grace – I’m one of the junior doctors on Dr Devlin’s team”*. Try to connect with the patient – *“I see you saw Dr Devlin three weeks ago”*.
- Check how the patient prefers to be addressed. If s/he has a name which is difficult to pronounce, it's OK to ask how to do so. The patient will appreciate you taking the time to find out.

## Initiating the session

- Establish that the patient can hear and understand you.
- Tell the patient what you have done to prepare for the consultation. *“I have read the letter from your GP”* .

### TIP

You can only communicate verbally, so be aware of your tone of voice. The patient cannot see your facial expression so use a relaxed and calm tone of voice, be polite and speak slowly to help build rapport. Research shows that people pick up on emotions more easily in voice-only conversations, being aware of this while speaking on the phone can help to build rapport and demonstrate empathy. If the patient is hard of hearing, you may need to raise your voice slightly.

## Identifying the reasons for the consultation

- After the greeting and welcome, state why you're calling and set the agenda. In the absence of visual cues, this lets the other person know that you're serious and ready, and that you have a clear outcome in mind.

## Initiating the session

### Setting the agenda

- Identify the patient's agenda or problems that the patient wishes to address with appropriate opening question (e.g. *"What would you like to discuss today?"* or *"What questions did you hope to get answered today?"*).
- Listen attentively to the patient's opening statement, without interrupting or directing patient's response.
- Confirm list of patient's problems (e.g. *"So that's headaches and tiredness; anything else...?"*).
- Negotiate the agenda taking both the patient's and your needs into account and if necessary prioritise the items: *"That's quite a list to get through, and I don't think we'll have enough time to get through all of it today?. Can I suggest...? How does that sound...?"*

### TIP

- It's tempting to do something else while you're on the phone, such as sorting emails or checking your schedule. But multitasking isn't always productive. Don't!

## Gathering information

### TIP

- Good active listening skills are crucial for telephone consultations. You need to give the person you're speaking to, your full attention and establish a connection. This is particularly important on the phone, because you can't read the other person's expressions or body language. Complete silence makes the listener uncertain if you are still listening so make short encouraging sounds – “Mmm” “Yes”.

### Explore the patient's problems

- Signpost the patient through the agenda –  
*“So let's start with the symptoms you say you have been getting recently”.*

### Active listening

- Encourage the patient to tell their story with an appropriate opening question.  
*“What seems to be the problem?”*  
*“How are things?”*  
*“What's happened?”*
- Listen attentively (see 6 elements below) without interrupting. Silence allows time for the patient to collect their thoughts.

## Gathering information

**1. Wait time:** It is tempting to forget this on telephone consultations, but allowing the patient to speak for a full minute uninterrupted will save time in the long run. Interruptions break the other person's flow of thought, and can make them think that you're impatient, or rushing them.

**2. Neutral phrases:** Show that you're still engaged with the call. This can be as simple as saying "Uh-huh" "Go on", "OK", "I see", "Mmm" etc. during pauses, but it's better to say something which demonstrates that you've been listening.

**3. Paraphrasing and periodically summarising** what the patient has said to you and repeating it back to them demonstrates listening. It also helps to ensure your interpretation of the information is correct, clarifies ambiguity and gives the patient an opportunity to hear what they have said and reflect on it.

**4. Screening:** "OK, so before we talk about that in more detail were there other things you wanted to discuss today?" (repeat as necessary).

## Gathering information

**5. Clarifying:** For example, saying, "*You mentioned problems with your shoulder. Can you tell me a little more about that?*" shows that you've been listening and that you're keen to hear more information.

**6 . Pick up on cues:** Cues to many of the patient's thoughts and feelings often occur EARLY in the opening statement. Usually a short cut to important areas that need our attention! Useful to jot down so you can return at an appropriate point. "*You said you were worried, can you tell me more about that?*".

- If you need to interrupt to clarify or ask some additional questions, start with a summary, "*Can I just check I've got things right... Now was there any blood in the vomit?*".
- Move from open ended to closed questions: Focused and closed questions can be used to explore specific issues.

# Gathering information

## Understand the patient's perspective (ICE)

### Ideas

- What has the patient (or their relatives) been thinking about their problem? *“Why do you think this has happened?” “What has your wife been thinking?”*

### Concerns

- What are their main concerns? *“What would you say is the main worry?”*

### Expectations

- What does the patient think would be useful? *“What do you think might be the best way forward?”*

### Listening empathically

- You also need to use empathic listening, as the patient can't see your 'caring' non-verbals. One effective empathic listening skill is to summarise what the person says in your own words or use the phrase *'sounds like'*. For example, you could say, *“It sounds like you are worried”* (pause).

## Providing information and planning

### Provide correct amount and type of information

#### Assess the patient's starting point

- Find out what the patient already knows and what they want to know. This will help you to establish what advice or information might support the patient.

#### Chunk and check

- Provide information in manageable chunks, check for understanding and use the patient's response as a guide to how to proceed. On the phone, chunks need to be smaller as our natural inclination is to carry on talking. The patient should respond to your chunks with questions or responses.

#### Ask what other information would be useful.

#### Avoid giving advice or reassurance prematurely.

# Providing information and planning

## Aid patient recall and understanding

### Language

- Remember to use easy to understand language and avoid or explain jargon.

### Organise

- Slow down. The patient needs time to process the information.
- Divide the information into logical sections.

### Signpost

- Signpost the important parts: *“First I want to tell you what I think is wrong, then I am going to talk about the immediate treatment and then about the future. First, I think you have...”*

### Summarise

- Repeat information and summarise, highlight key points and reinforce key information.

### Check understanding

- Check that the patient understands any key points of advice or information by saying *“So what do you understand from what I have said?”* *“What questions do you have now?”* Ask them to restate it in their own words, not just repeat it, to ensure the message is understood.

## Providing information and planning

Explain that you are happy for the patient to make notes, if they would find that helpful.

### TIP

Provide structure for the patient throughout the consultation. Summarise and recall throughout to check understanding.

Signpost and use transitional statements to progress from one part of the consultation to the next, e.g. *“So now let’s talk about the treatment”*.

### Incorporate the patient’s perspective

#### ICE (Ideas, Concerns, Expectations)

- Relate explanation to the patient’s ideas, concerns and expectations. *“You said you were worried the pain was angina. I can see why you thought that but I think it is more likely to be muscular pain”*.

#### Non-verbal cues

- Listen out for and respond to the patient’s non-verbal cues. *“You sound worried, are you concerned about the treatment?”*.

#### Time

- Allow time and opportunity for patients to contribute. *“What questions do you have?”* instead of *“Do you have any questions?”*.

# Providing information and planning

## Shared decision making and planning

### Share your thinking

- *“It is not clear to me yet what the diagnosis is. We need to decide the best approach, either to treat or do some more tests to get a definite result”.*

### Involve the patient in all decisions about their healthcare

- Offer suggestions and choices, encourage the patient to share their own ideas...  
*“I think that there are two options that we should discuss”.*

### Explore options

- Include information about risks and benefits.

### Negotiate the plan

- Signpost your own preference regarding options and determine the patients preference...*“How do you feel about...?”*

### Check with the patient

- Have their ideas, concerns and expectations been addressed...*“Can I check that you are happy with the plan, do you have any questions?”.*

# Closing the session

## Forward planning

### Next steps

- Explain what will happen next – agree next steps for you and for the patient.
- Consider referral to another healthcare professional or other support.
- Agree on a time for a follow-up consultation.

### Safety-netting

- Be specific. Tell them what you would expect to happen if all goes well, when you would be worried (e.g. too breathless to talk, unable to keep down fluids) and what to do in that situation.

## Ensuring appropriate point of closure

### Final check

- Briefly summarise what was discussed.
- Do a final check to allow patient to correct or add information.
- Ask the patient to tell you the most important things they will take from the consultation, for example... *“Before you leave, lets recap. What are the main things you are going to do to manage your asthma at home?”*.

## Closing the session

### **NOTE**

Document your calls – record the date and time of the calls (even the ones that are unanswered), the details of the consultation and the advice or information you have given to the patient in the healthcare record or other appropriate documentation.

# Delivering bad news on the telephone

**The first rule of delivering bad news is not to do it over the telephone. However, in some situations (family living overseas, etc.), it is unavoidable.**

## Preparation

- Rehearse the conversation before making the call (perhaps with someone who is skilled in challenging consultations).
- Find a quiet room and prepare yourself psychologically (if at all possible).
- Check your information - the identity of the patient and the identity of the next of kin.
- Check that you are speaking with the right person. Confirm identity and their relationship to the patient.

## Greeting

- Introduce yourself clearly (see section on establishing rapport).

## Warning shot

- Give a warning shot before delivering the news, e.g. *"I am afraid I am calling with bad news. Are you in a place where you can talk?"*.
- Ask what the person knows about the situation. *"Can I ask what you know about your father's illness?"* *"When did you last see him?"*.

# Delivering bad news on the telephone

## Empathy

- Be direct and compassionate.
- If you are phoning about a patient dying, tell the relative that the person has '*died*' or possibly '*passed away*'. Be careful to ensure that you are clearly understood while still being compassionate.

*"I am calling about your father"*

*"He died a short time ago"*

*"I am very sorry".*

- Silence. If the person is crying, allow silence and perhaps say something like, "*Take your time, I am here*". Wait for them to restart.
- Check if the person has support. If they do not, offer to call someone for them.

## Closing the session

- Stay on the phone until the person indicates that they are ready to end the conversation.
- Ensure the person has a contact name and direct line number for you or for one of your colleagues.
- If possible, arrange for parking at the entrance to the hospital to make it easier for the person/family.
- Ensure a member of staff greets the person/family on arrival at the hospital or ward/ICU.

## Delivering bad news on the telephone

### TIP

The staff member involved for example, in an emotionally draining resuscitation does not have to be the person delivering the news.

A senior colleague who was not involved may be better placed to make the phone call.

