



# Telehealth Nursing: It's More Than a Question and a Click

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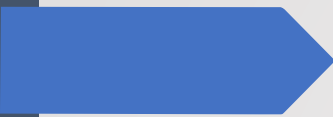
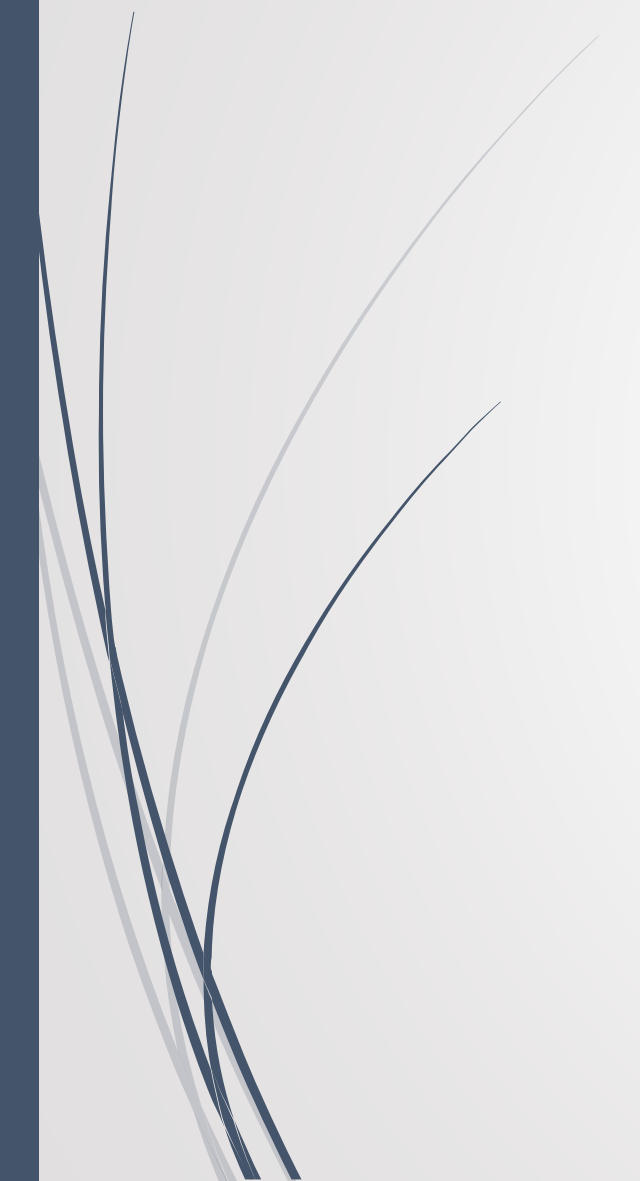
Telephone Triage Consulting Inc.



# Objectives

The participant will be able to --

- Describe effective communication strategies in a telehealth encounter to build trust and ensure safety
- Identify intuition as a core element when making clinical decisions
- Describe ways to ensure the encounter is professional and person-centered
- Explain the critical role of *presence* in a telehealth encounter

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- ➔ **Communication**
  - ➔ **Intuition**
  - ➔ **Person-centeredness**
  - ➔ **Presence**



# Communication



# Key Elements



- LISTENING
- CONNECTING
- ASKING QUESTIONS APPROPRIATELY
- REFLECTING WHAT WAS FELT & HEARD
- INDIVIDUALIZING COMMUNICATION



# Opening



- **Set tone (only ONE first impression)**
  - Unhurried, caring, concerned
  - Smile
- **Strive for CONNECTION**
  - Convey empathy
  - Tone of voice
  - Choice of words (that they will understand)
  - Listen with genuine interest



# Interview Technique

- ▶ **Open-ended questioning**

- ▶ “What more can you tell me about it?”
- ▶ “What else is going on?”

- ▶ **Active listening (“listening noises”)**

- ▶ “Go on...”
- ▶ “Then what happened?”

- ▶ **Reflective listening**

- ▶ “So I’m hearing you say...”



# Zeroing in on the Problem

- Let caller tell their story in their own way
  - Simultaneously do rapid ABCD assessment
- Seek clarification as necessary
- If caller is concerned, take them seriously
- Identify patient expectations early in the call





# Symptom Identification

- ▶ Nurses and patients should collaborate on problem identification and negotiate symptom description
- ▶ **Failure to recognize seriousness of the problem is often related to inadequate description of symptoms**
  - ▶ Atypical (non-normative) symptom description
  - ▶ Poor communication between nurse and patient (health literacy)



# RN-Patient Conversation

- **Isolate Concern or Complaint**
  - Use open-ended questioning techniques
  - Become more focused based on hypothesis
- **ASK activities of daily living and deviation from baseline**
- **Establish urgency**
  - If caller is concerned, take them seriously!
- **Watch for your mind to “snap shut”**



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# Active Listening

- Intention is to connect and understand
- **Six skills**
  - Pay attention
  - Suspend judgment
  - Reflect
  - Clarify
  - Summarize
  - Share



# Four-step Closing

**What other questions do you have?**



**Explain reasons to call back/what worse looks like**



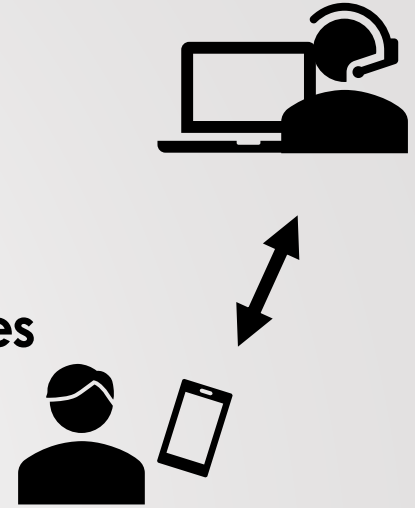
**What do you plan to do?**



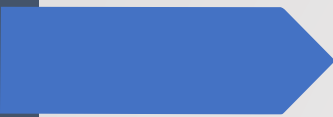
**Are you comfortable with this plan?**

# Communication

- Studies have shown that the process telephone triage may focuses on gathering symptom information and less on understanding the patient's perspective
- Communication failure as a reason for malpractice cases
  - Few open-ended questions
  - Lack of attentive listening with channel-back responses



**Finding: Training in communication has been associated with more accurate clinical understanding and decrease in caller stress.**



# Factors that Negatively Impact the Connection/Communication

- ▶ Expectations AND concerns, if not identified and addressed, will interfere with communication
- ▶ When patients express concern, nurses often respond with disapproval  
(minimizing concern possibly due to Wellness Bias)
- ▶ Non-professional communication (irritation, condescension, or expressions of distrust)



# Factors that Negatively Impact the Connection/Communication

- **Nurses made no apparent effort to resolve problem**
  - Give self-care measures
  - “Call back if the problem isn’t resolved”
- **Unrecognized communication barriers**
  - Poor health literacy
  - English as second language
  - Cognitive impairment
  - Stress / panic





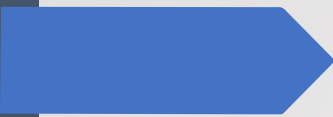

# Impact of Poor Communication on Decision-Making


**“Under-triage” is often related to inadequate description of symptoms**

- Asking too few questions.
- Questions are closed-ended
- Absent of clarifying questions

**The way in which questions are asked can skew responses and their meaning. Don't assume!**

- **Question:** “So, I guess she’s not really having pain?”
- **Answer:** “Well, not really”
- Qualified “yes” not heard and thus regarded as “no”

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- **More focus more on questions than listening to and processing the responses**
  - **Exploration limited**
  - **This is a threat to patient safety**

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# Improve Connection

- Adopt health literacy universal precautions
- Create a shame free “environment”
- Practice plain language
- Slow down
- Verify understanding using “teachback”
- Engage patients: Encourage questions

## Effective Communication Strategies

Give the caller sufficient time and space to describe the situation

Conduct the conversation in understandable language adapted to the caller's language

Ensure that clinical decision and advice given are understandable and feasible

Ensure that the caller agrees on the clinical decision and advice given and is accommodating in case of disagreement

Master suitable questioning techniques (proper use of open-ended, closed-ended and non-leading questions)

Summarize, verify and adjust as needed

Pay attention to the caller's experience

Conduct the conversation in an accommodating and friendly tone



# Self-assessing Communication

- **Opening call:**
  - Warm tone of voice, introduce self
- **Assess:**
  - Listens; Names or confirms concerns and expresses empathy
- **Diagnose:**
  - Individualizes explanation to patient's need and desired
- **Goal:**
  - Negotiates goal(s) based on patient concern
- **Plan:**
  - Collaborates on development of plan to accomplish goal(s)
- **Intervene:**
  - Provides clear information; encourages writing instructions
- **Evaluate:**
  - Advises what to do if goal isn't achieved through actions



# Intuition



- A core element when making clinical decisions
- No standard definition
- “Understanding without rationale”
- Intuition is the process whereby the nurse “knows something about the patient that cannot be verbalized without difficulty, or for which the source of knowledge cannot be determined”

(Johansen & O'Brien, 2016, p.43)



# Person-Centered

- ▶ The care is person-centered when the care-seeker is met in a **professional manner, is listened to and taken seriously and feels welcomed regardless of the magnitude of the problem or their symptoms**.
- ▶ Care-seekers also describe that telephone nurses is perceived as positive when they feel like they are on the **same level as the nurse and that they feel secure when the nurse cares for them**.
- ▶ **Collaboration or shared decision-making** is described as important for high-quality care because care-seekers want to be involved in the decisions
- ▶ Collaboration, **a sense of being in focus** during the conversation and care that is based on the patient's needs





# Indicators of Poor Quality & Non-Person-centered

- Caller feels abandoned and neglected
- Nurse is only focused on symptoms
- Nurse is disrespectful to the caller



# Telepresence



- **Seven core dimensions of *telepresence*:**
  - **Connection**
  - **Technological mediation**
  - **Experienced realism**
  - **Trust**
  - **Being supportive**
  - **Collaboration**
  - **Emotional consequence**

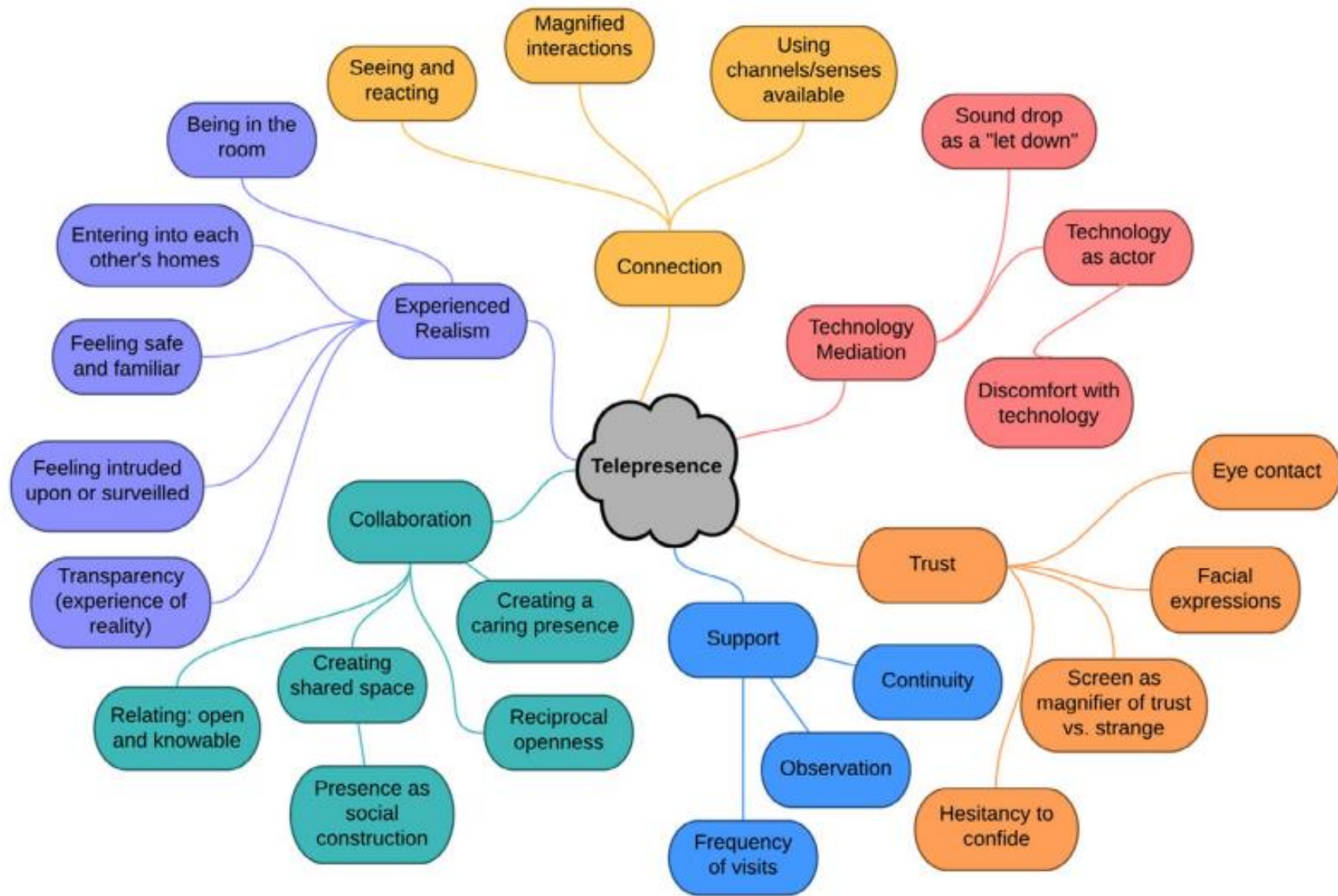


# Telepresence



## Presence

- Telepresence is broadly described as
  - "a mental state in which a user feels physically present within the computer-mediated environment"
- Seven core dimensions of *telepresence*:
  - Connection
  - Technological mediation
  - Experienced realism
  - Trust
  - Being supportive
  - Collaboration
  - Emotional consequence





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