

# Phone Calls

*When What to Do Isn't Always A-Parent*

Matt Clark, MD & Jaycelyn Holland, MD

Pediatric Chief Residents

Monroe Carell Jr. Children's Hospital at Vanderbilt

# Introduction

- Development of curriculum to educate residents about phone call triage
  - Why we did it
  - What we did
  - What we learned along the way

# Background

- Care provided via telephone is unique
  - Can't examine the patient
  - Absence of non-verbal cues
  - Use of interpreter over the phone

# Background

- Our upper level residents take ~10 phone call shifts per year
- Area of significant patient contact that had no prior structured curriculum

# Objectives

- Develop a curriculum to better prepare residents for fielding parent phone calls
- Determine the effectiveness of this curriculum via survey

# Monday Mommy Call

- Weekly segment during intake morning report
- Upper level resident takes a phone call from ‘parent’ in the audience
  - Pre-selected resident is provided with script to serve as the parent
- Cases submitted by residents based on real phone calls received

# Monday Mommy Call

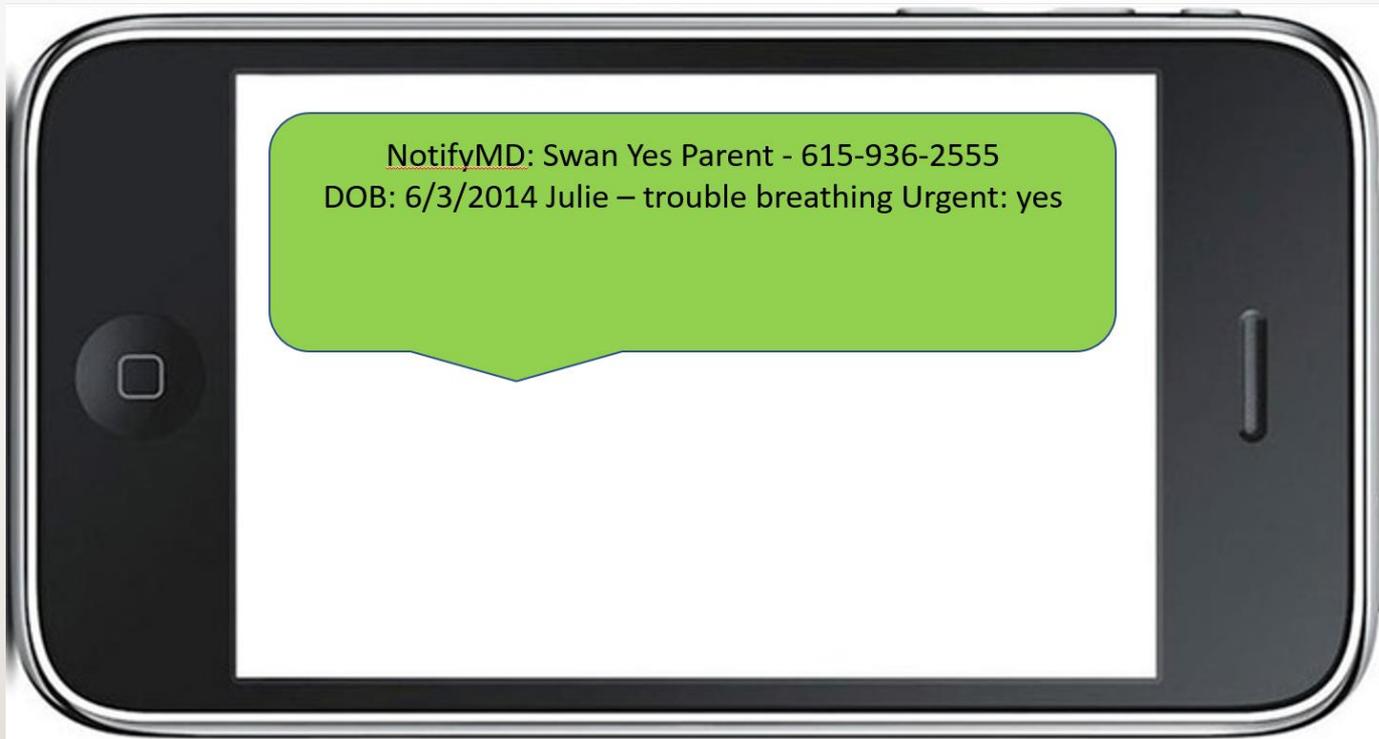
- Chief leads audience discussion with focus on
  - Goals of phone calls: triage > diagnosis
  - Anticipatory guidance
  - Available resources

# Topics Covered

- Bronchiolitis
- Breath Holding Spell
- Head Injury
- Febrile Seizures
- Laundry Pod Ingestion
- Vomiting/Diarrhea
- Bat Exposure
- Migraine
- Medication Refill
- Colic
- Testicular Torsion
- Asthma
- Vitamin Overdose
- Fever

# Example Case

- Asthma
  - Using controller medication as rescue medication during asthma flare



# Example Case

- Discussion:
  - Triage
  - Assess respiratory status over the phone
  - Determining correct medication use

# Curriculum Assessment Survey

- Residents rate level of agreement with the following statement on a 0-100 scale:
  - ‘The Mommy Call segment has increased my confidence in fielding parent phone calls.’
- All residents agreed with this statement
  - Average rating of 70
  - Lowest ratings from PGY-3 residents who already had high confidence, but felt this would have been helpful earlier in residency

# Survey: PGY-1 Response

- ‘Helpful to see a few examples of phone calls that residents receive before I will have to take calls next year.’

# Survey: PGY-3 Responses

- ‘If we include some teaching with it beyond the triage part, it is also helpful to those of us who feel more comfortable with the triage of phone calls.’

# Conclusions

- Our curriculum involving role playing of phone calls has been helpful in preparing residents for fielding parent calls
- Recommendations:
  - Base on real life cases
  - Include additional teaching so is relevant to all years of training
  - Include upper level residents' experiences in discussion

