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# Conducting initial telephone consultations in primary care: a scoping review.

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# Conducting initial telephone consultations in primary care: A Scoping Review

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## Abstract

### Background

Telephone consultations are increasingly used in primary care to deliver healthcare services to patients. However, there has been no review produced which identifies and maps the elements of the components, skills and training required to deliver telephone consultations in primary care. This review maps the evidence and can be used to inform clinical service and staff development.

### Method

A scoping review was conducted using JBI methodology. Inclusion criteria for this review included: Participants – any study focusing on any qualified healthcare practitioner working within primary care services; Concept – was any initial telephone consultation within primary care; Context – was primary care within developed nations defined as having very high human development. A three step search strategy was adopted to include published and unpublished literature in English from 2002 to 2017.

### Results

The search identified 3378 sources of literature. Two independent reviewers screened titles and abstracts then full text against the inclusion criteria which resulted in 18 articles included in this scoping review. Data was extracted by two independent reviewers relevant to the review question: components, skills and training in telephone consultations.

The 18 articles involved five countries, 144 healthcare professionals and between 55-1506 patients. The key attributes for telephone consultations (components, skills and training) were synthesised into tabular display and provide guidance on the main elements required for providing this service in primary care.

## Key words

Telephone consultation, telephone assessment, primary care,

## Background

Traditionally, patients' access primary care services face-to-face, but increasingly telephones are being used as an initial approach; indeed, the telephone has been considered a routine mode of accessing healthcare services for more than two decades.<sup>1</sup> The reasons for telephone use in primary care services in recent years include an increase in demand for services which places pressure on limited resources,<sup>2</sup> an increase in demand for same-day appointments,<sup>2</sup> and the need to manage long waiting lists.<sup>3,4</sup> Initial telephone consultations (sometimes referred to as assessments) go further than triaging patients; a full clinical assessment is conducted over the telephone by a healthcare professional and decision making regarding patient management is carried out.<sup>5</sup> The result may include signposting to other services, urgently accessing emergency services if a serious condition (e.g. fracture) is suspected, provision of a brief or longer intervention by telephone, or arranging further face-to-face intervention. Initial telephone consultations are the focus of this review as they are being increasingly used in

primary care, largely due to supply/demand issues, and are being used by an increasing variety of professional groups, such as allied health professionals<sup>4</sup> and psychologists,<sup>6</sup> who do not traditionally receive training in how to conduct these at undergraduate level. It is therefore appropriate to map the current evidence to inform future practice. This review summarized the current literature and provides clinicians' with an overview of the components, skills and training required for conducting initial telephone consultations in primary care.

## Aims

The aim of this scoping review was to examine the characteristics of telephone initial consultations conducted in primary care settings and map the evidence on components, skills and training recommended for initial telephone consultations in primary care guided by the following questions:

1. What components are or should be included in primary care initial telephone consultations
2. What skills are required for primary care practitioners to deliver initial telephone consultations
3. What training is recommended for primary care practitioners to deliver effective and acceptable initial telephone consultations

## Methods

This review was guided by an *a-priori* protocol<sup>7</sup> incorporating Joanna Briggs Institute (JBI) scoping review methodology.<sup>8</sup> The inclusion criteria for this review were: Participants – any study focusing on any qualified healthcare practitioner working within primary care services; Concept – was any initial telephone consultation within primary care; Context – was primary care within developed nations defined as having very high human development.<sup>9</sup>

To map the evidence the authors included published and unpublished literature that covered primary research (quantitative, qualitative), systematic reviews, reports and expert opinion from 2002 to 2017.

A three step search strategy was adopted in this review. Stage one involved an initial search of Medline and CINAHL using key words. Following analysis of the text used in the titles, abstracts and index terms the search strategy was developed for Stage two. The second search was then undertaken across seven databases (CINAHL, Medline, Cochrane Library for controlled trials and systematic reviews, EMBASE, Web of Knowledge, ERIC and AMED) and simplified unpublished searches included Open Grey, Open DOAR, Ethos, Google Scholar, Government Department of Health websites (nine countries) and professional bodies of health disciplines globally. Stage three involved searching reference lists of retrieved articles to identify additional studies.

All retrieved articles were exported to Refworks and duplicates were removed at this stage. Two reviewers independently assessed the titles and abstracts of the retrieved articles against the inclusion criteria for relevance. Studies meeting the inclusion criteria had full text retrieved for further analysis by two independent reviewers. Full text articles that did not meet the inclusion criteria were excluded at this stage and the reason for exclusion recorded. All disagreements were resolved by discussion with a third reviewer.

Data relevant to the review question were extracted by two independent reviewers and included specific details about health professionals conducting telephone consultations, patient groups, sample size, primary care setting, outcomes and findings relevant to components, skills and training for initial telephone consultations.

## Results/Discussion

The searches retrieved 3378 articles and 3,096 articles remained after duplicates were removed. There were 99 full text articles reviewed and subsequently 18 articles included in the final scoping review synthesis.

The 18 articles involved 144 healthcare practitioners and 55-1506 patients across 5 countries (UK, USA, Netherlands, Australia and Denmark) in primary care settings. The extracted data were synthesised into table 1 forming six components, seven skills and seven training requirements for initial telephone consultations.

*Table 1. Components, skills and training for telephone assessments*

COMPONENTS	SKILLS	TRAINING
Beginning Assessment	Communication skills	Specific communication & listening skill training
Timing	Listening skills	Training standards
Documentation	Empathy & rapport	Observation period
Assessment Methods	Clinical experience	Training package
Subsequent Actions	Evidence based practice	Training duration
Following Call		
Legal Requirements	Enhanced skill-set & multi-tasking	Competency assessment
	Legal skills	Under-graduate & post-graduate curriculum & training

## Conclusion

The aim of this scoping review was to gather information that sheds light on telephone consultations within the primary care sector. There are very few quantitative or qualitative studies in relation to this topic, with most of the information being gathered from text and opinion articles.

The findings from this review have been used to inform, alongside primary qualitative research with patients and physiotherapists, the development of a training package for initial telephone consultations in musculoskeletal out-patients.

## Conflict of interest

The authors declare no conflicts of interest in this review.

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