Concerns and confidence of general practitioners in providing telephone consultations

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SUMMARY

Background. *In recent years the number of telephone consultations provided out of hours has increased. However, most general practitioners (GPs) have received little training in this area despite the specific skills needed to compensate for lack of visual information. Moreover, there has been no research exploring GPs' concerns and training needs in telephone consulting.*

Aim. *To assess GPs' concerns and levels of confidence in providing telephone consultations in order to inform the development of a new training course.*

Method. *Prior to attending the course, GPs were surveyed by interview or self-completion questionnaire to explore their confidence in providing telephone consultations.*

Results. *Thirty-eight GPs participated, and the sample was highly skewed towards females. The average age of participants was 42 years, 5 years less than the mean for GPs in the area. Low levels of confidence were reported by GPs in providing telephone consultations out of hours. A number of characteristics were common to telephone consultations described as difficult. The most important were lack of visual clues and lack of information about the patient; both of these were heightened in the out-of-hours period. Organizational factors leading to reduced confidence levels were also identified.*

Conclusions. *This study demonstrates low levels of confidence among GPs conducting telephone consultations, and highlights contributing factors. Although it is not clear how far these results can be generalized, they demonstrate the need to consider telephone consulting skills training in the context of new out-of-hours arrangements. The results have been used to develop a two-day course.*

Keywords: telephone consultations; out of hours; GP training.

Introduction

THE telephone can provide simple, low-cost, convenient access to health care advice and information, help patients to care for themselves, and offer support to carers.[1] It is also an effective means of managing demand, and in many health care systems telephone consultations are an increasingly important component of service delivery.[2]

In the United Kingdom, telephone consultations are becoming a major means by which out-of-hours general medical services are delivered.[3] Following changes to GPs' terms and conditions of service in 1995, and after widespread implementation of new out-of-hours arrangements such as cooperatives, a considerable shift has taken place away from home visiting to advice by telephone alone. Although telephone consultations require specific skills to compensate for the lack of visual cues and to manage patients' expectations of a home visit, undergraduate medical education and vocational training has overlooked these needs.

To date, there has been little exploration of British GPs' training needs in relation to telephone consulting, although the need has been recognized for many years.[4] The introduction of cooperatives, with an emphasis on telephone contact, has increased the need for GPs to have effective telephone consultation skills. There are no published reports on telephone consultation training for GPs in the United Kingdom, although examples are emerging from other countries.[5]

This study arose from a survey of GPs in one health authority in south London which found considerable demand for telephone consultation skills training.[6] Within this district, approximately 300 GPs (two-thirds of the total) belong to an out-of-hours cooperative managing 62% of calls by telephone advice alone.

The authors were asked to develop a telephone consultation course to meet this need, and to aid its development they sought to identify prospective participants' concerns. This paper reports on these findings; results of the course evaluation are described elsewhere.[7]

Method

A semi-structured interview schedule explored GPs' perceptions of their confidence in telephone consultations and examined the nature of difficult and satisfactory telephone consultations.

Fifteen GPs participating in the training were interviewed prior to attending the first course. Interviews lasted 45 minutes, and were tape recorded and transcribed verbatim. The transcripts were analysed thematically using the Framework approach.[8]

To validate and assess the generalizability of views, a self-completed questionnaire was developed using results from the interviews. It incorporated closed and open questions, was piloted with local GPs, and sent to 23 participants prior to attending subsequent courses. The qualitative questions asked GPs to describe telephone consultations they had found difficult and satisfactory. The results were analysed using the categories developed from interviews. The quantitative questions rated confidence levels.

Results

In all, 38 GPs attended the first three courses. The majority (33) organized out-of-hours cover through a cooperative; the rest (5) used a combination of deputizing companies or practice rotas. Twenty-seven of the GPs were women and 11 were men, 27 worked full time, and 11 part time; these figures compared with a total of 272 male and 150 female, 363 full-time and 59 part-time GPs in the area. The average age of participants was 42 (range 32 to 64, median 39 years) compared with 47 years (range 29 to 69, median 46 years) for all GPs in the area. Practice size varied from single-handed to eight partners, with an average of four,

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compared with an average of two partners for the area.

All the GPs approached for interviews participated (n = 15), and 95% (22/23) of the questionnaires were completed.

GPs' confidence in providing telephone consultations

Data from interviews and questionnaires (Table 1) indicated that GPs felt more confident in providing telephone consultations in hours in their own practices than out of hours. Half the responders reported feeling 'confident' or 'very confident' in their own practices. By contrast, only a quarter of those providing telephone consultations at the cooperative reported similar levels of confidence.

Telephone consultations were generally considered difficult and different because visual information was lacking. Assessing patients over the telephone was dependent on the symptoms callers described, the tone of voice, and the questions asked. Concern was expressed about reliability of information and whether symptoms were exaggerated or underplayed. Furthermore, lack of face-to-face contact precluded a physical examination to confirm or refute a diagnosis.

A number of reasons were described by GPs to account for differences in confidence. First, and most frequently mentioned, was that GPs working in hours generally knew the patients, or had access to their notes and records. However, out of hours this was unlikely. Telephone consultations were thought to be more agreeable to patients who knew and trusted the GP, and familiarity increased the likelihood of patients accepting a suggested course of action.

Secondly, relationships with colleagues in a cooperative were perceived as different from those within GPs' own surgeries. Whereas GPs reported feeling able to discuss difficult telephone consultations with colleagues in their practice, at the cooperative they felt less supported and were concerned that decisions might be 'judged'.

A third theme related to dilemmas involved in initiating home visits while working in the cooperative. GPs reported that when they took calls from patients within their own practice they felt less was at stake than when working out of hours; patients could be visited more readily as they lived nearer the surgery, and if uncertainty existed they could more easily be telephoned back later. In contrast, patients of the cooperative lived across three boroughs, and the GP visiting patients at home was rarely the one who had made the initial telephone assessment.

Finally, GPs expressed concern about not knowing the outcome of telephone advice given while working at cooperatives, or of calls referred for home visits. This was in contrast with their practice work, in which follow-up occurred more readily.

Difficult calls

In the questionnaires and interviews, GPs were asked to describe calls they found difficult. Several common characteristics emerged (Table 2). Difficult calls tended to involve a number of these characteristics compounding each other.

One of the most frequently mentioned aspects of difficult calls involved differences of opinion on the need for a home visit. Concern was expressed about the fear of complaints over not visiting, and of therefore feeling 'trapped' into offering a visit.

Children were commonly the subject of difficult calls. Not knowing the family frequently contributed to difficulties, particularly if parents were prone to exaggerate or underplay symptoms. However, with children the GP's own anxiety about missing a diagnosis was a major issue. GPs described how uncertainty led to a lowered threshold for visiting children; fear of missing meningitis was often mentioned.

Patients who described vague symptoms associated with chronic conditions were also considered difficult to assess accurately because of uncertainty whether the symptoms indicated something new or were part of a continuing problem.

Finally, callers presenting with mental health problems were often difficult, particularly if the patient and history were unknown and lack of access to notes impeded an accurate assessment.

Satisfactory calls

Factors contributing to satisfactory calls are shown in Table 2. Calls from patients who specifically wanted advice, or for whom diagnosis was certain, were considered straightforward, as were those from patients who agreed with the proposed course of action.

Culture of the cooperative

In response to questions about contextual factors contributing to the difficulties experienced, many responders described aspects of the cooperative's culture. It was felt that 'good' doctors were those whose telephone consultations dealt quickly with patients and generated few home visits, while 'bad' doctors had slow consultations that led to many visits. GPs sometimes reported feeling a conflict between their duty to patients to provide good care (which may take time and involve a home visit) and their

Table 1. Levels of confidence in providing telephone consultations (percentages in parentheses relate to number of GPs responding to each question).

	Own practice, in hours	Cooperative, out of hours	On call for own practice, out of hours
	n = 22 (%)	n = 16 (%)	n = 9 (%)
Very unconfident	1 (5%)	2 (12%)	0 (0%)
Unconfident	0 (0%)	4 (25%)	0 (0%)
Fairly confident	10 (45%)	6 (38%)	4 (44%)
Confident	8 (36%)	3 (19%)	4 (44%)
Very confident	3 (14%)	1 (6%)	1 (11%)

Table 2. Four most frequently mentioned characteristics of difficult and satisfactory calls.

Difficult calls	Satisfactory calls
Difference of opinion on the need for a visit	Patient specifically wants advice
Parental anxiety about children	Patient agrees with suggested plan
Chronic conditions	Problem is clear
Mental health problems	GP knows the patient

Table 3. Summary of differences in providing telephone consultations.

Own practice	Cooperative
GP high in confidence	GP low in confidence
GP knows patients	GP does not know patients
GP has access to notes/information	GP has no information except what is volunteered by patient
Patients know the GP	Patients do not know the GP
GP can discuss consultation with colleagues	Fear of being judged by colleagues (e.g. on appropriateness of visit)
Patients live near surgery and can more easily attend	Wider geographical spread: patients less willing to attend cooperative base and more time-consuming to visit
GP can follow up treatment decision; patients can return to surgery if advice not helpful	GP less likely to know outcome of treatment decision
Call volume tends to be low	High number of calls; constant pressure to keep waiting times down

duty to the cooperative and others on duty not to overload the system. This culture tended to create pressure for GPs to be quick and efficient, and to order few visits.

Discussion

General practitioners' concerns and confidence in providing telephone consultations have received little attention. This study found low levels of confidence and a range of factors that GPs perceive as contributing to the difficulties involved in telephone consultation, particularly in the context of working within a cooperative. Table 3 summarizes the issues. The most important related to the lack of visual clues and information about the patient's past medical history and social circumstances, and the feelings of risk and uncertainty.

Although some evidence suggests that patients receiving telephone advice have lower levels of satisfaction than those receiving a home visit or attending an out-of-hours base,[9] little is known about the extent to which this reflects the difficulties identified by GPs. Factors identified as contributing to difficult calls are likely to be encountered frequently out of hours. Between 22% and 30% of calls relate to children under five years,[10] and about 50% to patients wanting a home visit;[9] both of these factors were associated with difficult calls.

The GPs in this study were self-selected because of their expressed motivation to seek training in telephone consultations. They were younger than the average for GPs in the area, and were more likely to be female and to work part time. Although this suggests that GPs with these characteristics may have greater concerns in conducting telephone consultations, the need expressed by GPs for training in telephone consultations skills appears be more widespread. Within the same district, 84% (269) of GPs responding to a recent survey about out-of-hours care rated the need for training in telephone consultations as 'important' or 'very important'.[6] There is evidence that cooperatives nationally are responding to this training need. A 1997 survey found that 25% of cooperatives (38/153) had provided members with training in telephone consultations in the previous year.[11] Likewise, courses are appearing in other health care systems. In Copenhagen County in Denmark, for example, the main cause of complaints relating to telephone consultations was poor communication; a telephone consultation course has now been devised.[5]

The study also identified a need to consider organizational issues that were felt by many GPs to contribute to their difficulties. These issues include:

- Maintaining adequate staffing levels to ensure that pressure to complete calls quickly does not become overwhelming
- Providing GPs with feedback so they can learn from experience
- Developing a sympathetic environment in which GPs feel supported rather than judged by their colleagues.

Two practical steps are to offer training to GPs and information to patients about services provided out of hours. Although uncertainty is a constant in general practice, this study suggests that it is heightened in the particular circumstances of out-of-hours telephone consultations. Providing time to reflect and practise skills may improve confidence and reduce anxiety. More information for patients on changes in the ways out-of-hours services are being delivered may reduce the potential for conflict by reducing the expectation of a home visit.

Drawing on this study's results, the authors have developed a two-day course aimed at improving GPs' confidence in telephone consultations. The course is intended to provide a safe environment to explore concerns, as well as an opportunity to develop and practise different telephone consulting techniques. The evaluation of this course will be reported in a subsequent paper.

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