

Component I: Core

Module D: Screening and Appointments

Topic 1: Screening

Statement of Purpose

To prepare the learner with basic knowledge of how to screen patient calls or walk-in patients.

Student Learning Outcomes

Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Give examples of components used in active listening.
3. Discuss patient perceptions and state their importance to communication.
4. Discuss methods of screening incoming calls and taking messages.
5. Categorize and prioritize patient needs.

Terminology

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| 1. Active listening | 8. Perceptions |
| 2. Appointments | 9. Prescriptions |
| 3. Body language | 10. Prioritize |
| 4. Communication | 11. Referrals |
| 5. Electronic Health Record (EHR) | 12. Screening |
| 6. Emergencies | 13. Test results |
| 7. Non-verbal | 14. Walk-in |

References

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4. Kronenberger, J., Southard D. L., & Woodson, D. (2012). *Comprehensive Medical Assisting* (4th Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
5. Larsen, W. (2011). *Computerized Medical Office Procedures: A Worktext Using Medisoft v16* (3rd Ed.). Philadelphia, PA: Saunders Elsevier.
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Content Outline/Theory Objectives	Suggested Learning Activities
<p>Objective 1 Spell and define key terms.</p> <ul style="list-style-type: none"> A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper contexts. 	<ul style="list-style-type: none"> A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman and concentration. B. Administer vocabulary pre-test and post-test. C. Discuss learning gaps and plan for applying vocabulary.
<p>Objective 2 Give examples of components used in active listening</p> <ul style="list-style-type: none"> A. Involves being patient while the message is spoken and giving the speaker your undivided attention <ul style="list-style-type: none"> 1. Both active and reflective listening help to hear the message precisely. 2. Study or weigh what is being said. 3. Notice the speaker's tone of voice. 4. Notice the speaker's body language (when face-to-face with walk-in patient). 5. Be observant. 6. Try to keep interruptions to a minimum. B. The impression the speaker has of you impacts their impression of the physician and the practice. C. Good listening skills whether by telephone or face-to-face leaves the speaker with a positive impression <ul style="list-style-type: none"> 1. Conveys the impression that the staff is caring, attentive and helpful. 2. Conveys the impression that they can trust the care that they will receive. D. Check for understanding, both yours and theirs <ul style="list-style-type: none"> 1. Take responsibility for needing to reframe their questions and statements. 2. Let them know that you want to provide them exactly what they need. 3. Tell them that you want to make sure you understand what they wanted you to hear. E. Poor listening leaves the caller with a negative impression <ul style="list-style-type: none"> 1. Conveys the impression that the staff is not caring. 2. Builds mistrust and possibly potential future legal difficulties. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Role-play active listening skills. Provide students with several subjects and ask pairs to discuss. One person is the speaker and one the listener. <ul style="list-style-type: none"> 1. The listener reframes what the speaker communicated. 2. Switch roles with another discussion topic. D. Class discussion <ul style="list-style-type: none"> 1. Have students evaluate how well each listened. 2. What were deterrents to listening? 3. How did they check for understanding? 4. What did it feel like when there was a misunderstanding?

Objective 3

Discuss patient perceptions and state their importance to communication.

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| <ul style="list-style-type: none">A. Communication skills that support positive patient perceptions<ul style="list-style-type: none">1. Tact and sensitivity.2. Empathy.3. Respect.4. Genuine.5. Openness and friendliness.6. Avoiding stereotyping.7. Being supportive.8. Asking for clarification and feedback.9. Knowing when to speak and when to listen.10. Willingness to consider other viewpoints.B. Voice tone<ul style="list-style-type: none">1. Voice represents the medical office.2. Pleasant.3. Polite.C. Professionalism<ul style="list-style-type: none">1. For clarity, speak directly into the receiver.2. Clearly enunciate each word<ul style="list-style-type: none">a. Do not chew gum or eat while talking.b. Do not prop the phone between your ear and shoulder.3. Smile as you speak, this places a smile in your voice, conveying friendliness and willingness to assist the patient.4. Give the caller your undivided attention<ul style="list-style-type: none">a. Do not multi-task during the conversation.b. Unless an emergency, do not interrupt conversation to answer questions of anyone.5. Visualize the caller and speak directly to that person.6. Use language that is non-technical and easy to understand.7. Pace your speech; not too quickly and not too slowly.8. Vary the pitch of your voice throughout the call.9. Do not talk down to the patient<ul style="list-style-type: none">a. Approach each patient in a mature manner.b. Demonstrate courtesy, project an attitude of helpfulness.c. Use callers surname, unless directed otherwise.d. Apologize for delays or errors.e. Thank the caller before hanging up.10. Placing a caller on hold<ul style="list-style-type: none">a. This should happen infrequently. | <ul style="list-style-type: none">A. Lecture/DiscussionB. Assigned ReadingC. Record various voice tones.D. Ask for perceptions from students.E. Create multiple call scenarios:<ul style="list-style-type: none">1. Divide students into pairs.2. Have several tape recorders.3. One student is the caller and other student is the Medical Assistant.4. Record call.5. Play each call back for students; discuss Medical Assistant's professional attitudes.6. Create a list of professional behaviors (that have been discussed in class) for class-identification of professional behavior. |
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<ul style="list-style-type: none"> b. Ask if call is an emergency and wait for their answer and permission to be placed on hold. c. If you think the wait will be too long, offer to call them back rather than asking them to be placed on hold. <p>11. Checking for understanding/feedback</p> <ul style="list-style-type: none"> a. Paraphrase and summarize the caller's concern. b. Ask caller to repeat back instructions. c. Keep caller on track by summarizing their original concern. 	
<p>Objective 4 Discuss methods of screening incoming calls and taking messages.</p> <p>A. Types of calls</p> <ul style="list-style-type: none"> 1. Referrals <ul style="list-style-type: none"> a. Name of referring physician. b. Urgency of call. 2. Appointments <ul style="list-style-type: none"> a. New patient vs. established. b. Chief complaint. 3. Prescriptions <ul style="list-style-type: none"> a. Refill request. b. Reaction to medication. 4. Test results <ul style="list-style-type: none"> a. Normal (scope of work ability to give normal results as directed by physician). b. Abnormal results (message for physician). 5. Emergencies <ul style="list-style-type: none"> a. 911 emergency. b. Office emergency (seen in office). 6. Colleagues and associates <ul style="list-style-type: none"> a. Nature of call. b. Urgent or routine. 7. Pharmaceutical Representatives <ul style="list-style-type: none"> a. Set up meeting. b. Take message for physician. 8. General business transfer or take message <ul style="list-style-type: none"> a. Office manager. b. Billing/Insurance. c. Bookkeeper. d. Filing/Chart room. 9. Patient special needs <ul style="list-style-type: none"> a. Request for interpreter. b. Culture concerns. c. Impairments. d. Angry callers <ul style="list-style-type: none"> 1) Handle call. 2) Refer to supervisor. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Interactive telephone scenarios D. Role-play on telephone. E. Obtain information from callers and record onto message pad.

<ul style="list-style-type: none"> B. Minimum required information when taking messages <ul style="list-style-type: none"> 1. Caller's name. 2. Date and time of call. 3. If multiple physicians, state which one. 4. Brief message. 5. Is the call urgent? 6. Return phone numbers. 7. Action required. C. Document call <ul style="list-style-type: none"> 1. Within EHR as telephone encounter. 2. Within patient chart. 	
<p>Objective 5 Categorize and prioritize patient needs</p> <ul style="list-style-type: none"> A. Telephone calls: <ul style="list-style-type: none"> 1. Begin by stating the name of the practice and your name. 2. Next, ask an open-ended question: "How may I help you?" 3. Ascertain the "Type of Call" as discussed in Objective 2. 4. Respond appropriately using "Active Listening Skills" from Objective 1. B. Is the call urgent or routine in nature? Follow protocol (provided by employer) for telephone triage levels and risk factors. C. Transfer appropriate calls. D. Handle Administrative Medical Assistant calls. E. When appointment is needed, use a standard set of questions to establish the caller's current condition <ul style="list-style-type: none"> 1. How long have you had these symptoms? 2. Are you currently taking any medications? 3. Refer to telephone screening manual. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Role-play various situations from emergencies to requests for prescriptions. D. Discuss scope of practice issues of phone screening.