



Communicating by telephone

with consumers

The main point

Over the phone, be extra careful with the words you use and how you say them.

Telephone communication – what's missing?

Communication involves four main components:

1. **Listening.**
2. **Verbal messages:** the words we choose.
3. **Para-verbal messages** or *how* we say the words: tone, pitch, pace and emphasis.

For example, when we are angry or excited, we tend to speak fast and at a high pitch. When we feel down, we tend to speak slowly with less variation in tone. When we feel defensive, we tend to speak in short, abrupt sentences.

The emphasis we place on words is also important. For example, consider the effect of emphasising different words in the phrase below:

- **Dr Smith** can't see you until next week
 - Dr Smith **can't** see you until next week
 - Dr Smith can't see **you** until next week
4. **Non-verbal messages** or body language: facial expressions, postures and gestures.
 - When we use the phone, our non-verbal messages are not communicated. This means the words we use and how we say them are most important. Be extra careful with the words you choose and how you say them.



For service managers

Bear in mind, the first person a caller speaks with in your service will influence how comfortable they feel using your service.

- Provide staff orientation and training. This is vital for effective and efficient phone operation.
- Provide scripts and 'Question & Answer' sheets for messages frequently communicated over the phone, including how to get to the facility and what to bring to appointments.
- Provide an automated phone message for people calling the service out-of-hours. Include the following information:
 - whether calls are recorded on an answering machine (that is, whether or not the person should leave a message)
 - what times the service is open and what to do if help is needed urgently.

Ensure recorded information is spoken slowly and clearly. Provide options to speak with a real person, repeat menu items and hear information in a language other than English. Test recordings with people likely to call your service.

Telephone etiquetteⁱ

- Answer the phone within three rings. State the name of the service and your name.
- Speak clearly and at a moderate pace. Use the caller's name when possible and give the caller your undivided attention.
- Allow the caller to speak without interrupting them or placing them on hold. If you need to place the caller on hold, avoid leaving them on hold longer than 40 seconds. The quicker you return to the caller, the less likely it is they will hang up.
- Confirm understanding. For example, if you need to provide a telephone number or address over the phone, ask the caller to repeat the details back to confirm correct details.
- Be aware of your tone of voice – use a friendly, conversational tone. Watching your facial expressions in a mirror can help, so consider placing a small mirror by the phone. Smiling will usually be reflected in your tone. So will frowning.
- Use plain, everyday words and avoid medical jargon. Be succinct – don't provide a whole heap of unnecessary information.
- Avoid critical, blaming, judgemental or accusatory words. They can cause the person to feel defensive.
- Choose words that normalise issues and problems. For example, use phrases like "*It's common for people to . . .*"

ⁱ L Flanagan, 'How Does Your Practice Sound on the Phone', *Fam Pract Manag.* 6(1), 1999, pp. 45–48, viewed 17 September, 2018 www.aafp.org/fpm/1999/0100/p45.html