

## CJON BOOK EXCERPT SERIES

# Tips on Performing Telephone Triage

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This excerpt, a chapter from the book *Telephone Triage for Oncology Nurses*, edited by Margaret Hickey, RN, MSN, MS, OCN®, CORLN, and Susan Newton, RN, MS, AOCN®, is part of a series of clinically relevant reprints that appear periodically in the *Clinical Journal of Oncology Nursing*.

## General Tips

The following tips may help the nurse to more effectively perform telephone triage.

1. Listen carefully to the caller. Do not assume that after a few sentences you are able to infer a differential diagnosis. The symptom should be heard in its entirety prior to formulating a plan of action.
2. Ask open-ended questions. This not only gives you the subjective information that you need, but it also allows you to assess the cognitive function of the person on the phone.
3. Collect enough information. The sample guidelines in this book will assist the nurse in asking the proper questions based on the symptoms the caller is reporting.
4. Talk directly to the patient whenever possible. It is more accurate to obtain information from the patient versus a family member or friend.
5. Hear all of what the person is trying to say. Do not cut him or her off from explaining the reason for the call. Questions asked by the nurse should begin after the caller has explained the reason for his or her call.
6. Keep in mind that assessing a patient over the telephone is very different from examining a patient in person. Remember to ask specific, non-leading questions. Avoid the use of “yes” or “no” questions.
7. Because you cannot visualize the symptom, have the patient help you to “see” it. For example, have the patient measure the degree of swelling or the amount of drainage on a dressing (Edwards, 1998). Also, determine if the symptom is new or worse than usual.
8. Because you cannot auscultate the patient’s lungs, have the patient cough for you over the phone if the symptom involves the respiratory tract (Edwards).
9. Some patients may keep comprehensive records at home. Ask them if they have results of tests or information that you may not have access to.
10. Avoid medical terminology or jargon. Be sure that you are speaking on a level that the patient can understand.
11. Some patients or family members may be calling for reassurance. These are important calls and need to be ad-

ressed as well (American Academy of Ambulatory Care Nursing [AAACN], 2001).

12. Provide timely callbacks to the patient. You may want to establish an appointment time for a call or a best time of the day to call for routine needs (AAACN).
13. If you must put the caller on hold, ask the caller’s permission to do so. In some cases, such as in an emergency, the caller may not give permission to be put on hold.
14. Do not eat, drink, or chew gum when talking on the phone. It is rude and disruptive to the caller’s concentration.
15. Be sure there is a private area in which to communicate with patients on the phone. Patient confidentiality is critical. If patients in the office see and hear you discussing other patients’ problems, they will be unlikely to call when they have a problem (Wheeler & Windt, 1993).
16. Document clearly the events of the telephone communication. A nurse’s best defense against a malpractice claim is accurate, clear, and concise documentation (AAACN).
17. Ensure that a system is in place for evaluating the competency of each nurse who will be performing telephone triage. Reassess this competency on an annual basis (Cancer Institute of New Jersey, 2002).

## Tips for Telephone Communication

The telephone, although an important communication tool, limits communication significantly. Communication is the end result of the spoken word and nonverbal cues. According to the well-accepted Mehrabian Communication Model, effective communication is the result of verbal and nonverbal messages. The majority of communication, 55%, is based on nonverbal cues, such as facial expressions, gestures, and eye contact. Thirty-eight percent is based on the way in which the

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