

Audio COTS

Nick Walton

March 2018

What is it?

- Additional tool to enable assessment of telephone consultation skills

Why?

- General Practice has evolved, and more and more consultations are being carried out by phone.
- Different skills are needed to carry out a consultation safely and appropriately on the phone from those needed for face-to-face consultation.

How many and when?

- ST1/2 not expected but encourage to do in GP(will not count towards the overall total number of COTs during these training years)
- ST3 minimum 1, maximum 3

How?

- Same methodology and process of completing the assessment as the COT
- Direct observation of a telephone consultation or via an Audio recording
- The telephone consultation should typically last between 5-10 minutes.
- Future-Skype but not at the minute

What to include?

- Mix of OOH and GP
- Complete at least one telephone consultation in the OOH/triage setting and one 'routine' telephone consultation

Consent

- Must have informed consent from patient
- Before and at the end
- Informed consent should also be gained for another doctor to directly observe the telephone consultation.
- Verbal consent ok
- At the time of booking?
- Extended consent?
- How do we do this in OOH?

Example of a consent form

Statement for receptionist to advise patients that there may be two doctors on the telephone line during the conversation and to gain consent before audio-recording

'We are hoping to make audio-recordings of some of the consultations between patients and Dr with whom you will be having a telephone consultation today.

You may alternatively have two doctors on the telephone line during your consultations –with one doctor listening in. Doctors training to be GPs use audio-recordings and directly observed consultations to evaluate their telephone consultations. The audio-recording is ONLY of you and the doctor talking together.

All audio-recordings are carried out according to guidelines issued by the General Medical Council, and will be stored securely in line with the practice guidelines. They will be deleted within one year of the recording taking place.

You do not have to agree to your consultation with the doctor being recorded. If you do not want the telephone consultation recorded, please let me know - this is not a problem, and will not affect your consultation in any way. But if you do not mind your consultation being recorded, we will record your verbal consent. Thank you very much for your help.'

Who can assess?

- Either a GP Supervisor or OOH GP CS who has received training in completing WPBAs can complete the assessment.

Notification Area
 Message from Prof Helen Stokes-Lampard and Prof Kamia Hamilton, RCGP – Guidance for entering information into a portfolio.
 RCGP Hepatitis B: Holiday Closure – Please click here for more information.

RCGP Royal College of General Practitioners [Legal](#) [FAQ](#) [Resource](#) [Contact Us](#) [RCGP Main Website](#)

Trainee Portfolio

Evidence
 See the RCGP WPBA website for minimum requirements.

Review Type: Review number:

Summary [MSP](#) [PSQ](#) [mMCCX](#) [CDD](#) [COF](#) [Audio-COF](#) [CER](#) [CERF](#) [DDPS](#)

Name: Gemma Louise Fitzpatrick

Forms submitted between 08/10/2018 and 07/08/2018

Requirement	Completed
MSP (5 clinicians and 5 non-clinicians F in Primary Care)	0
PSQ (if not yet completed in ST3)	0
mMCCX	0
CDD	1
COF	0
Audio-COF	0
CERF (as appropriate)	0

Please see the RCGP WPBA website for minimum evidence requirements (based upon Full Time Training). Please note additional evidence may be requested by your educational supervisor or following a deanery panel meeting.

Navigation Menu: Home, Summary, Learning Log, Review Preparation, Evidence, Posts, Skills Log, Curriculum Coverage, Educational Notes, Competence Areas, Progress to Certification.

Assessment

- **Assessor** -GP supervisor or OOH who has received training
- **Type of call** -OOH, telephone triage, telephone consultation
- Trainees are assessed against the level of performance expected of a newly qualified practitioner.
- All criteria have detailed descriptors
- Overall is this a safe consultation?:
- Time taken for telephone consultation
- Feedback and recommendations for further development (please include documentation of any concerns regarding an unsafe consultation): *
- Agreed actions

Context	Area	Rating			
		Not Observed	NFD	Competent	Excellent
Consultation introduction	Introduces self and establishes identity of caller(s), ensuring confidentiality and consent				
	Establishes rapport				
Information gathering	Identifies reason(s) for telephone call and excludes need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills				
	Encourages the patient's contribution using appropriate open and closed questions, demonstrating active listening and responding to auditory cues				
	Places complaint in appropriate psycho-social contexts				
Defines the clinical problem	Explores patient's health understanding/beliefs including identifying and addressing patient's ideas, concerns and expectations				
	Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition)				
Management plan construction	Makes an appropriate working diagnosis				
	Creates an appropriate, effective and mutually acceptable treatment (including medication guidance) and management outcome				
Closure of consultation	Seeks to confirm patient's understanding				
	Provides appropriate safety-netting and follow-up instructions				
Effective use of the consultation	Manages and communicates risk and uncertainty appropriately				
	Appropriate consultation time to clinical context (effective use of time, taking into account the needs of other patients), with effective use of available resources				
	Accurate, relevant and concise record-keeping to ensure safe continuing care of patient				

Audio-COT

Clinician's surname *
 Clinician's forename *
 Clinician's GRC number *
 Assessor's name *
 Assessor's GRC number
 Assessor's position *
 Type of call *
 Quality of case including outcome *

When using Audio-COT, trainees are assessed against the level of performance expected of a newly qualified practitioner.

Using the guide to the performance criteria for the Audio-COT please grade the trainee by ticking the appropriate competence level in the boxes below.

Content	Area	Performance Criteria	Not Observed	Needs Further Development	Competent	Excellent
A. Consultation introduction	1. Introduces self and establishes identity of caller(s), ensuring confidentiality and consent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Establishes rapport	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Information gathering	3. Identifies reason(s) for telephone call and excludes need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Encourages the patient's contribution using appropriate open and closed questions, demonstrating active listening and responding to auditory cues	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Information gathering	5. Places complaint in appropriate psycho-social context	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Explains patient's health understanding/beliefs including identifying and addressing patient's ideas, concerns and expectations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Defines the clinical problem	7. Makes an appropriately thorough and focused history to allow a safe assessment (includes/excludes body relevant significant conditions)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Makes an appropriate working diagnosis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Management plan construction	9. Creates an appropriate, effective and mutually acceptable treatment (including medication guidance) and management outcome	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Seeks to confirm patient's understanding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Closure of consultation	11. Provides appropriate safety-netting and follow-up instructions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Manages and communicates risk and uncertainty appropriately	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Effective use of the consultation	13. Appropriate consultation time to clinical context (effective use of time taking into account the needs of other patients), with effective use of available resources	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Accurate, relevant and concise record keeping to ensure safe continuing care of patient	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consent to this safe consultation * Yes No
 Time taken for telephone consultation (in minutes) *
 Feedback and recommendations for further development please include discussion of any concerns regarding an unsafe consultation *
 Agreed actions *

Any questions?

Date	Shift Details		Confirmed attendee		1 st DNA Email sent	2 nd DNA Email sent	3 rd DNA Email sent
03/03/2018	ST3 Bury Mobile	Bury	Anjum, Ali	DNA			
03/03/2018	ST3 Bolton Mobile	Bolton	Hafezi, Talha	DNA	03/10/2017	13/03/2018	
04/03/2018	ST3 Bury Mobile	Bury	Campbell, Charlene	DNA			
08/03/2018	ST3 Bolton Mobile	Bolton	Sheth, Farhana	DNA	20/09/2017	13/03/2018	
17/03/2018	ST3 Bolton Mobile	Bolton	Ashraf, Hassan	DNA			
					06/04/2018		