

The RICE – rating list

MANUAL FOR RATING OF COMMUNICATION SKILLS

Guideline for assessing the communication skills of a call handler
working at an out of hours centre

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1. The origin of the RICE-ratinglist

At an out of hours centre many calls are answered daily by medical call handlers about personal health queries and problems. To be able to advise the caller adequately the call handler must not only have medical knowledge but also a high level of communication skills at his/her disposal. They should demonstrate those skills during a call. Call handlers should also be able to file a report of the call correctly.

To be able to assess the quality of the communication skills, the medical knowledge and the reporting skills of call handlers at out-of-hours doctors offices the RICE-ratinglist was developed.

The rating of communications skills can be done by colleague call handlers (inter-colleague rating), the quality of medical knowledge and the quality of reporting skills by a medical advisor.

In each conversation the call handlers need to ask themselves: "Why is this person calling? What does the caller expect from me? What additional information do I need to be able to answer this question? How urgent is the medical problem? What care recommendation can I give? How does the client respond to this advice?"

As a reminder and as a stepping-stone to keep the conversation structured one can use the word "**RICE**". The characters of the word "**RICE**" mean;

- **R** Reason (for calling), **I** Information (needed), **C** Care (advice given), **E** Evaluation (of the call) -

Reason is the medical reason of the client for calling. Information is all the background information the call handler needs to be able to determine the level of urgency and the care required. This information is not purely medical but also concerns understanding the personal situation of the caller and their expectations. The care advice is the advice the call handler gives to the client. This can be self-care advice or advice to attend the OOH centre as soon as possible. Evaluation means that the call handler asks the caller whether the advice given is understood and feasible and whether the caller is in accordance with the advice given.

This rating-list was developed with the help of call handlers, doctors, managers and communication experts who all work at or are involved with an OOH-centre in the Netherlands.

To assess the medical content, the rating-list was further developed in the framework of the NHG project "Meten is weten, een gecertificeerde opleiding tot triage-assistent" / "To measure is to know, a certified training for call handlers." The input of Eddie de Zoete of the NVDA was of great value.

The rating list was validated by Jan van Dalen and Paul Ram of the University of Maastricht, Faculty of Medicine, Department for Primary Care as teachers. Their experience with training and assessing communication skills in medical students and GP-trainees was of great importance to bring about the final result of the list.

2. Objective and application of the RICE- rating list

Communicating is a form of behaviour. This behaviour is a complex process of habits and skills that can however be taught and trained.

The objective of assessing the communication skills of a call handler (CH) working at an out of hours centre (OOH) is to monitor the quality of care provided by this centre. (1)

This rating list provides guidelines to assess the different aspects of these skills. Assessing implies that an observer judges quality by measuring a certain component and providing this measurement with a certain value.

Conversations can be completely or partly judged using the RICE-list.

This RICE-rating list can be used at an OOH centre to coach or give feedback to a call handler. The standard for good communicative behaviour that a call handler should meet, has to be set by those who are in charge at an OOH centre.

To give feedback this rating list can be used completely or partly. It is also possible to evaluate the results of feedback and training of individual call handlers by performing interval assessments during a longer period of time.

This rating list is meant as an instrument to assess the communication skills of a call handler, it is not for judging the medical performance of a call handler as it does not assess the medical content of the call.

The rating list can not be used when someone:

- calls representing someone else, except when it regards a (small) child
- does not speak the required language properly or sufficiently
- is hard of hearing
- cannot be understood sufficiently.

To be able to work with this rating list as an observer, training is required. To maintain expertise the criteria and explanations of the ratings should be studied regularly.

In the manual the terms *call handler*, *client* or *caller* are used which are applicable to both males and females.

3. General instructions to use the RICE-rating list

For the rating of the communication a call is divided into 4 obligatory phases and an period of interruption. In the list the required communicative behaviour for every phase is described and the assessment criteria are given in items.

The RICE-ratinglist can be applied by an observer after a short training on how to use the list.

The rating for a certain behaviour can be scored on a range of 0 to 4:

0= absent 1= poor 2=unsure 3=adequate 4=good

na = not applicable (correctly absent): this means that a certain item can not be rated as it is correctly absent.

In this manual the criteria for the rating “good” are described for each item. Total absence of a skill means a rating of “0”. For the other possible ratings (poor to good) the observer himself judges which score to award.

The emphasis in this rating-list is on the behaviour of the call handler, not on that of the caller. Therefore the observer should observe only the remarks and behaviour of the call handler. Remarks and behaviour of the caller are of no importance. If a call handler does not *audibly* correctly interpret a callers remark this must be rated badly. The call handler must be audible at all times.

The remarks and behaviour of the caller should only be taken into account to catch the general drift of the conversation. It is therefore possible that the call handler scores poorly on an item even though the caller has been speaking about it extensively.

The observer should indicate whether certain behaviour has been shown by placing + or – signs next to the sub- items.

E.g.: Item 3: - “Asked after expectations of caller” , meaning: has not asked for expectation

Item 4: + “Asked for personal data at appropriate moment”, meaning: has asked for personal data at appropriate moment.

Item 2 sub-item 1: +/- “Asked after medical problem”, meaning; asked after medical problem but did not follow through with questioning.

Most of the items cannot be rated until the end of the conversation. The observer can also take notes as a memory support.

It is important that the observer only gives a good rating if the call handler has in an audible manner demonstrated correct behaviour to the observer. Interpretations of good behaviour without being able to hear the evidence are not allowed. The call handler must give feed back to the caller in an audible way what his interpretation is.

If the observer is in doubt whether to rate with “good” or “adequate” it helps to wonder whether it could be done better. If in doubt whether a certain skill was present or not it is better to choose “absent”. Hesitating too long can be distracting.

The rating list says nothing about the medical content of the call. Even if the call handler makes improper medical remarks, it will not be rated.

4. Definitions

To understand the rating list the definition of the following concepts is required:

- a. Communicative behaviour
- b. Reason for calling
- c. Clarifying the problem
- d. Expectation and clarification of expectation
- e. Personal situation
- f. Summary
- g. Structure and announcement
- h. Open and (semi) – closed questions
- i. Verbal and non-verbal signals
- j. Course of action
- k. Listening attentively

a. Communicative behaviour

This is the behaviour a call handler demonstrates during the call which contributes to effective communication with the caller. The method of communication is essential. Examples are: summarizing, giving advice, listening attentively.

b. Reason for calling

Meaning what the caller himself indicates as to be his problem, what the problem means to him, what his expectations are and what his personal situation or circumstance is.

- what is the problem according to the caller ?
- what does it mean to him (is he worried, anxious, unsure, needs to be reassured?)
- what is his expectation from the call handler or the OOH?
- What is his personal situation (bed-ridden?)

Sometimes it isn't clear what the caller's problem is or what he is expecting. The call handler should encourage the caller to state his problem and / or expectation without getting into extensive details. The call handler should let the caller finish without unnecessary interruptions.

c. Clarifying the problem

The call handler should pose questions about the problem in a way that is understandable for the caller.

d. Expectation and clarification of expectation

Expectation is what the caller expects or wants to be done about his problem. Clarification is when the call handler poses further questions about these expectations if these are not sufficiently obvious to the call handler.

e. Personal situation

The call handler must be informed about the personal situation of the caller as this could determine where and how the needed care should be provided. For example: elderly people living alone, those unable to travel or bed-ridden.

f. Summary

A summary is a concise description formulated by the call handler of what the caller has told him throughout the conversation.

The summary should be

- correct
- brief
- formulated as much as possible in other words than used by the caller, a summary formulated in concise original phrases will be marked higher than a direct repetition of the callers words.

The summary should be confirmed by the caller. This can be done in by directly asking or in a testing manner. For example by asking: 'Is this correct?' or 'Have I understood you correctly?'. If needed the call handler will adjust the summary and then check this adjustment with the caller.

A summary can be given at any moment of the call. It can be extensive after the phase in which the reason for calling is given or short e.g. the caller states: "*I was coughing all night*". The call handler can summarize this with: "*So, you are coughing continuously?*". Extensive summaries get a higher rating in the list than short ones.

A summary is a great help for the caller and call handler in keeping the call systemized and comprehensive for both parties and lets the caller know what the call handler has understood of his recount of the problem. Extensive summaries after phase 1 and 2 are rated in the item for summary (item 14) AND structuring (item 16).

g. Structure and announcement

A structured telephone conversation stimulates effective and efficient communication. Effective communication is when the outcome of the conversation has reached the desired outcome of the call. A conversation is efficient when caller and call handler handle the conversation in a sensible, useful and economical way.

To speak efficiently and effectively the call handler must take a leading role in the conversation. It is also important that the call handler and the caller are both aware in what phase the conversation currently is and what the next phase will be. Consequently a call handler should only discuss those items that belong to that certain phase. This means that it is not wise for example for the call handler to offer the caller advice if he is still at the stage of gathering information. Neither is it wise to collect background information when the call handler is already in the stage of offering advice. The better the call handler manages to remain within the current phase of the conversation and the better the caller knows in which phase the conversation is at that moment, the more efficiently and effectively the conversation will progress.

It may occur that the caller reveals new information near the final stages of the conversation that may influence the advice to be given by the call handler. If the call handler then decides to ask further specific questions about this new information, this change in the course of the conversation must be communicated to the caller. For example by saying: *"This information is new to me, I would like to ask you some further questions about this."*

Announcing means that the call handler continuously announces what the next step will be during the conversation. It makes it clear for the caller what he can expect and gives him the assurance that his problem will be discussed during the call (e.g. *"Firstly I would like to collect some of your personal data, then I will come back to your problem"*.) Clear and precise announcing of the different stages within the call gives structure to the conversation.

h. Open and (semi) – closed questions

Open questions can open an unrestricted area. The answer to an open question is not pre-determined. Closed questions can be answered by yes or no. Half-closed questions are those questions in which the call handler presents a few answers from which the caller can make a choice. Half-open questions are useful because answers can be placed on a scale. For example a question like *"Can you describe the pain?"* may be complicated for the caller to answer. If the call handlers asks *"Can you describe the pain; on a scale of serious, mild, or light , what is your choice ?"*, the caller knows what kind of answer the call handlers expects him to give.

i. Verbal and non-verbal signals

During a call the caller and the call handler cannot see each other. The communication is determined entirely by words and the use of the voice. Verbal communication contains elements like pitch, tone, clarity and speed. Emotions are expressed by the tone of voice. It is important the call handler picks up on emotions expressed by the caller using verbal as well as non-verbal signals. The reaction of the call handler to a non-verbal signal should express the feeling and the intensity of that emotion. (*"You sound very angry, am I right?"*). A verbal signal is an expression given by the caller. For example the caller says: *"It worries me"*. The call handler can react with the remark: *"I understand you are worried about the situation, is there a special reason for this?"*. The often heard remark: *"I understand"* can only be considered as a reaction to a verbal signal if the call handler clarifies what it is he has understood. Otherwise it can at best be a sign of attentive listening and should only be rated under item 17.

Verbal communication stops when the conversation stops, non-verbal communication goes on as long as there is contact, even when no one speaks.

j. Course of action

The call handler must collect sufficient information in order to be able to assess the urgency of a problem and to determine the care needed. The call handler has a number of options. He can advise the caller to handle the problem himself and supply the caller with instructions for self-care. The caller can opt for the advice to come to the OOH-centre as soon as possible (*"I can schedule an appointment for you for 11.00. Please take your temperature at home beforehand."*) or for the attending doctor to make a home visit (*"The attending doctor will be with you in half an hour"*). The other option is to advise the caller to see his own GP as soon as possible and in the meantime follow self-care instructions (*"Continue cooling your ankle with ice and see your GP tomorrow"*). The call handler should not use profession jargon.

The course of action therefore can be an advice, an appointment or a combination of both.

k. Listening attentively

In every phase the call handler must show he is listening attentively so that the caller feels encouraged to tell his story. This can be achieved by using the correct name of the caller during the call. The call handler can give short signals to let the caller know he is listening e.g. *"hmm, hmm"*, *"Yes I'm listening, please continue"*. The nature, the timing and the frequency of these signals are important. Nature means that the tone and the content of the signal must be sincere and not judging. Phrases like *"yes, yes"* or *"no, no"* might express approval or disapproval, depending on the intonation. Timing means that the signal must be given at a natural pause in the conversation. Not at an arbitrary moment as this can be experienced as disturbing. The frequency of signaling depends on the speed of the conversation. If someone speaks rapidly, no encouragement is required. Someone who speaks with some hesitation might feel encouraged by signals that show the caller he has an attentive and interested listener.

The call handler can give a signal to stimulate the caller to continue sharing his story or to let him know he has heard what the caller has said. The degree of showing sincere involvement determines whether a conversation can be classified as *"warm"* or *"cold"*.

Client orientated and client friendly

It is difficult to give a good definition of the phrases *"client oriented and client friendly"* and there is a great amount of subjectivity in assessing and appreciation. It is therefore that this item will not be scored. Yet everybody has an idea about what they mean.

Client oriented can be described as the orientation on the expectation of the caller. The caller should have the impression that the conversation concerns him and involves his participation. The call handler should be able to set aside personal emotions like anger or impatience, this shows a client oriented attitude.

Client friendly means that the call handler speaks in a way that is experienced by the caller as friendly. The tempo in which the call handler speaks and the comprehensibility of what is said play an important part in whether the caller experiences the call handler as friendly.

Even speaking in dialect is permitted as long as the call handler is convinced that the caller will be able to understand it. Avoiding unnecessary interruptions is also a sign of client friendly conversation.

5. General structure of a telephone call

A telephone consultation at an OOH centre between a call handler and a caller should follow a strict and recognizable structure. In the first phase the call handler determines what the problem is according to the caller, what his own perspective of the problem is, what his expectations are and what his personal situation is like. During this phase the caller takes the lead over the call (letting off steam).

(2)

Then the call handler starts searching for detailed information about the problem. This does not only concern medical aspects but also the personal experience of the caller. In this phase the call handler takes the lead. After collecting sufficient information the call handler determines the level of urgency and the needed care. Lastly comes the phase in which caller and call handler conclude the call together. They now have an equal share in leading the conversation and it is essential for the call handler to find out whether the caller is in agreement with the given advice or proposed course of action.

During the complete call the call handler should demonstrate respect for the caller in his attitude and behaviour and make it clear that he treats the caller as his equal.

A special period is the interruption period. The call handler can use this period to discuss the problem with a doctor or colleague, or he can study guidelines or he just takes his time to think it all over. This interruption can occur once or more often during the same call.

Summarizing the phases of a call: RICE

- **R = Reason: Opening and global orientation on reason for calling**
- **I = Information: Collecting specified information about medical problem**
- **C = Conclusion and Care advice**
- **E = Evaluation: Finishing the consultation**

6: Items of the RICE-rating list with description

For every phase an explanation is given which describes the reason for adding a certain item to the rating list. Only those items are entered which have been shown by research to be valid and are described in renowned textbooks.

The RICE-ratinglist is divided into 2 parts:

Part A: Communication skills per phase (item 1-13)

This contains skills which are of specific relevance during a certain phase of a call

Part B: General communication skills (item 14-18)

This contains skills which are relevant during the entire call. The item is scored once.

This repeated behaviour will be valued in the final score for that item as one mean score.

Part A: Communication skill per phase

Items can be scored on a range of 0 to 4

0= absent 1= poor 2=unsure 3=adequate 4=good

n/a=not applicable (rightly absent as in item 12 and 13)

Phase 1: Opening and global orientation on reason for calling. Collecting personal data.

Explanation of this phase

Phase 1: Determination of reason for calling. The reason for calling exists of 4 elements; the medical problem, the personal experience of this problem, the expectation and the personal circumstances of the caller. The best way to become informed about those 4 elements is by asking an open question (2-9). Just asking "What is the matter?" or "How can I help you?" is not sufficient. Important is that the call handler invites and encourages the caller to share more of his problem. For example by asking: "Can you tell me more about your sore throat?". Sometimes it is unclear for a call handler what the reason for calling might be. The call handler should help the caller to explain his reason for calling. It is important the caller feels he can speak freely about his problem, his experience of it, his own ideas and his expectations. The time the caller gets during this phase has a great influence on an effective continuation of the call.

It is important that the caller can talk about his expectations even if they may not be met. By getting the opportunity to talk about his expectations he feels he is involved in the conversation and the call handler can work on a relationship of confidence with the caller. This will be stimulated by listening actively, attentively and without any prejudice. Interrupting the caller during this phase will be experienced as most disturbing and may have a negative influence on the call as the caller might become unsure about the way the rest of the call will be handled. The caller does not know whether he will get another opportunity to discuss his points at a later moment of the call. It is also important to accept the opinion of the caller on a problem. This means recognition of his story even when the call handler has another opinion on the matter.

The call handler must have a sensitive ear to pick up non-verbal signals which are expressed by the

callers use of his voice. These signals must be noticed and interpreted and the call handler must verify his interpretation with the caller to avoid misunderstanding. A strong relation between this patient oriented approach and the satisfaction of the caller has been proven to exist .

The first phase should be concluded with a summary of the callers' reason for calling in which the call handler must show he understands this reason and he has checked it extensively with the caller. The call handler should do this by explicitly asking for approval of his summary, for example by asking: "Have I understood you correctly"?. The call handler must collect personal data such as the callers name, address, telephone number and insurance details. This is necessary for practical reasons (such as being able to call the client back if the connection is ended) as well as for organisational reasons (address and insurance details are needed to send the bill at a later stage. What data the call handler must specifically collect is determined by each individual OOH.

It is important the call handler gives the caller the opportunity to share his problem before asking for personal data such as address, phone number and other data. By assuring the caller he will continue discussing the callers problem after collecting personal data avoids uncertainty for the caller about the way the call will be continued. This phase is also important for getting acquainted with each other and each others voice and vocal behaviour.

Phase 1: Opening and global orientation on reason for calling (= problem, caller/patient experience, expectation, personal situation) **and collecting personal data.**

- **1- Introduction by phone in an understandable way**

0 1 2 3 4

Criteria for "good":

The call handler speaks clearly and provides his name and the name of the OOH. The opening question such as "What can I do for you?" or "How can I help you?" will not be scored.

Each individual OOH centre has guidelines for callers using their own or an invented name.

- **2- Asks for or names the (medical) problem and how this is experienced**

0 1 2 3 4

Criteria for "good":

The call handler asks the caller to share his problem and his personal experience with this problem. If the caller spontaneously shares his problem clearly this will be scored as "good" if the call handler repeats or names the problem directly or in the summary. If the caller only shares very few details about his problem the call handler should invite the caller to elaborate on this in a polite and mature way. If the call handler does not prompt the caller for further details he will not score for this phase.

If the personal experience is discussed at a later stage of the call this will be scored in this item. If the call handler also states the problem and the callers personal experience in the summary, then it will also be rated in item 14

- **3- Asks for or names the callers expectation and personal situation**

0 1 2 3 4

Criteria for “good”:

The call handler asks the caller about his expectation and his personal situation. The call handler demonstrates an open attitude and interest for the caller during this phase of orientation. If the caller spontaneously shares his expectation this item will be scored if the call handler repeats or names it directly or in the summary. Just mentioning the expectation is rated with a +. If the call handler continues questioning he will be rated on this item with a ++ (“*Why do you ask this?*” or “*You say it is difficult for you to come to the OOH, why is this?*”). If the caller does not express his expectation or if it is not specific enough the call handler should continue to ask questions in order to clarify it (“*What do you expect from me?*” or “*Why do you think a consultation is necessary tonight?*”). If the call handler also mentions the callers expectation in the summary, then it should also be rated in item 14, summary.

It may occur that the call handler wishes to collect personal data like the callers address and telephone number before asking further questions. If the personal experience of the problem comes up in a later phase it should still be rated in item 3.

- **4- Asks for personal data at appropriate time and in appropriate manner**

0 1 2 3 4

Criteria for “good”:

Essential for this item is the timing when asking for personal data and asking in an appropriate way. This is done by announcing beforehand that those questions will be asked. This announcement will only be scored in this item and not again in item 16. The call handler receives the score “good” if he asks for personal data *after* orientation on the reason for calling, even if he did this incompletely. If the call handler asks for personal data at a later stage of the call the score will be a 2. But if he asks for it later and communicates this to the caller by explaining he has to collect personal data he gets a score of 4. For example by saying; “*I’m sorry but I see I forgot to ask your address. May I write this down now?*”.

Phase 2: Collecting specified information about medical problem

Explanation of this phase:

Before continuing with this phase the call handler should explain to the caller he will be asked a number of questions in order to collect specific information on the problem. The call handler has the intention to assess the urgency of the case by collecting specified information and therefore he can pose (half) closed questions. It may occur that the caller will not directly see the link between the questions he is asked and the problem as he sees it.

Summarizing by the call handler during this phase by checking the summary with the caller will attribute to a greater accuracy of the final conclusions. Constant summarizing and the checking of these summaries with the caller give the caller and call handler the opportunity to validate the information and if necessary adjust or add certain details. In this phase it is important for the call handler to pay attention to the medical problem as well as to the personal experience of the complaint. It can occur that the caller answers almost all questions with a “yes” because the caller doesn’t

understand the questions properly or because he hopes this will lead to the decision to admit the caller to the OOHcentre as soon as possible. The call handler should in this case resort to other questioning methods such as posing open questions or repeating earlier questions in a different way. However the call handler must realise that this behaviour is a result of the callers expectations and this is an important aspect that may need to be discussed again. If it turns out that the caller is adamant about being treated immediately further communication will be impossible and the call handler must give in to this wish. The call handler should mention when he will proceed to the next phase, in this case the phase in which the call handlers advice or proposal for action will be discussed.

- **5- Asks preferably (semi) – closed questions**

0 1 2 3 4

Criteria for “good”:

The call handler preferably poses (half)-closed questions in a way that is understandable for the caller. If he asks open questions it will have no influence on the rating. The call handler asks one question at a time so the caller knows which question he is expected to answer.

Phase 3: Consultation and conclusion

Explanation of this phase:

Based on the reason for calling, determined in phase 1, and the specific information given in phase 2 the call handler can assess the urgency and needed care for the particular problem. Expectation and advised action may be in agreement with each other but they may also differ completely. The call handler must elaborate on the elements of his advice that are in accordance with the callers expectation and those that differ (“I agree with you that your daughter should be examined in the near future, however I do not think this has to be tonight.”). If the call handler decides to give advice it is important not to give too much information to the caller at once and the advice must be understandable to the caller. Therefore the call handler should make sure the caller comprehends what he is being told and if necessary repeat certain parts of the advice or explain it more extensively. There is a positive relationship between the amount of information given by the call handler about diseases, illnesses and the reasons for the given advice and the satisfaction rate of patients. Too much information at once however does not lead to more satisfaction (10).

The advice should be given in a way the caller understands, so no profession jargon should be used. It is important the caller is told about the so-called ‘safety net’: what can be done if the present complaints worsen or if the caller remains anxious. Aside from explaining the safety net it may be necessary to inform the caller which new symptoms should urge him to call back immediately.

- **6- Repeats medical problem and expectation, than gives course of action with explanation**

0 1 2 3 4

Criteria for “good”:

The call handler repeats the problem and the expectation, then states the advice as a conclusion. The course of action can be a home visit, a consultation at the OOH centre, a selfcare advice or the advice to see the own GP as soon as possible. The call handler also gives arguments for his advice. For example “*I do agree with you that the temperature of your child is still too high. This should be dealt with soon.*” It is very important the advice is given only after all information has been collected. If the call handler gives advice during any other phase than this, it will cause a negative rating which should be considered in the end rating for this item.

- **7- Checks whether caller has understood and can fulfill the proposal**

0 1 2 3 4 n/a

Criteria for “good”:

The call handler does not speak in jargon. He checks whether the caller has understood the advice or proposal, for example by asking; “*Do you understand this advice*”? He also checks with the caller whether he can fulfill the course of action; “*You can see the doctor at the OOH centre at 12.45h, can you manage to be here in time*?”. If the caller clearly states that he understands the advice and/or he can manage to comply with it, the rating will be “n/a”. For example the call handler states :”*The doctor will visit you within 15 minutes*” and the caller responds with; “*Thank you, I will wait for him outside*”.

- **8- Discusses safety net**

0 1 2 3 4 n/a

Criteria for “good”:

The call handler instructs the caller what to do if the present complaints worsen, if the caller remains anxious or what to do if certain new symptoms appear. In the case that the caller will be seen by a doctor in the very near future there is no need to talk about the safety net and the rating will be: “n/a”.

Phase 4: Concluding the consultation

Explanation of this phase:

The callers reason for calling should be the main element of the entire conversation. The proposed course of action should be determined in mutual agreement between the call handler and caller. The compliance of the caller to the proposed advice will be greater if he is actively involved in the decision making process. It is important that the call handler checks whether the caller agrees with his proposal. It is also important that the call handler continues questioning in the case of the caller not agreeing with the proposed course of action. In this case the call handler must find out what obstructions there are for the caller complying with the advice given. The call handler must demonstrate flexibility in offering his proposal. It may be necessary for the caller to be invited to visit the OOH centre for other non-medical reasons such as anxiety or fear.

9- Checks for agreement with proposal

0 1 2 3 4 n/a

Criteria for “good”:

If the caller agrees with the proposal of the call handler the call handler does not need to check this statement and the rating will be “n/a”. If the caller does not mention his agreement spontaneously the call handler must prompt agreement for example by asking: “Do you agree with my proposal?”. It is important the call handler does not rely on the assumption that the caller has agreed upon his proposal.

- **10- Demonstrates open attitude and flexibility if caller disagrees with proposal**

0 1 2 3 4 n/a

Criteria for “good”:

If the caller disagrees with the proposal the call handler should demonstrate an open and flexible attitude. He tries to find out what the reason for disagreement is and adjusts his proposal in accordance with the caller if necessary. For example the caller insists on seeing a doctor even when medically there is no reason for an emergency consultation. The call handler could in this case propose for the caller to call back in two hours in order to assess the situation together once more.

This item is not applicable if the caller has already stated that he agrees, this item will then be scored as “n/a”.

- **11- Concludes consultation with correct closing remark**

0 1 2 3 4

Criteria for “good”:

The call handler concludes the conversation in a professional manner and does not end the connection first. Concluding in a professional way includes mentioning the name of the caller and not using popular phrases such as “Bye, bye!” or “All the best.”. A correct sentence could be: “Good evening Mr. Smith. I hope you will recover quickly”.

Period of interruption:

This may occur more than once during the same call. To be scored only once.

Explanation of this period:

A special period is the period of an interruption. The call handler can use this period to discuss the problem with a doctor or colleague, he can study guidelines or just take his time to think it all over. This interruption can occur once or more often during the same call. It is important the call handler tells the caller the call will be interrupted and the reason for this, for example; “Please, stay on the line, I want to discuss your problem with the doctor”. The call handler should resume the call in a professional way and communicate the outcome of the interruption with the caller, for example by saying; “Thank you for waiting. The doctor asks what the name is of the tablets you have been taking”.

This interruption can take place at any moment during the call and can occur more than once. If it occurred more than once this will be valued in the final score as one mean score. If no interruption took place the rating will be “n/a”.

- **12- Announces interruption in professional way and tells reason for this** 0 1 2 3 4 n/a

Criteria for “good”:

The call handler announces that an interruption will take place and gives the reason for it.

- **13- Resumes call in professional way and communicates outcome of interruption** 0 1 2 3 4 n/a

Criteria for “good”:

The call handler thanks the caller for waiting and concisely communicates the outcome of the interruption.

Ad B: General communication skills

To assess the quality of the call, there is certain behaviour that should be demonstrated repeatedly. The rating for that item should be marked each time it is applicable during the current phase of the call. The average of those ratings must be expressed in the final rating. This final rating is the average of repeated behaviour during the entire call. The frequency and the quality of the behaviour concerned determine the final rating. The final rating is the average validation of the demonstrated behaviour.

The following ratings are to be scored.

- **14- Summarizes, checks and corrects** 0 1 2 3 4

Criteria for “good”:

At the end of phase 1 and 2 the call handler summarizes correctly what the caller has said and he checks this summary with the caller. This checking can be done in an asking or testing manner. If needed the call handler will correct the summary and check whether this adjustment is approved by the caller.

- **15- Reacts to feelings of caller after (non)-verbal signals** 0 1 2 3 4

Criteria for “good”:

The call handler reacts to the emotions of the caller that he expresses using verbal and/or non-verbal signals during every phase of the conversation and asks for feedback on his own interpretation by stating these signals as he has understood them. In his reaction to the (non)-verbal signals the call handler should describe the nature of the emotion and the intensity of the emotions correctly.

- **16- Gives structure to conversation and has control over the conversation** 0 1 2 3 4

Criteria for “good”:

The call handler takes the lead over the call and ensures the different phases are connected. The phases of identifying the need for calling, collecting specific data, offering advice and evaluation must take place consecutively. The interruption will only be rated in item 12 and 13.

The call handler must ensure an efficient and effective progression of the conversation. A balanced distribution of time contributes to this. If a caller dwells on a certain phase for too long, the call handler should attempt to conclude this phase and move on in a tactical manner, for example by saying: “*I will summarize what you have told me so far*”. If the call handler repeats an advice unnecessarily often,

this will result in a negative rating for this item.

The call handler brings structure to the conversation by announcing what the next phase will be. It may be necessary for the call handler to return to a previous phase. It is important then that he announces this return. *"I see that I forgot to ask you some questions about your pregnancy. I will do this now"*.

- **17- Listens attentively**

0 1 2 3 4

Criteria for "good":

It is essential that the call handler demonstrates listening attentively toward the caller at all times during the conversation. This can be demonstrated by active and caller oriented listening and in such a way that the caller feels encouraged to tell his story. For example by using signals such as: *"Hmm, hmm"*, *"Yes, I 'm listening, please continue"*. Those signals can be given while the caller is speaking or after the caller has spoken. This caller oriented manner of listening can also be demonstrated by mentioning the caller's name during the call once or more often and by always letting the caller finish his sentence.

Remaining feedback (free space for text)

Not everything that is said or heard during a call can be scored on this list. If needed the assessor can document specific remarks at the bottom of the score sheet which will be discussed separately.

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