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Guidelines for telephone etiquette

- [Fifteen suggestions for making a positive impression on the phone](#)
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Telephone communication with patients is important in shaping the patients' impression of a medical practice. MIEC's Loss Prevention Department offers these suggestions for making patients' initial impression a positive one.

1. Answer the telephone promptly (within five rings).
2. Keep the lines free – don't keep lines busy with personal calls. The telephone company can do a trafficking survey to determine how many busy signals occur on your lines and whether you need additional lines.
3. Develop a pleasing telephone voice – speak distinctly, naturally, expressively. Use a well-modulated voice. Try to maintain a smile on your face when speaking with a patient – it helps the tone of your voice sound friendly. Always speak courteously on the telephone.
4. Identify the practice and yourself – for example, “Dr. Black's office, Jane speaking,” or “Dr. Sharon Jone's office, this is Jane.” If you don't understand the patient's name, politely ask the caller to repeat or spell the name.
5. Address callers as Mr., Mrs., Ms., or Miss. Do not address callers by their first names unless they are personally known to you, or they invite you to do so.
6. When screening calls, ask patients, “May I tell the doctor what this is about?” or “The doctor asked me to find out why you are calling.” When a patient says he or she must speak with the doctor, ask, “Is this an emergency?” Develop a protocol for handling emergencies if the doctor is not in.
7. Develop a policy about where calls about specific issues (e.g., billing, refills, etc.) should be directed. Know where to refer calls when the doctor is out of the office.
8. If you must put a patient on hold, say, “Will you please hold the line for a moment? I'll be right with you,” rather than “Just a minute,” or “Doctor's office, please hold!” Some doctors' offices answer the

phone, “Dr. Smith’s office. There is one call ahead of you. Can you hold?” giving the caller the option to call back without having to wait. If you are too busy to take the call, offer to take the caller’s number and promptly call back.

9. If you must keep patients on hold for an extended time, check with them periodically and ask them to wait another moment. When you take patients off hold, thank them for waiting.
10. Before transferring a patient’s call, say “I’ll connect you.” Don’t just go off the line without a word. Also, be sure that the patient knows to whom you are transferring the call and why. When transferring a call, always identify the caller and the reason for the call.
11. Be familiar with office policies and the doctor’s credentials so you can answer patients’ questions. If a patient asks about an office policy with which you are not familiar, offer to ask someone else in the office and return the patient’s call.
12. When taking a message for the doctor, ask the caller for the best time the doctor may return the call. Inform callers when to expect a response if the doctor returns calls at a specific time of day.
13. Document significant messages in the patient’s chart. Significant messages are those in which medical advice is given, or changes in a patient’s condition are communicated. All messages should include the complete date (month, day, and year), the time of the call, the patient’s name, and your initials or signature.
14. Whenever a staff person gives a patient information from the doctor (or phones in a doctor’s authorization for a medication refill) the employee’s note should indicate: “per Dr. ___,” so that it is clear the advice or refill is indeed from the doctor. Examples: “t.c., [for “telephone call”] 12/1/00, 9:50 a.m., Patient advised to elevate foot for one day and call tomorrow, per Dr. ___. Initials [of person who takes the message];” “t.c., 12/11/00, 2:35 p.m., Refill Tetracycline 250 mg, q.i.d., #30, OK’d by Dr. ___. Initials.”
15. When you discuss confidential matters with a patient, make certain other patients cannot hear the conversation. Never given confidential patient information to anyone over the telephone without the patient’s authorization. Even with authorization, make such disclosure only when you are certain of the caller’s identity.
16. Don’t just hang up when the conversation is completed. End the call by thanking the caller or otherwise expressing appreciation for the call and saying “goodbye.”

“Press '1' if you hate our phone system”

Physicians should proceed with caution when contemplating the installation of an “automated routing unit” (ARU) telephone system to help manage heavy telephone traffic. Typically, the telephone is answered by a recorded voice, which identifies departments the caller can access by pressing a number. In some ARU systems, selecting any of the numbered choices gives

the caller a second menu of choices, and sometimes a third or fourth. For example, the electronic voice directs callers to press # and 3 to reach the business office. After pressing #3, the caller is offered another set of numbers to choose “billing problems,” “accounting inquiries,” “errors,” “insurance information,” and so on.

The most frequent complaints about computerized answering systems, according to telephone company representatives, center on the systems’ impersonal nature, the difficulty many people have in remembering and following instructions, and frustration in not being able to speak to a person to ask for assistance before being placed into the electronic maze.

Doctor-patient relationships need more personal attention than they’re currently receiving, not less. It is counterproductive to depersonalize a medical practice by using an automated phone system in which it takes too long before callers are greeted by a friendly person who can answer questions and offer assistance. MIEC recommends: (1) After the initial greeting, advise patients, “If this is an emergency, press 0 to reach an operator, or hang up and call 911; (2) Limit the number of choices on the main menu to no more than five; (3) Give the caller the option to bypass the menu and speak to a live, friendly, staff member.

¹Adapted with permission from the Loss Minimizer section of Medical Liability Monitor, January 1991.

Get advice from MIEC

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