Physicians response to patients telephone calls—pitfalls and solutions

Abstract
Telephone medicine is a fast emerging concept and training in telephone medicine skills is limited among physicians. Increased awareness in telephone medicine may assist physicians in minimizing the risk of errors.

Key words: Telephone medicine

INTRODUCTION
The rapid advancement in the field of information and technology has initiated new areas of challenges for physicians. Issues like use of mobile phones by physicians has been of debate.[1] Other portals of communication like e-mails and web-based medicine has been on the rise. The inherent advantage of remaining in touch with patient information within the reach of keypad/keyboard has to be weighed against the potential disadvantages. Although 25% of interactions between physicians and patients take place on the telephone, little has been written about telephone communication and medical mishaps.[2] Errors in telephone communication can result in outcomes ranging from inconvenience and anxiety to serious compromises in patient safety. Only 6% of residency programs in developed nations teach any aspect of telephone medicine.[3] In India the concept of telephone medicine is not only new but an unexplored area and the overall training in telephone medicine skills is limited among physicians. The article is a review of this common emerging problem and suggests some guidelines.

Errors of non face to face communication
Adverse outcomes resulting from communication errors over telephone may range from inconvenience and anxiety to serious risks to patient safety. History-taking may be inadequate in phone calls, and management decisions may be inappropriate.[4] Other potential disadvantages of telephone consultations include failure to detect a problem, breach of patient confidentiality, narcotic abuse by patients, misunderstanding of physician advice, and medical errors.[5] With e-mail, clues to a patient’s emotion based on voice inflections are unavailable, and the asynchronous nature of e-mail and Web-based communication hinder following the development of acute symptoms.[6]

Recommendations[4-7]
Standardized recommendations and strategies to handle telephonic conversation are lacking. Some practical guidelines that would be of help include:
1. The lack of visual clues prevents the physician from gauging patient emotional response. The physician should verbally check in with the patient to determine if he or she is available to speak and allow the patient to express himself or herself before offering or exercising other options.
2. At the clinic visit, the manner in which laboratory results will be reported to the patient should be clearly established. Significant tests, such as HIV screening, should be followed by a visit to discuss results.
3. The physician should always attempt to speak to the patient when a relative or friend is the caller and be cautious with interpretation of information provided by others.
4. Physicians should be comfortable denying inappropriate requests, such as narcotics over the telephone.
5. Reassurance is an important role of physicians taking telephone calls and may be perceived as more important than relief of symptoms.
6. As face-to-face communication is not possible, asking the patient to repeat instructions from the
physician can ensure comprehension and minimize the risk for errors.
7. Physicians should avoid interrupting the patient and listen to the entire story.
8. The physician should be aware of his or her own paralanguage and its effect on the patient.
9. When symptoms do not warrant an emergency evaluation, a “check-in” call strategy can be effective.
10. Consider hidden concerns in patients who call at inappropriate hours and allow patients full opportunity to offer the chief complaint using open-ended questions, such as “Is there anything else you want me to know about?”
11. Patients who are hearing impaired, dysarthric, mentally disabled, or aphasic may be hard to understand over the telephone. After excluding an emergency, the physician should consider the use of an intermediary for communication.
12. If the patient is calling from a noisy location, a change of location may be suggested.

Training[8,9]
Effective curriculum in telephone medicine for residents, medical students, support staff, and faculty should be initiated at every level of medical practice. Educational strategies to optimize the telephone consultation in terms of best patient outcome should include the use of standardized patients presenting over the telephone, scripted dialogues, and simulated case scenarios.

CONCLUSION
Thus telephone communication will remain a major part of doctor-patient communication for the foreseeable future, despite the advances in other distance technologies. Recognizing and learning about communication challenges in telephone medicine is essential for good clinical practice.

REFERENCES