



National Healthcare  
Communication  
Programme

# Telephone Conversations

CALGARY-CAMBRIDGE GUIDE

A leaflet for healthcare staff



*Making conversations easier*



# Clickable contents

## Initiating the conversation

Preparation

Establishing initial rapport

Identifying the reasons for the consultation

## Gathering information

Exploring the patient's problems

Understanding the patient's perspective  
(I.C.E)

## Providing information and planning

Providing correct amount & type of  
information

Aiding patient recall and understanding

Incorporating the patient's perspective

Shared decision making and planning

## Closing the conversation

Forward planning

Ensuring appropriate point of closure

## Delivering bad news on the telephone



**Brings you back to contents**



# Telephone Conversations

## Initiating the conversation

### Preparation

#### Communication skills

- ☐ Prepare yourself
- ☐ Prepare the environment
- ☐ Prepare your information

#### Prepare yourself

- Make sure that you are ready to start this 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?
- Are you clear about what information you want to give during the consultation?



# Telephone Conversations

## Initiating the conversation

### TIP

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.



# Telephone Conversations

## Initiating the conversation

### Establishing initial rapport

#### Communication skills

- ☐ Warm greeting
- ☐ Introduce yourself
- ☐ Check the patient's name
- ☐ Check how the patient likes to be addressed
- ☐ Use the patient's name, particularly when demonstrating empathy
- ☐ Check who is with the patient (name/relationship)
- ☐ Tell that patient what you have done to prepare for the consultation

#### Greeting

- This should be warm yet professional. Use formal titles initially.

*Hello, may I speak to Mr Collins please?*



# Telephone Conversations

## Initiating the conversation

### Start the consultation

- Introduce yourself. Give your name (first and family name), and 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 from your healthcare record that you saw Dr Devlin three weeks ago.*

- Ask if it is a good time for the patient to talk to you. Listen carefully for hesitancy, it may be more productive to arrange another time.
- 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.
- Establish that the patient can hear and understand you.
- Tell the patient what you have done to prepare for the consultation.



# Telephone Conversations

## Initiating the conversation

*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 slightly.



# Telephone Conversations

## Initiating the conversation

### Identifying the reasons for the consultation

#### Communication skills

- ☐ Identify the patient's problems
- ☐ Listen attentively
- ☐ Confirm list and screen for further problems
- ☐ Find out what they know already
- ☐ Restate their concerns and summarise a shared agenda
- ☐ Negotiate the agenda

#### Setting the agenda

- After the greeting and welcome, state why you're calling and explain your agenda.

*I'm calling to see how you are and how your arthritis is. I was thinking we could talk for about 10 minutes.*





# Telephone Conversations

## Initiating the conversation

- Identify the patient's agenda or the problems that the patient wishes to address with appropriate open question

*How are things going?*

*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

*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:

*How does that sound...?*

*Can I suggest...?*



# Telephone Conversations

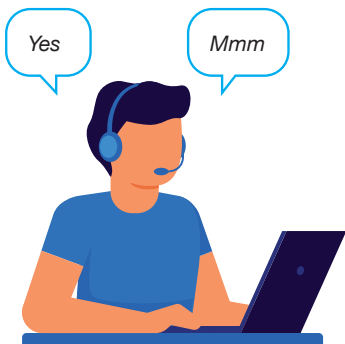
## Initiating the conversation

### 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!

Good active listening skills are crucial for telephone consultations. You need to give the patient 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.



# Telephone Conversations

## Gathering Information

### Exploring the patient's problems

#### Communication skills

- ☐ Encourage the patient to tell their story (open questions)
- ☐ Listen attentively
- ☐ Use minimal verbal encouragers
- ☐ Screen for other problems & symptoms
- ☐ Pick up on the patient's nonverbal cues
- ☐ Use summaries
- ☐ Paraphrase
- ☐ Clarify
- ☐ Reflect
- ☐ Use closed questions

- Signpost the patient through the agenda.

*So let's start with the symptoms you say you have been getting recently.*



# Telephone Conversations

## Gathering Information

### Active listening

- Encourage the patient to tell their story with an appropriate statement or open question.

*Tell me what you've noticed?*

*How are things?*

*What's happened?*

- Listen attentively (see 6 elements below) without interrupting. Silence allows time for the patient to collect their thoughts.

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

**2. Minimal verbal encouragers:** Show that you're still engaged with the call – "Uh-huh" "Go on", "OK", "I see", "Mmm" etc. during pauses, demonstrates that you are listening.



# Telephone Conversations

## Gathering Information

### 3. Paraphrasing and periodically

**summarising** what the patient has said to you and repeating it back to them demonstrates **empathic** listening. It also helps to ensure your interpretation of the information is correct, clarifies ambiguity, gives the patient an opportunity to reflect and builds the relationship.

### 4. **Screening:** (repeat as necessary)

*OK, so before we talk about that in more detail what else do you want to discuss today?*

### 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.



# Telephone Conversations

## Gathering Information

**6. Pick up on cues:** Cues to many of the patient's thoughts and feelings often occur **early** in the consultation. So listen carefully for particular issues that need 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?*

### TIP

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.



# Telephone Conversations

## Gathering Information

### Understand the patient's perspective (I.C.E.)

#### I.C.E.

I

##### 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?*

C

##### Concerns

What are their main concerns?

*What would you say is the main worry?*

E

##### Expectations

What does the patient think would be useful?

*What do you think might be the best way forward?*



# Telephone Conversations

## Gathering Information

### Listening empathically

- It is important 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.*





# Telephone Conversations

## Providing information and planning

### Providing correct amount and type of information

#### Communication skills

- ☐ Assess starting point
- ☐ Chunk and check
- ☐ Ask what other information would help the patient
- ☐ Avoid giving advice or reassurance prematurely

#### 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.

*Just so I know where to begin, could you tell me what you know already about...?*



# Telephone Conversations

## Providing information and planning

### 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.
- It is better if patients understand their own situation and work out what would be helpful themselves.

*Many people also want to know...?  
Would that be helpful for you?*

### TIP

- **Ask what other information would be useful.**
- **Avoid giving advice or reassurance prematurely.**



# Telephone Conversations

## Providing information and planning

### Aiding patient recall and understanding

#### Communication skills

- ☐ Use easy to understand language and avoid jargon
- ☐ Slow down
- ☐ Organise the explanation
- ☐ Provide structure (signpost)
- ☐ Use visual aids
- ☐ Repeat and summarise
- ☐ Check 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.



# Telephone Conversations

## Providing information and planning

### 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...

*What questions do you have for me now?*

- Ask them to restate it in their own words, not just repeat it, to ensure the message is understood.
- Explain that you are happy for the patient to make notes, if they would find that helpful.



# Telephone Conversations

## Providing information and planning

### 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.

*So now let's talk about the treatment.*



# Telephone Conversations

## Providing information and planning

### Incorporating the patient's perspective

#### Communication skills

- ☐ Relate the explanation to the patient's ideas, concerns and expectations
- ☐ Watch out for and respond to nonverbal cues
- ☐ Allow time and opportunity for patients to contribute

#### I.C.E. (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.*



# Telephone Conversations

## Providing information and planning

### 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. Instead of “*Do you have any questions?*” ask:

*What questions do you have for me now?*



# Telephone Conversations

## Providing information and planning

### Shared decision-making and planning

#### Communication skills

- ☐ Share your thinking
- ☐ Explore options
- ☐ Negotiate the plan
- ☐ Check with the patient

#### 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.*





# Telephone Conversations

## Providing information and planning

### Explore options

- Include information about risks and benefits.

*What do you think about...?  
What is important to you?*

### Negotiate the plan

- Signpost your own preference regarding options and determine the patients preference...

*So my suggestion would be  
another course of the tablets.  
How do you feel about that?*

### Check with the patient

- Have their ideas, concerns and expectations been addressed...

*Can I check that you are happy  
with the plan, what questions  
do you have for me now?*



# Telephone Conversations

## Closing the conversation

### Forward planning

#### Communication skills

- ☐ Outline next steps
- ☐ Safety netting
- ☐ Summarise the conversation (briefly)

#### 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.

*We will be in touch with your G.P.*

#### 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.

*If you are worried about anything in the meantime...*



# Telephone Conversations

## Closing the conversation

### Ensuring appropriate point of closure

#### Communication skills

- ☐ Check with the patient
- ☐ Ask for any additional questions

#### 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?*

#### 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. Consider if you need to pass information to colleagues or patient's GP.



# Telephone Conversations

## 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, and so on), 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.
- 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).



# Telephone Conversations

## Delivering bad news on the telephone

### Warning shot

- Give a warning shot before delivering the news.
- Ask what the person knows about the situation.

*I am afraid I am calling with bad news. Are you in a place where you can talk?*

*Can I ask what you know about your father's illness?  
When did you last see him?*

### 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.*



# Telephone Conversations

## Delivering bad news on the telephone

- If the person is crying, allow silence and wait for them to indicate that they are ready to start the conversation again.
- Check if the person has support. If they do not, offer to call someone for them.

*Take your time,  
I am here.*

### Closing the conversation

- 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. Suggest they write down the contact details.
- If possible, arrange for parking at the entrance to the hospital.
- Ensure a member of staff greets the person/family on arrival at the hospital or ward/ICU.



# Telephone Conversations

## 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 immediately delivering the news. A senior colleague who knows all the details of the case may be better placed to make the phone call.

Delivering bad news can be difficult. It may be helpful to debrief with a colleague or take a short break before seeing your next patient.



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