



Maguire Communication Skills Training Unit[®]
*Keeping effective communication at the heart of
patient-centred care*

Contacting Patients by Telephone: (R.I.N.G)

***½ Day workshop: for front line
health and social care staff***

Contacting Patients by Telephone - skills for effective interactions

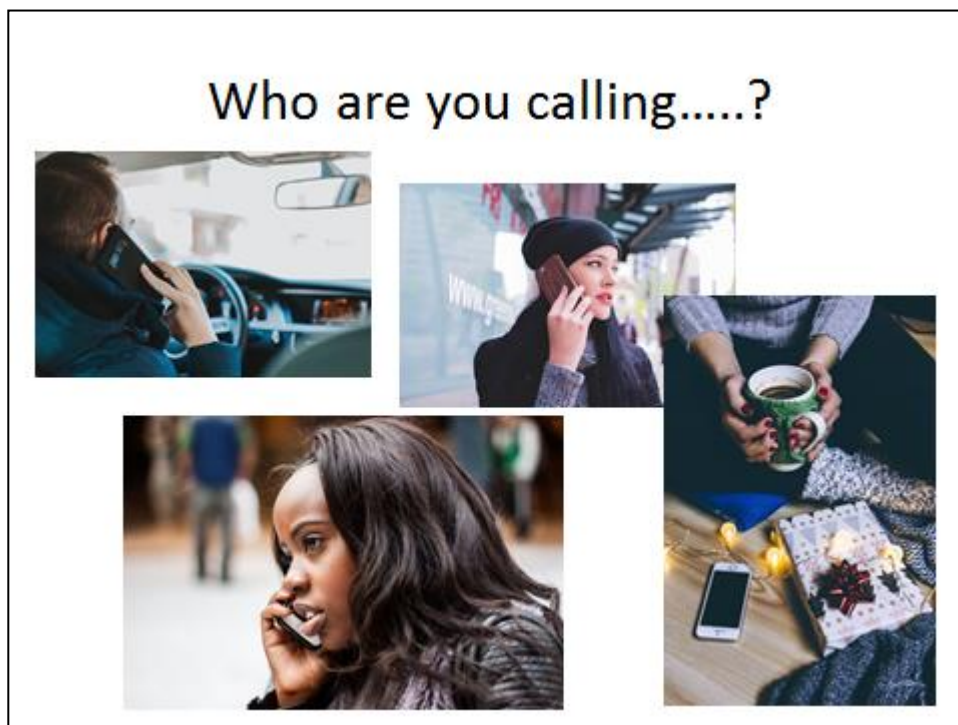
WORKSHOP PROGRAMME

ZOOM

a.m session	
09.45	Registration & Coffee – orientate to ZOOM
10.00	House Keeping, Introductions and Working Agreement
	Presentation <ul style="list-style-type: none">• Group discussion• Listening activity
11:20	Coffee
	Key communication skills Introduction to call structure R.I.N.G
	Unfinished business & Learning Outcomes
13.00	Close

p.m session	
12.45	Registration & Coffee – orientate to ZOOM
13.00	House Keeping, Introductions and Working Agreement
	Presentation <ul style="list-style-type: none">• Group discussion• Listening activity
14:20	Coffee
	Key communication skills Introduction to call structure R.I.N.G
	Unfinished business & Learning Outcomes
16.00	Close

Before you call, it is important and helpful to prepare



- Who is the patient – ensure you have the correct patient information and reason for the call.
- Consider your environment/noise/privacy.
- Have a means to record the telephone call discussion/outcome
- Will the telephone call be expected or not?
- What else may be happening for the person that you may not be aware of?
- Consider possible reactions to the reason for your telephone call or the information you plan to give.
- Have options for referral/signposting to hand should that be necessary.

R.I.N.G – A structure to guide a telephone call to a patient or relative.

R.I.N.G

R	Ask to speak to the patient, confirm you have the correct person Introduce yourself Reason - for your call Check environment/timing
I	Insight – Listen to what the person knows about the reason for your call? Use communication behaviours for non-judgemental, sensitive, listening Reflect, clarify, summarise and empathise with what you are hearing
N	Negotiate – to give the information Pause to hear a 'YES' Give the information in clear simple terms
G	Go to close – Acknowledge any reaction to the information - Empathise Summarise the conversation Thank the person and end with goodbye

'Ask before Tell' builds rapport and helps people take in information

Using the **R.I.N.G** structure will guide and prompt.

The blank template will help you prepare and record details of the telephone call accurately and efficiently.

Blank template (Appendix I)

Active Listening

Active listening means keeping the person at the centre of the conversation.

As this suggests it is an active process and involves one person giving full attention to another. Giving full attention means - attempting to understand the thoughts, behaviours and the feelings of the other person. This takes practice. Active listening is something that helps any interaction therefore these skills can be practiced in every contact with another person, not just during telephone calls.

As it is not possible to 'see' who you are talking to, active listening over the phone may be more challenging than face to face interactions. Distraction is never far away in many busy office/ward/clinic environments.

The slide is a reminder about how much we can listen for during a telephone interaction.

listen for

- Words
- Tone of voice
- Breathing rate
- Volume
- Hesitation
- Speed of speech
- Emotion Sighs
- Silence



Five key communication behaviours for effective telephone interactions

Communication Behaviours

- **Reflection – show you are listening**

To show you are giving your full attention to the person.

"You say you are worried about your appointment....."PAUSE to hear response

- **Clarify – to check understanding**

"This seems to be causing a lot of stress for you.....can I ask what is worrying you" PAUSE and wait to hear more.

- **Summary – to show you have listened fully**

List back what you have heard "To check I have heard everything, you are worried about the appointment and it is causing a lot of stress for you, there has been a lot of waiting and now my call today has added to that.....is that right?"

- **Empathy – to support**

Show *verbally* you appreciate the person's point of view – *"That does sound very stressful, you have a lot to manage, no wonder you are worried"*

- **Summary – to close the conversation**

List back what has been discussed, covering all that you have heard from the person and what you have agreed, planned, re-arranged. Check you haven't missed anything and seek permission to end the call.

Reflection – to show you are listening. By reflecting back what you hear you show attentive listening. In practice it is demonstrated by repeating something you have heard such as a word, ‘worried.....?’ or something you are noticing (fast speech) ‘you sound anxious.....’ or maybe the impact, ‘this is clearly causing a lot of stress’

Clarify – to check understanding. Resist making any assumption and use clarification instead. Checking with the person what you feel you are hearing, allows you to clarify further if necessary e.g. –“you sound angry/frustrated/upset...would that be right?” Pause to hear the reply. If that is confirmed you can then “would you be able to tell me what is making you so angry/frustrated/upset....? It can be very stressful and often overwhelming managing hospital visits, appointments, getting test results and treatments along with all the usual life events and day to day. Showing you are interested in them can be helpful to the person/patient.

Summary – to show you have listened. Listing what you hear is a powerful and helpful behaviour. It is only possible to summarise what the person has said if you have properly listened. It is important to include everything you hear from that person, not just elements that relate to your reason for calling or things that you may feel you have a solution. When listing back to the person in your summary, include the emotions, impact and experience as this can be extremely supportive and helpful.

Empathy – to support. Empathy is a powerful and helpful communication skill. To use empathy, first it is important to suspend judgement and put aside our own feelings, thoughts and experiences. This can be challenging if you do have experiences that feel the same or similar e.g. – calling patients to change or cancel an appointment may get an angry response; the judgement may be, ‘people can be so inflexible and demanding’. These thoughts and judgements stop us seeing the individual and their unique situation and experience. Acknowledging what you are hearing & empathising with the reaction or response shows an attempt to see the reason for the emotion and the persons’ individual experience. ‘I can hear how angry you are..... this is very short notice and you will have to rearrange other thingsit is difficult for you’.

Summary – to close the conversation. To close any interaction effectively it helps to verbally indicate the end of the conversation is approaching. Phrases such as “Would it be ok if I check what we have agreed/changed before we finish”summarise fully including the reaction or impact if appropriate.....check nothing has been left out....ask permission to end the telephone call/conversation “....thank you for your time today. If it’s ok could we leave it there?” Wait for confirmation before saying goodbye.

Giving information

Think about a time that you were trying to absorb information when you were feeling stressed. It can be hard to take in and remember and hard to know what is essential and what is not. You can help patients by making sure you go at their pace.

Deliver information at the **PATIENT'S PACE**

- **CHUNK** information – bite size
- **Pause** frequently, wait.....
- **CHECK** understanding & impact (Listen for **emotions** or ask!)
- **NEGOTIATE** to give further detail, clarification and/or explanation as the patient requires
- **Empathise**
- **Check** for questions/concerns



Think about the amount of information you are giving. How much is “need to know” and how much is “nice to know”? It can be really helpful to signpost any essential information e.g. “there are three really important things I need to let you know”. Try to limit the amount of information you give to the amount the patient can absorb.

Information to give

- Required information - ***must give***
- Information requested & linked to questions & concerns- ***should give***
- Helpful information- ***could give***



If the information you are calling with is likely to be upsetting or disappointing for the person it can be really helpful to apply the same principles that health professionals use when giving bad news.

When the information is unwelcome or disappointing

1. APOLOGISE

2. WARNING SHOT/S

Use words such as *unfortunately, sadly, I'm afraid, I'm so sorry*

3. CANCELLATIONS

use words like *delay, postpone, reschedule* if possible

4. NAME EMOTIONS/EMPATHISE

Check for & verbally acknowledge any emotions you hear

5. CLARIFY QUESTIONS before responding.

Check what the patient is asking



Further resources

<https://www.userlike.com/en/blog/customer-service-phone-tips>

Top Tips for handling emotions and giving news over the telephone. Maguire
Communication Skills Training Unit

Telephone Calls to Patients – RING Template

	<p>Name:</p> <p>Number:</p> <p>D.O.B:</p>	
R- Reason	<p>Greeting – Hello my name is....., I am calling from.....about..... Could I check if you are okay to speak just now? PAUSE</p>	
I-Insight	<p>What does the person know? Use this space to note down what you hear.</p> <p>Remember – Reflect, Clarify, Summarise & Empathise</p>	
N-Negotiate to give information	<p>Ask permission to give information/talk about the reason for your call. PAUSE – wait for confirmation. Give information clearly.</p>	
G- Go to Close the telephone call.	<p>Thank the person for speaking to you. Summarise the discussion (what you have heard, said and what is agreed or planned. PAUSE.</p> <p>Check it is okay to finish the call – thank the person before saying goodbye</p>	