



Developing Telephone Precepting Guidelines

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BACKGROUND

Effective communication between residents and attendings is vital to patient care and resident education. A significant portion of residents' communication with attendings occurs over the phone. At St. Mary's Hospital, the night float residents are required to discuss the case of each admitted patient with the on-call teaching attending via phone. The goals of this communication include providing information, seeking input in the decision-making process, and reassurance. Resident presentations over the phone are quite variable and attending contribution is also variable. Some residents present well and are able to relay the acuity of the case, while others require guidance and reorientation

GOALS

1. Assess residents' and teaching attendings' perception of telephone communication during the night float rotation
2. Develop guidelines to be used by the residents during the night float rotation that will help to enhance resident and attending communication skills

OBJECTIVES

1. By the end of the 2 week night float rotation all PGY 2 & PGY 3 residents will demonstrate how to efficiently, accurately, and concisely discuss a patient case with an attending by phone using the guidelines
2. Half-way through a ward block the teaching attendings will exhibit active listening techniques, offer management advice as needed, and briefly share teaching points during each case that is discussed with them by the night float residents via the telephone

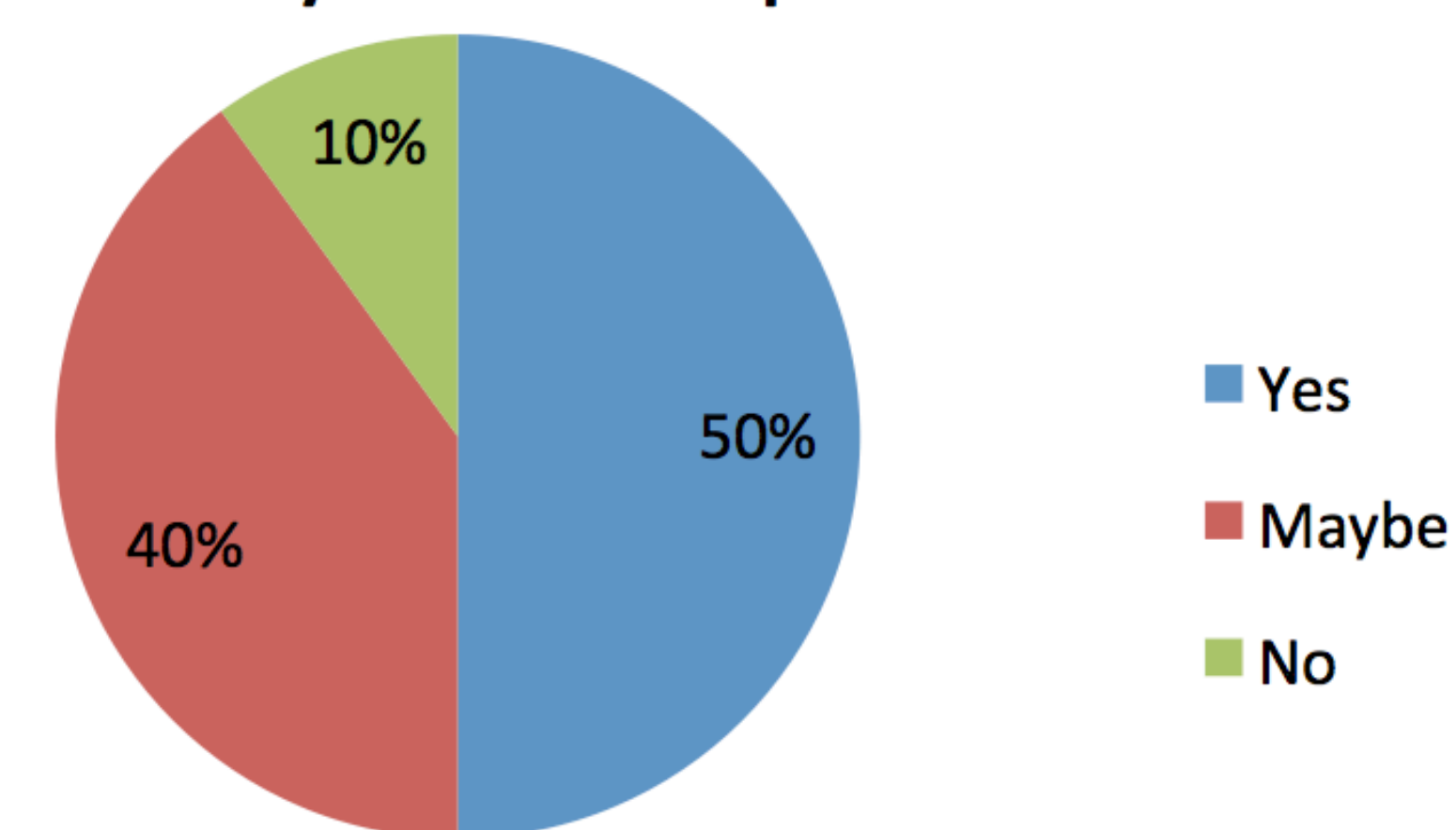
METHOD

A survey was designed with Likert and open ended questions and was administered to the residents and teaching attendings. The survey was used to evaluate their perception of communication during the night float rotation, their satisfaction with telephone precepting, and their perception of the use of guidelines during telephone precepting. Separate focus groups were conducted with the residents and the teaching attendings to assess their expectations of communication during telephone precepting. Fifteen PGY 2 & PGY 3 residents, out of a possible twenty, competed the survey, and seven participated in the focus group. Ten attendings completed the survey and nine participated in the focus group.

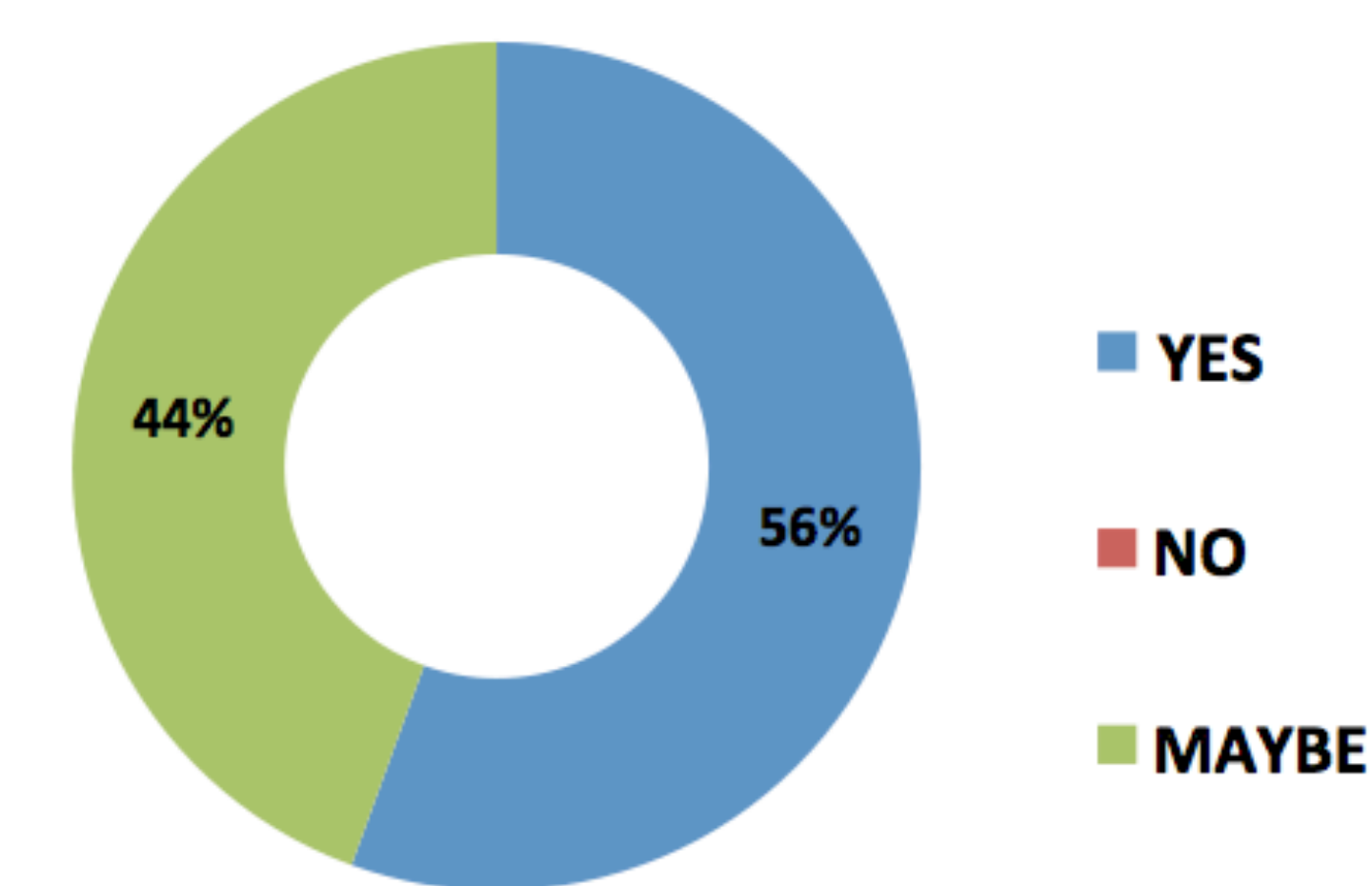
Table 1. Resident Night Float

	No	Yes	Maybe/ Sometimes	No Response
Have you ever had uncertainties about a case that were not resolved after discussing the case with the attending?	11	4	0	0
Do you think that the lack of resolution of the uncertainties could have been related to the way the case was presented?	10	0	2	3
Do you think some form of orientation at the beginning of the rotation would be helpful?	4	8	3	0
Do you think there should be a standard of how to present the cases during the night?	5	6	3	1
Besides CSR, do you get any feedback?	7	5	3	0
Would you like more real-time feedback?	4	10	0	1

Have you ever felt confused or unclear after a case presentation and attributed those feelings to the way the case was presented?



Should there be a standard or guidelines as to what is expected when patients are presented over the phone?



Comments from residents' survey

- "I like the sense of autonomy at night and precepting available if needed"
- "As a second year starting night float it would be helpful getting some orientation and expectation at the start of the rotation"
- "It is sometimes hard to get a hold of attendings at night..."
- "challenge of how concise to summarize cases"
- "Prefer orientation prior to starting"
- "Independence in admitting, precepting available and good teaching"
- "Attending did not hear certain information like labs or PMH even though it was mentioned"
- ".....especially to clarify what some attendings want during case presentation"
- "Chart Stimulated Recall (CSR) seems unhelpful frequently as case already discussed with admitting attending"

REFERENCES

1. Lamb P, Mary. Telephone Precepting: The Development of a Curriculum. Teaching and Learning in Medicine 2004; 16(3):276-278

ACKNOWLEDGEMENTS

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RESULTS

Attendings

Results from the focus group:
"Communication in healthcare is as important as communication in aviation....that is also true during the day, that is also true 24 hours/seven"

"The main thing is to have the data, be prepared"

"They should have a structure but we should be able to speed them through"

"One of the biggest priority for me is safety of the patients"

Residents

Results from the focus group:
"Communication is a two way street"

"Sometimes we get dinged because we didn't give enough details and sometimes we get dinged because we give too much details"

"If the resident knows what's expected and you meet that expectation they have more confidence to keep going"

"It eliminates that anxiety especially if you are a first year resident"

"Sticking to the guidelines might lead to missed details when you have complex patients"

"It's ultimately about patient safety"

CONCLUSIONS

The night float rotation is of great educational value; however, communication between the residents and teaching attendings is not always effective. The majority of the residents and teaching attendings feel that guidelines for telephone precepting may serve as a vehicle to improve this mode of communication.

NEXT STEPS

The information obtained from each focus group will be used to develop guidelines and training for the residents and attendings to use during the night float rotation. The guidelines will be piloted during a two-week night float block and afterwards they will be evaluated. The guidelines will be revised based on the evaluations and they will be included in a fully revamped night float curriculum. We will use role plays during workshops to train the residents to use the guidelines.