

## Performance Keys for Competency in Telephone Skills for the Dental Professional



### Introduction

**The clinician creates value for the telephone call transaction through consistent demonstration of valuing behaviors.**

In all communication venues, including telephone calls, the clinician must be aware of the need to create value in the patient's mind. It is not your goal to cajole and coerce your patient into capitulation, i.e. to get them to do what you want. A clinician is not a telemarketer. You are a caregiver, and must demonstrate these two principles: caring and giving.

You must care for your patient in almost paradoxical fashion: by responding to the patient's needs and by responding to your needs assessment of the patient. Merging these two agendas requires giving: giving primacy to your patient's autonomy as the author of their destiny (including the destiny of treatment plans and appointment scheduling), and by giving the wisdom of your profession generously to create value in the patient's mind.

In all your transactions, you must continuously create value for the outcome - i.e. How will the patient benefit from your proposal?

By proceeding with empathy and compassion and demonstrating a valuing process for the outcome of the telephone call, the clinician reinforces the ethical premises of the relationship and adopts skills pertinent to those ethics.

A clinician organizes accurate information succinctly, communicates the information effectively, and collaborates on a plan of action with the patient wisely.

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### **The clinician demonstrates organizational skills during the telephone call.**

The nature of telephone calling requires a high level of efficiency achieved through being organized. Phone calls are relatively brief, focused and proceed with voice-only cues. In a face-to-face interview, participants are able to respond to a dynamic variety of verbal and non-verbal cues over time in a clinic context. By contrast, telephoning appears to take place in something of a vacuum. Therefore, it is important to infuse the process of telephoning with appropriate cues.

One important area of cueing is the demonstration of organizational skills through the verbal and non-verbal conduct of the telephone call. The clinician should employ verbal skills appropriate to the task and accompany them with the deployment of effective non-verbal skills: voice modulation that underscores the message of the communication.

Simply put, the telephone call has a beginning, a middle, and an end. A skillful clinician will pace or organize that call both with words, and with his/her voice.

Specifically, the skillful clinician will:

- establish an organizational structure to the call
  - the introduction,
  - explain the purpose of the call,
  - encourage the discussion of options/alternatives, and
  - close the phone call definitively with a mutually agreed to, and precise, plan of action.
- adapt dynamic “voice phrasing” to accommodate the task.
- use transitional statements (statements indicating a change of topic) to help the interview progression.

#### **More Effective**

Using a professional, friendly tone of voice in establishing a mutual introduction:

- Hello, Mrs.Gwynne..... (?), I’m Allen Tamblyn, your new Student Dentist.

#### **Less Effective**

In a somewhat demanding tone of voice,

- “Is this Mrs. Gwynne?” Followed by the announcement, “I’m Allen Tamblyn.”

## Performance Keys for Competency in Telephone Skills for the Dental Professional



### **When providing information, the clinician does so in “chunks and checks.”**

During a telephone call, the listener needs to be able to easily grasp the information. The clinician’s task, therefore, is to monitor the acquisition of information by the listener (patient) and to provide a process that does not overwhelm the patient. One way to enhance the patient’s grasp of information is to offer it in manageable segments and to ascertain if that segment has been understood.

If information is provided without this process and other customizing efforts, patients remember relatively little (about 40-50%). It is best to reinforce and build on each segment of learning as it occurs throughout the interview. A feedback mechanism should also be offered so that the clinician develops a sense of the patient’s information management skills. Such a mechanism might be something like, “I’d like to check if I have been clear enough for you. What do you understand the process we just discussed to be?”

#### **More Effective**

Streamline information through essentializing its elements.

Think about information in terms of key words and concepts.

Use your voice to underline essential elements, key words and concepts.

A simple and functional way to think about delivering information is that it should have a beginning, a middle, and an end.

Offer information as the patient expresses interest in it. This includes answering the patient’s questions as they arise, not saying, “We’ll get to that later.” Later may work for the clinician, in terms of keeping to an organized agenda, but the patient is organized to receive the information “now”.

#### **Less Effective**

Telling all the information you know about a topic

Providing information in a stream of consciousness fashion, mixing minute details with key concepts and failing to distinguish the two

Giving information in measured tones; not using your voice to full effect to create appropriate emphasis

Making the delivery of information an action performed on the patient rather than a transaction performed with the patient

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### **The clinician signposts, repeats, and summarizes significant information in the conversation.**

Communication is enhanced when the flow of information is organized.

Signposting refers to the technique of announcing important information. Ex. I'd like you to know that there are two appointment possibilities: one with me or one at the clinic staffed by graduate students.

Repeating information signals its importance and provides the learner with concept reinforcement.

Summarizing information assists in highlighting important information.

#### **More Effective**

Organizing the flow of information through the above techniques of signposting, repetition, and summarization.

#### **Less Effective**

Not organizing the flow of information, but rather proceeding in "serendipitous" fashion.

## Performance Keys for Competency in Telephone Skills for the Dental Professional



**The clinician demonstrates effective professional listening skills during the telephone conversation: active, reflective and empathic listening skills.**

*Active listening* is nonverbal demonstration that the clinician is paying attention to the patient and to the patient's story.

*Reflective Listening* is verbal demonstration that the clinician is paying attention to the patient and to the patient's story. It includes repetition, paraphrasing and summarizing of the patient's statements; it encompasses active use of the patient's language, and it attempts to highlight significant statements from the patient.

*Empathic Listening* is the skill that demonstrates attention to the emotional aspects of the patient's story, not just the facts of the matter. It includes intuitive cueing of feelings from the patient's verbal and nonverbal messages, labeling of those feelings by mutual interaction of the clinician and the patient, and establishing comprehension of the effect of these emotions on patient alliance.

### More Effective

#### Active Listening

- Demonstrating responsiveness to changes in tone of voice and hesitant behaviors.

#### Reflective Listening

- Highlighting the patient's concerns through effective repetition, paraphrasing and summarizing

#### Empathic Listening

- I sense that scheduling these three appointments is troubling to you. What are the things that concern you?

### Less Effective

#### Active Listening

- Demonstrating lack of responsiveness to changes in tone of voice and hesitant behaviors.

#### Reflective Listening

- Not demonstrating verbally that the concerns of the patient are understood

#### Empathic Listening

- Ignoring affective cues.

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**The clinician demonstrates effective language skills especially pertinent to telephone calling: concise, easily understood comments and questions, free of jargon.**

This process encompasses the concept of illustration where complex subject matters are simplified for the patient through analogies. It creates focused attention and attempts to communicate diverse information simply by using commonly understood concepts and events to paint a picture in the patient's mind that allows them to put the subject matter in a perspective they can understand. This process of simplifying and analogizing is consistent with the nature of telephone calling.

### **More Effective**

The use of everyday, ordinary language or experiences instead of scientific nomenclature and detailed procedural descriptions.

- “A porcelain veneer is like a very strong fake fingernail applied to the tooth to make it look better.”

Providing definitions of scientific nomenclature when it is used

Creating an economy of scale with comments and questions, an agenda pertinent to the scope of a telephone call and not attempting to replicate the in-office interview

### **Less Effective**

Using undefined scientific nomenclature

Providing too many lengthy comments and too great an emphasis on fielding and answering all questions, therefore replicating the in-office interview

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### **The clinician encourages the patient to ask questions and responds appropriately throughout the telephone call.**

This skill enables the clinician to navigate the conversation and to transform it from a one-way broadcast into a two-way conversation. Dialogue is enhanced when the clinician encourages, even anticipates patient's questions from their voice cues, and responds appropriately. Perhaps the most important part of this statement is "throughout the telephone call". Questions are best dealt with as they occur to the patient, and not left to be answered only at the end of the call.

#### **More Effective**

"Do you have any questions at this point?"

Timely use of silence to create a moment for the patient to ask a question or to make a comment. (Creating the turnover in the conversation.)

Appropriate answers are provided in a timely fashion.

Demonstrates sensitivity to implied questions

#### **Less Effective**

Not asking for questions or only asking for questions at the end of the interview

Not ever offering a moment of silence for the patient to gather his/her thoughts.

Dismissing a question as not relevant or unimportant

Deferring answers to the patient's questions, as in "I'll get to that later."

## Performance Keys for Competency in Telephone Skills for the Dental Professional



### **The clinician closes the telephone call by checking the patient's understanding of information and the plan(s) of action.**

This step can be thought of as stating the contract, where the responsibilities of both parties are delineated to the benefit of both. Clarification, checking, obtaining mutual commitment, and safety netting are essential tools in achieving an effective contract.

#### **More Effective**

Restates the plan effectively

Checks the patient's understanding of the plan

Encourages patient participation in creating the plan

Clarifies mutual commitments to the plan

- “Based on our discussion, this is how we’ve decided to proceed. I will... and you have agreed to... Is that correct?”
- “It seems like we’ve arrived at a plan... Is that the way you see it?”
- “If you are unable to get an appointment with the oral surgeon in the next month, then ...

#### **Less Effective**

Does not restate the plan effectively

Does not check the patient's understanding of the plan

Does not encourage patient participation in creating the plan

Does not clarify mutual commitments to the plan

Any statement that is overly authoritative and dictatorial, thereby creating a unilateral contract.

- “This is the treatment plan...”
- “This is what you’ll need to do...”
- “You’ll need to make the following appointments...”
- “I want you to...”

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### Scoring Key

**Strongly Agree (Skillfully done)**

- **Consistent use of More Effective behaviors**
- **Absence of Less Effective behaviors**

**Agree (Adequately done)**

- **A preponderance of More Effective behaviors over Less Effective behaviors**

**Neutral**

- **Approximately equal use of More Effective behaviors and Less Effective behaviors**

**Disagree**

- **A preponderance of Less Effective behaviors over More Effective behaviors**

**Strongly disagree (Needs improvement)**

- **Absence of More Effective behaviors**
- **Consistent use of Less Effective behaviors**

**Not Done**