

# A Rapid Induction Into Telephone Triage



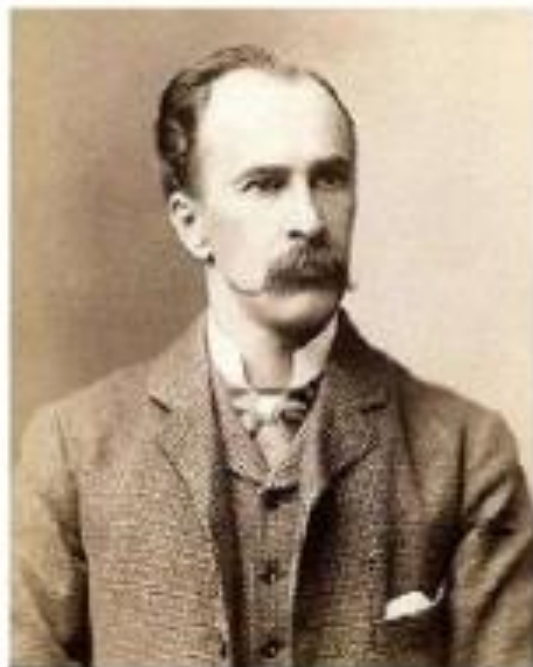
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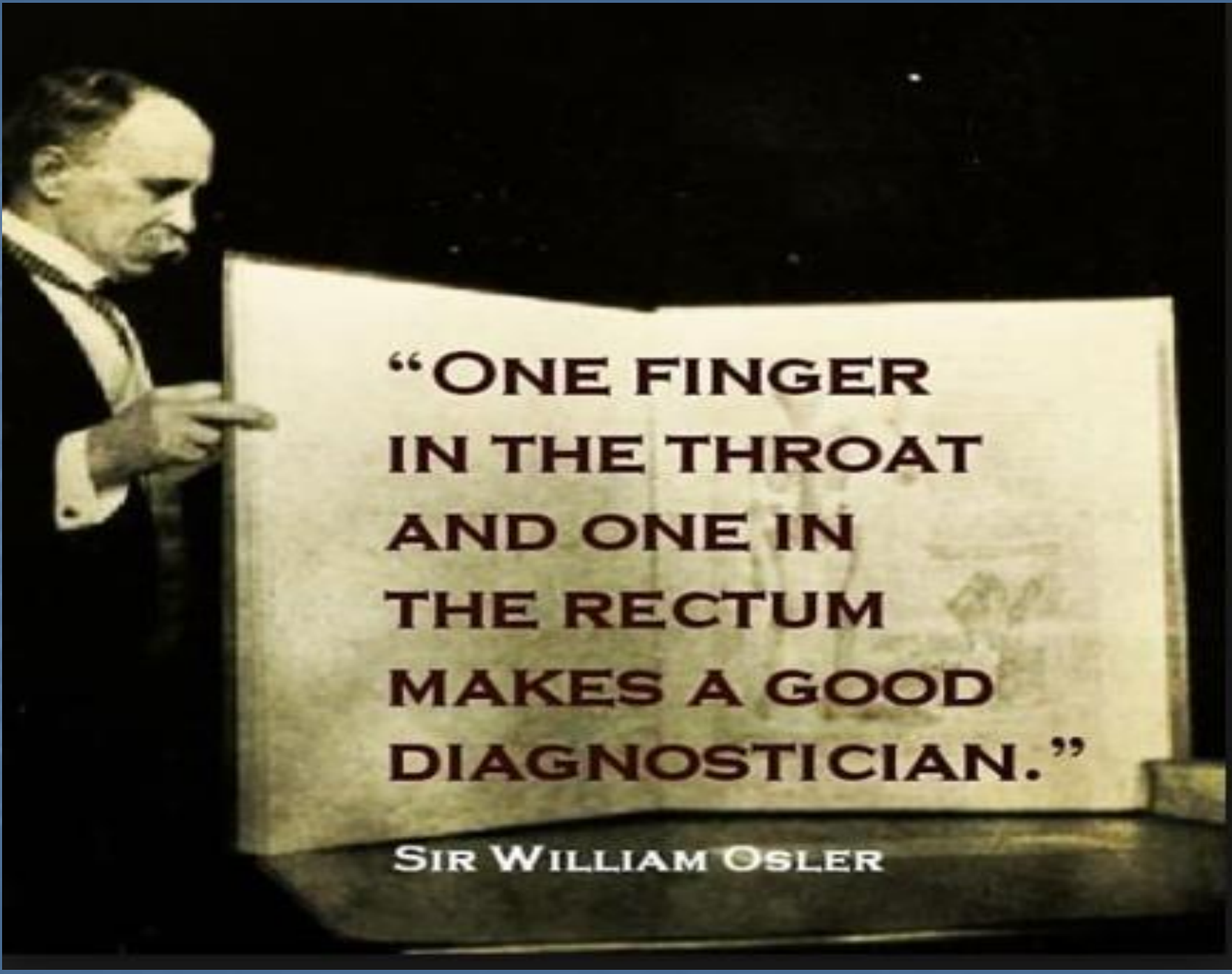
# Who are we?

- Andy Eaton
  - TPD Somerset GP Training Scheme, OOH Fellow Severn School of Primary Care
  - OOH GP & GP & Education Lead for Symphony Healthcare Services
- Alison Hutchings
  - TPD Bristol GP Training Scheme, OOH Fellow Severn School of Primary Care
  - GP Bristol & Clinical Guardian GP, Brisdoc
- Martyn Hughes
  - Lead GP, Somerset Training Hub

**“Listen to your patient and the patient  
will give you the diagnosis”**

**Sir William Osler**



A black and white photograph of a man in a suit and tie, standing on the left side of the frame. He is pointing his right index finger towards a large, light-colored rectangular sign that occupies the center-right of the image. The sign contains a quote in bold, black, sans-serif capital letters. The background is dark, and the entire image is set against a blue gradient border.

**“ONE FINGER  
IN THE THROAT  
AND ONE IN  
THE RECTUM  
MAKES A GOOD  
DIAGNOSTICIAN.”**

**SIR WILLIAM OSLER**



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- 1. To **REALLY** increase your confidence in telephone triage so that it feels like something you CAN do (and might even enjoy)
- 2. To develop skills in dealing with situations on the telephone colleagues have identified as difficult
- 3. To appreciate some of the pitfalls of telephone triage and how they can be avoided
- 4. To develop an understanding of some of the types of bias and how they might apply to telephone triage

# Five Steps to Successful Telephone Triage & Consulting

- 1. Prepare and Plan
- 2. Build and maintain rapport
- 3. Assess clinical problem and risks
- 4. Make diagnosis, agree actions
- 5. Safety net, document, self care



# The **CORONA** Rapid Induction Guide To Telephone Triage

- C – Comfort Zone

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- **R – Rapport**
- **O – Options**
- **N – Note keeping / safety Netting**

# The **CORONA** Rapid Induction Guide To Telephone Triage

- **C** – **Comfort Zone**
- **O** – **Organisation**
- **R** – **Rapport**
- **O** – **Options**
- **N** – **Note keeping / safety Netting**
- **A** – **Aftercare**

# C – Comfort Zone

Where is your telephone triage comfort zone at the moment?





# O – Organisation



**Before anything else, preparation  
is the key to success.**

*Alexander Graham Bell*



# Consider the possible outcomes

- I think we do not need to see this patient
- I will need to be given a good reason for seeing the patient
- I will need to be given a good reason for not seeing this patient
- I think we need to see this patient

# R – Rapport

- Think carefully about your introduction and what you want it to say about you
- Use a good mix of open then closed questions
- Try to make an early empathic statement
- Make reference to the patient's journey so far and any information available to you
- Pick up on cues, and elicit ICE
- Stress the benefits of your plan to the patient rather than how busy you are / overwhelmed the service is
- Acknowledge specifically any expectations - then park them until you have enough information to make a sensible plan

# Think of early empathic statements you might use while talking to ..

- The parent who has been up most of the night with a child with earache
- The 35 yo chap who has had worsening abdo pain all day
- 18yo student with a cough for 6 weeks
- 24yo woman bleeding pv 9 weeks into her 1<sup>st</sup> pregnancy
- 28yo teacher who cant swallow having been on penicillin 2 days for tonsillitis
- 79yo lady with severe vertigo for 6 hours
- The palliative 80yo unable to pass urine with distended tummy
- The son whose father has just died (expected)



## O – Options

- Use patient expectations to inform your action plan
- Involve the patient in the plan (but don't offer false choices)
- Try not to create unrealistic expectations for the next clinician



# N – Note keeping / Safety Netting

- Would another clinician know what has happened and what is planned from the records you have made?
- Is your safety netting symptoms & time specific?
- Does the patient really know what to expect, and what to look out for ?
- TOP TIP - It's a lot easier to move onto the next case / sleep at night if you have documented & excluded the worse case scenario

# A – Aftercare

- How has this call left you feeling?
- Do you feel ready to take on the next call?
- If not ... what do you need to do?



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# The End

Your call is very important to us. So  
please enjoy this 40 minute  
flute solo

