Evaluation of a training scheme for receptionists in general practice

ROSALIE SILVERSTONE, B.SC, PH.D
LESLEY SOUTHGATE, MB, MRCPG
M. R. SALKIND, PH.D, FRCGP, FRC.PSYCH

SUMMARY. Two training courses for receptionists in general practice were evaluated by questioning participants and doctors before and after the course took place. The results indicated that the training had been enjoyed and that participants had acquired a good deal of knowledge which they would be able to use effectively in their jobs. The courses and the evaluation exercise are described.

Introduction

The Royal Commission on the National Health Service recognized that the receptionist's job was not an easy one and that 'adequate training for this demanding work is essential'. Yet relatively few receptionists receive any training at all.

Able receptionists can make an important contribution to overall primary care, particularly in deprived inner city areas. Many of the patients of inner city practices are isolated or elderly, and may have pressing social and emotional problems. These patients, who frequently have to deal with unsympathetic officials in other areas of their lives, find it difficult to tolerate rigid organization in a general medical practice. Receptionists in these inner city practices need an awareness of, and sensitivity to, patients' problems that in many cases can only spring from being members of the local community. This means they may have few educational qualifications, and indeed might find the formal atmosphere of some training courses intimidating.

In response to this special need, an inner city fund agreed to sponsor two training courses for receptionists. The courses were organized by the Department of General Practice and Primary Care at St Bartholomew's Hospital Medical School and were evaluated by the Personnel Research Unit of The City University Business School.

This paper describes the structure and content of the courses, the evaluation process and the effect of the courses on both receptionists and doctors.

Development and structure of the course

Valuable guidance on the possible structure of a formal course had been gained through an earlier exercise in which a number of receptionists had met each week in a group led by a psychologist to discuss the problems they encountered in their jobs. Because these workshops had been so successful, it was decided to incorporate similar group discussions in the design of the formal course.

Each course consisted of 10 two-hourly sessions held once a week. The first hour was used for formal training in a particular topic and the second hour was devoted to group discussions. The topics dealt with in the 'taught' half of the course were: registering patients and giving them information about the practice; doctor-patient-receptionist relationships (two sessions); patient records, filing and information flow; appointment systems; waiting room and consulting room practice during surgery; repeat prescriptions and home visiting; the primary health care team; the Family Practice Committee (FPC); and using the telephone.

Several sessions were conducted by invited lecturers, who employed a variety of training techniques including role play and video films. The weekly group discussions were run by the psychologist who had been involved in the earlier workshop.

The participants

The participants in each course were restricted in number, partly because of limited accommodation (in a group general practice) and partly because it was felt that large numbers would prevent the formation of a group identity.

Sixteen people completed the first course, eight in each group. Four were not receptionists, although they all did some reception work in the course of their jobs as practice administrator, manager or secretary, either in

Rosalie Silverstone, Research Fellow, The City University Business School, London; Lesley Southgate, Senior Lecturer in General Practice and Primary Care, Medical College of St Bartholomew's Hospital, London; M. R. Salkind, Director, Academic Department of General Practice and Primary Care, St Bartholomew's Hospital Medical School, London.


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health centres or large group practices; they took part in the course so that they would have a better understanding of the receptionist's role. It was a source of regret that only one receptionist came from a single-handed practice. Six participants worked in two-doctor partnerships and the rest in group practices of three or more doctors. Twelve ran appointment systems.

Of the receptionists, most were in their thirties and were married with children. All worked part-time and lived within easy reach of the surgery. They shared few educational qualifications, only four having any CSE or 'O' level passes. Their previous employment covered a wide range of occupations, although several had had secretarial or clerical experience. They had been in their present jobs for periods ranging from under six months to 11 years. The four supervisory participants differed substantially from the rest. Three of the four were single and worked full time. All had gained educational qualifications at the level of matriculation, 'A' level or university degree. They had all received formal training for their previous employment in nursing, teaching, administration or with personnel.

Evaluation
The aims of the evaluation exercise were to find out what it was that individuals expected from the course, to identify training needs, and to assess the effectiveness of the course. The doctors for whom participants worked, and the trainees themselves, were involved in the evaluation process.

Pre-course evaluation
All the doctors and trainees were interviewed before the course began. The doctors were asked what they considered were the strengths and weaknesses of the trainees, in terms of their work performance, and trainees were similarly asked what they felt they did particularly well and what they would like to be able to do better. The two main features to emerge from these interviews were a concern to improve patient interaction and practice organization.

Doctors were then asked to fill in a task assessment form. This listed all the tasks a receptionist should be able to perform in the course of her work and the doctor had to indicate whether each job (if it was done) was performed well or if it could be done better. The trainees were asked to make a similar assessment of their own performance. In addition, trainees were given two other assessment forms to complete: the first one rated their knowledge of a list of items of information by asking whether they felt they knew enough about each topic to do a good job, or if they felt they could do a better job if they knew more; the second one assessed knowledge of the forms used in general practice by asking participants whether they were familiar with each form, or if they would like to know more about them.

Analysis of the pre-course ratings suggested that receptionists were insufficiently aware of doctors' needs, while doctors had little appreciation of the tasks performed by receptionists and of the problems they faced.

Post-course evaluation
After the course had taken place, doctors and participants completed a further questionnaire to find out how participants had reacted to the training—whether they had acquired knowledge of particular topics and whether their work performance had improved as a result.

Reactions. The participants were asked which of the sessions they had enjoyed most, if they had been satisfied with the arrangements for the course and the coverage of topics, what were their feelings about the group discussions and in what ways any future courses could be improved. The most enjoyable and interesting topics were found to be those on the FPC, the roles of various members of the primary health care team, doctor-patient-receptionist relationships, and use of the telephone under difficult circumstances. Suggestions for improving the course centred around the feeling that rather than follow the taught part of the course the discussion should be separate, since it was difficult to cope with the change in pace in mid-session.

Knowledge. Both before and after the course, participants had been asked whether they knew enough about certain topics to do a good job. At the end of the course a majority of the respondents felt that they now knew each of the topics sufficiently well to perform adequately, with the exception of 'how the FPC functions'. Half the trainees wanted to know more about the FPC, and some trainees would have liked more coverage of the different systems and methods of filing and storing records, how to identify minor ailments and advise patients, how to decide whether a home visit is necessary or urgent, the different ways in which general practitioners are paid, and more information on the role of the social worker in the primary care team. Training about the forms used in general practice had been particularly successful, as almost all of the participants felt that their knowledge of them was now adequate.

Job performance. The most important test of training, however, is improved job performance, and we looked for this in a number of subjective ways. Trainees were asked if they performed any part of their job differently as a result of what they had learned on the course and if their interactions with other people in the practice had altered. Doctors were asked if they thought the course had affected the manner in which the receptionist did her work. Finally, the detailed assessments of task performance completed before and after training were analysed.

Changes
Many receptionists found that they had become much more sympathetic towards patients because of better
understanding and because they themselves felt altogether more confident and at ease. From the doctor's point of view too, the main change was an increase in confidence; this increased confidence had been apparent in the receptionists' dealings with doctors as well as with patients.

Comparison of the 'before' and 'after' assessments showed that receptionists felt there had been marked improvement in their performance of tasks associated with registering new patients, with putting together medical records, answering over-the-counter enquiries, and taking or recording messages. Other improvements had been in the giving of information to patients, in dealing with incoming practice mail, and in having forms and stationery ready for use. In only one task did a substantial proportion of receptionists still feel they needed to improve and that was 'using the telephone under difficult circumstances'—an understandable reaction.

Doctors had noticed their receptionist's improved performance in a range of tasks: answering over-the-counter enquiries, taking and recording messages, giving information to patients, answering the telephone during surgery hours, calling patients waiting to see the doctor, organizing appointments, using the telephone under difficult circumstances, and telephoning laboratories and radiography departments for urgent results.

On the whole, however, the training was appreciated more by the participants than by the doctors.

**Conclusion**

Trained receptionists are obviously an asset to a practice, knowledge bringing greater personal job satisfaction to the individual as well as more help to patients and doctors. With one exception, all the doctors whose receptionists had participated said they would recommend the course to other doctors. The exception was a general practitioner who felt that his receptionist had been capable to begin with and therefore believed she had not gained from training, although the receptionist herself had found the course worthwhile.

A further benefit from the course was an increased awareness among the receptionists of the value of training. Eleven of the participants said that they would welcome further training and all of them would recommend such a course to other receptionists.

From the evidence, therefore, those taking part in the training course found it enjoyable and valuable. Doctors did not register as much benefit as the trainees, but this can be accounted for by their being unfamiliar with many of the difficulties receptionists face since these occur when the doctor is otherwise engaged. The course was considered to be a success and worth repeating, with certain amendments to its content and structure.

Great care was taken to arrange a course that suited local needs, and it may be that this aspect has not been sufficiently emphasized in the past, particularly for receptionists working under difficult circumstances, in the inner cities.

**References**


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**Address for correspondence**

Dr R. Silverstone, Personnel Research Unit, City University Business School, P3 Goswell Road, London EC1M 7BB.

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