Broken Telephone:
Residents and the Practice of Telephone Consultation
ICRE, OTTAWA, CANADA
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Outline

Review of telephone consultation in the Department of Pediatrics

◦ Background and Goal
◦ Process
◦ Results - Highlights
◦ Recommendations
Background
Goal

Minimum standards to be followed when trainees are engaged in the practice of telephone consultation
Telephone Consultation Working Group

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Review Process

Surveyed Pediatric Department Chairs across Canada
Interviewed Program Directors
Interviewed Trainees
Met with Representatives from Regulatory/Advisory Bodies
  ◦ CPSO, CMPA
  ◦ Hospital Legal and Privacy offices
  ◦ Department Billing Champ
Presentations to Department Committees/Groups
  ◦ Clinical Excellence Committee
  ◦ Medical Education Advisory Committee
  ◦ Subspecialty Program Directors
Highlights of Findings
Department Chair Survey

14/17 responses

Essential service provided by AHSC

No formal departmental policy

Most did not bill

Most did not have a formal documentation system
Exemplars of note

One number protocol
- 24/7 service, facilitates outside calls from other health care workers
- Calls are recorded and triaged
- Data for billing is recorded

RAAPID
- Alberta has a province-wide system to connect healthcare workers with specialist physicians
- Goal to help ‘repatriate’ patients to hospitals closer to home when possible
Interviews with Program Directors

- Interviewed 20 specialties
- Significant part of clinical workload
- Rely heavily on trainees to fill this role
- Recognized the educational value

Orientation
Supervision, Graded Responsibility
Assessment and Feedback
Orientation

Most had some form of orientation, but recognized the room for improvement

- Introductory sessions in summer academic curriculum series
- Handouts, documentation templates
- Booklets outlining common calls and decision trees
- Formal training in SBAR (situation, background, assessment, recommendation) communication
Supervision and Graded Responsibility

Used the trainee’s clinical skill in general as a surrogate marker of readiness to take calls.

Which call was reviewed and when varied:
- Some were not sure if all calls were reviewed or just the ones of concern.
- Start out by reviewing after each call, graduate to reviewing as needed.
- Staff physician listening in real time to all calls.
Most programs did not have a formal assessment in place.

Informally assessed based on the quality of the verbal presentation of the call.

Informally provided feedback while calls are being reviewed.
Interviews with Program Directors

Orientation

Supervision, Graded Responsibility

Assessment and Feedback
Interviews with Program Directors

Orientation
Supervision, Graded Responsibility
Assessment and Feedback

Documentation
Appropriateness
Interviews with Trainees

- Valued the experience
- Felt well-supervised
- Orientation and ‘preparedness’ training was similar to other clinical roles they played

**Documentation** (what to document and where?)

**Appropriateness** (too accessible)
Privacy Office

Do not use phone advice for urgent or emergent situations

Keep high level, avoid patient-specific advice

Need tools to make documentation easier

Not congruent with practice in the Department
Billing possible
System required/administrative support to collect required information

No division was billing in the Department
Telemedicine policy
Keep documentation for 15 years
Only give ‘high level’ advice

Not congruent with practice in the Department
Should always obtain consent from the patient
Must always document
If no patient chart, keep documentation in individual Department
Keep documentation for 33 years
No formal policy for telephone communication
Must document
Include pertinent positives and negatives so that it is clear why you did what you did
The calling physician must get consent from the family before calling and sharing their personal information with us
Regulatory and Advisory Bodies

Recommendations not in practice in most divisions

Many not felt to be practical by practicing physicians
Summary of Review Findings

Telephone consultation considered an essential service provided by pediatric academic health science centres

Disconnect between current practice and minimum standards described by regulatory bodies
Summary of Review Findings

Trainees
- Orientation, Graded Responsibility, Assessment
- Adequate, room for improvement

Documentation
Appropriateness
Recommendations

1. Department level policy standardizing practice expectations for telephone consultation

2. Department support of Divisions in the development of a system(s) to triage calls to promote efficiency and appropriate use of resources.

3. Departmental development of a user-friendly documentation solution

Minimum Standards for Trainees

There should be a **consistently used system for trainees to document all calls.**

All trainees should receive an orientation prior to taking calls.

Every trainee should have an identified accessible supervisor.

There should be enhanced supervision of trainees at the start of their program until a written assessment is completed.
So then what happened?
Recommendations

1. Department level policy standardizing practice expectations for telephone consultation

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Sample Assessment Form

Does the trainee:

_____ Document appropriately (fills out the form and relevant fields)
_____ Get enough information to understand and answer the question
_____ Give appropriate medical advice
_____ Recognize their limitations and calls staff supervisor for help appropriately

Other comments:

Graded responsibility level for this trainee at this time is:

_____ Call supervisor to review each call in real-time
_____ Call in real-time when concerns identified, otherwise group all-call review in the am
_____ Call in real-time when concerns identified, otherwise group select-call review in the am
What worked?

Synergy between improving a clinical system and improving education
“High-quality service is the basis of high-quality teaching...If the setting does not make clinical sense, it will not make educational sense.”

Evan Charney, former president APA
Thank-you
Questions for PD’s

Does your Division take outside calls (from physicians and/or families)?

- Can you estimate how many calls your division takes in a given week?

Who is receiving these calls (faculty, fellows, residents, med students, clinic nurse, nurse practitioner)? Does this vary by time of day?

Is the patient usually known to HSC (i.e. has a chart)?

Describe the intake and response process for your division. (e.g. Fellow paged by locating, takes down information, hangs up, looks up answer, reviews with faculty supervisor, calls back).

Describe the documentation process (if any) in your Division. (If a standardized documentation form, could we have a copy?)

Does your Division shadow bill for this work? If yes, how?

If trainees involved, describe your process (if any) for trainee readiness assessment

- Orientation/training
- Observation/feedback
- Assessment/evaluation
- Supervision

What doesn’t work well with your division’s current state of taking outside calls? What’s not so good about it?

What does work well? What is good about it?

Have you had any issues on retreat reports or Royal College accreditation reports about trainees and outside calls?

Has your division had any M+M issues related to outside calls? Clinical concerns not requiring M+M? How are these captured and remediated?

Does your corresponding adult subspecialty do this type of consultation? If so, how do they approach this?

Can you suggest anyone else who may be a good source of information for us on the issue of outside calls/consultations? E.g. Best practices
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  • Observation/feedback
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What are your comments regarding the attached ‘draft principles’

Any other comments?
Questions for Dept Chairs

We are examining the practice of telephone consultations in our Department with a goal to develop minimum standards of practice for our trainees. Your input on any or all of the following three questions would be very helpful to us:

Is there a policy or guideline in your Department for telephone consultations? (i.e. for the entire department, or specifically for trainees?) If yes, would you mind sharing a copy with us?

How important do you think it is for your Department to offer telephone consultations/telephone advice to community physicians?

How important do you think it is for your Department to offer telephone consultations/telephone advice to patients/families?
Summary of Recommendations

• Department level policy defining minimum standard of practice for telephone consultation
  • Regulatory bodies, documentation requirements, billing

• Triage system for calls

• User-friendly documentation system
  • Including patients not seen at SickKids

• Toolkit to help training programs meet the minimum standards for trainees