

An assessment of the value of video recordings of receptionists

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SUMMARY. *Video recordings of receptionists at work in general practice were found to be useful for self assessment by the receptionists and enabled the doctors to see areas for improvement in the organization of the reception area.*

Introduction

THERE is an increasing interest in the training of receptionists for general practice and growing numbers of receptionists are attending training courses. In a recent article, however, Copeman and van Zwanenberg showed that of 70 receptionists in 20 practices, only 13% had received any formal training in medical reception work before employment and only two of the practices had organized in-service training.¹ Yet receptionists have an important and difficult job; they greatly influence a patient's perception of a practice² and they act to a greater or lesser degree as 'gatekeepers'² to the doctor.

General practitioner principals and trainees are now familiar with the video recorder as a tool for analysing and improving their skills. The doctor-patient relationship, however, is not the only important variable and the concept of a doctor-receptionist-patient relationship has validity.³ The aims of this project were to assess (1) whether video recording of the reception area can be used by receptionists to increase their skills through better self awareness of the way they interact with the public and to learn from their peers, and (2) whether such a method can help general practitioners to improve the working environment of their receptionists and to monitor the receptionists' work constructively.

Method

Our three partner training practice is in an urban area and many of the 8000 patients are employed in the local textile and food industries. The five part-time receptionists are aged between 35 and 55 years. New receptionists are given a list of the tasks that they need to become familiar with and are taken through these by the other receptionists and one partner who is responsible for training. We have recently started to send the receptionists on training days organized locally. They are familiar with the use of video recordings by doctors and students.

To ensure that the project was as non-threatening as possible we discussed it with the receptionists well in advance and emphasized that this was not an employers' assessment. They were asked if they would consent to being recorded in the reception

area and all five receptionists agreed to be individually recorded. A notice was placed at the reception window informing patients that the reception area was under video surveillance. The camera was wall mounted in the reception area on a bracket about eight feet off the floor. It was directed towards the reception window giving a clear view of the desk, appointment book, repeat prescription card file, the telephones and the patient at the window. A camera mounted microphone was inadequate but a screened cable to a microphone situated above the window gave a clear sound recording. The camera was in position for several days before recording to help the receptionists become used to its presence. Each receptionist was recorded during a busy morning surgery.

Each receptionist was then invited to watch the video on their own and provided with a questionnaire which offered her a framework to comment in a constructive fashion (Figure 1). On return of the questionnaire the doctors asked to watch the recordings themselves. This was to identify occasions when the receptionists were under most pressure, assess the organization and layout of the reception area in use, and select examples of receptionist skills for peer group learning. Finally doctors and receptionists met to discuss their findings.

The receptionist is of vital importance to the running of a practice, not only in its smooth running but also in the way patients think about the practice. As in any responsible job ways of improving the way work is done are worthwhile. This small study is to find out if you, the receptionist, think that seeing a video of yourself working is helpful.

Please answer the questions below as fully as possible. Use the back of the paper if necessary.

1. What parts of my job do I do well?
2. What would I like to do differently?
3. When am I most pressurized? How does it show?
4. Do I work well in the team?
5. Do the patients seem satisfied after speaking to me?
6. Do I give clear appropriate instructions to patients?
7. Does what I say to patients change their first request?
8. Have you found seeing the video useful? Please give the reason for your answer.
9. Are there any other ways that having a video in the reception area might be useful?

Figure 1. Questionnaire for receptionists.

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Results

Reactions to the videos

The receptionists said they had enjoyed watching the video. They were able to identify ways of improving their interactions with patients as well as areas for improvement in the practice organization. The main points they noted were:

- Methods of dealing with patients could be improved; for example 'by how I phrase things and explain why something is done that way', 'some patients may need to have instructions repeated', 'not keeping patients waiting too long on the phone'.
- Telephone manners could be improved; for example by saying 'How can I help you?'
- When the reception area became very busy there was a tendency to 'snap at', 'lose patience with' or become 'sharp and agitated with' the patients.
- The telephone bells were too noisy.
- The patients in the waiting area were able to hear conversations on the telephone because of the proximity of the telephones to the reception window.
- The presence of the camera provided a sense of security against the possibility of abusive patients.

When the doctors viewed the video recordings they were impressed with how demanding the job was and how well the receptionists coped with it. The main points they noted were:

- Having to ring the hospital to follow up results or appointments during the first two hours of the morning surgery was time consuming for the receptionists at a time when there was most pressure at the desk.
- The receptionists could have referred patients more often to the practice nurse.
- The two telephones were too near the reception window, leading to a lack of confidentiality and overcrowding at the desk.
- When the appointments were fully booked the receptionists more often had to act as 'gatekeepers' by asking the nature of the patient's problem and at the busiest times it was difficult for the two receptionists to keep up with the demands.
- When the repeat prescription cards had not been kept up to date by the doctor it was a time consuming task to follow through the request for repeat medication.

Changes implemented

As a result of the comments made by the receptionists and the doctors' own observations, various changes have been implemented in the practice. A quieter telephone system has been installed and one telephone is situated at the rear of the reception area away from the reception window and waiting area. The doctors now limit requests for non-urgent information such as hospital test results until late morning when the receptionists are less busy with requests from patients. To keep the repeat prescribing system more up to date we have asked patients to give 48 hours notice instead of 24 hours when requesting a repeat prescription. With the recent addition of a new partner we have changed the appointment system to allow more appointments at the end of the surgeries for urgent cases. The video also helped us assess the adequacy of existing receptionist staffing levels.

When the camera is not being used for the training of medical staff it is placed in the reception area to act as a deterrent to the occasional abusive patient.

Discussion

The project was a great success; the receptionists enjoyed the

exercise and we did not hear of any adverse comments from patients. There is a risk of loss of confidentiality in recording conversations with the receptionist but this can be minimized if only the receptionist concerned and the doctors are permitted to watch the video. In addition, if the patient has to divulge detailed personal information to the receptionist it is likely that there is difficulty gaining access to the doctor or that there is a need for stricter guidelines for the receptionists, both of which the video recording exercise will help the doctors to correct. The receptionists were able to identify areas for improvement and become more aware of how they responded when under pressure. They were able to see objectively how they interacted with the patients. Watching the video has increased the receptionists' self-esteem because they were impressed by the variety of tasks they have to undertake and they know that the doctors have witnessed this too. The receptionists commented that they soon forgot the camera, especially at busy times. Giving the receptionists the video recordings to view on their own seemed appropriate to the self-assessment type of learning that the recordings allow. There was an additional bonus for one receptionist in that her husband on seeing part of the recording commented that he was impressed by how hard she worked. Further use of the recordings could be made by using edited videotape sequences showing examples of good receptionist-patient interaction for in-house receptionist training. This would allow the receptionists to learn from each others' strengths, for example, by the way they responded to requests, respected confidentiality, and remained polite and efficient when under pressure.

It is the general practitioner's responsibility to ensure that the appointment system allows reasonable access to the doctor and that the receptionists have guidelines on how to respond to requests for appointments and visits. Arber and Sawyer² showed that when there are insufficient appointments to cope with the demand or when receptionists have to assess the urgency of requests themselves, hostility can arise between receptionists and patients. There may also be genuinely urgent cases that are not dealt with promptly. In our study the video proved to be a good way of assessing whether the receptionists need clearer guidelines from the doctors in the way they respond to patient requests. The general practitioner also gained a patient's eye view of the reception area and thus some insight into what impression the patients may have of the practice.

Practices have increasing expectations to fulfil in our consumerist society. It is therefore important that general practitioners find ways of assessing and improving the reception that patients receive at the practice. In this study we have shown that the video recorder can be a useful tool to that end. It can be an effective means of in-house training and can also help to show ways of monitoring and improving the receptionist's working situation.

References

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