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An investigation into the impact of training on Veterinary Receptionists' confidence when handling emergency telephone calls

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Background Information and Research Aim

- Veterinary receptionists' responsibilities include staffing the front desk which involves answering the telephone especially emergency telephone calls. An increase in emergency telephone calls and short staffing can contribute to the prevailing negative mental health from misinterpretations and mistakes causing compassion fatigue and a decrease in confidence with similarity to Registered Veterinary Nurses [1,2,3].
- Training for emergency telephone calls is important for Veterinary Receptionists in order to remain calm and develop client rapports to obtain accurate information. Emergency telephone call frameworks could help support Veterinary Receptionists in addition to any notes created which could help make Veterinary Receptionists' feel more confident, enhancing job satisfaction [4].
- **Research Project Aim**: To investigate Veterinary Receptionists confidence in answering emergency telephone calls and the impact training has on confidence.

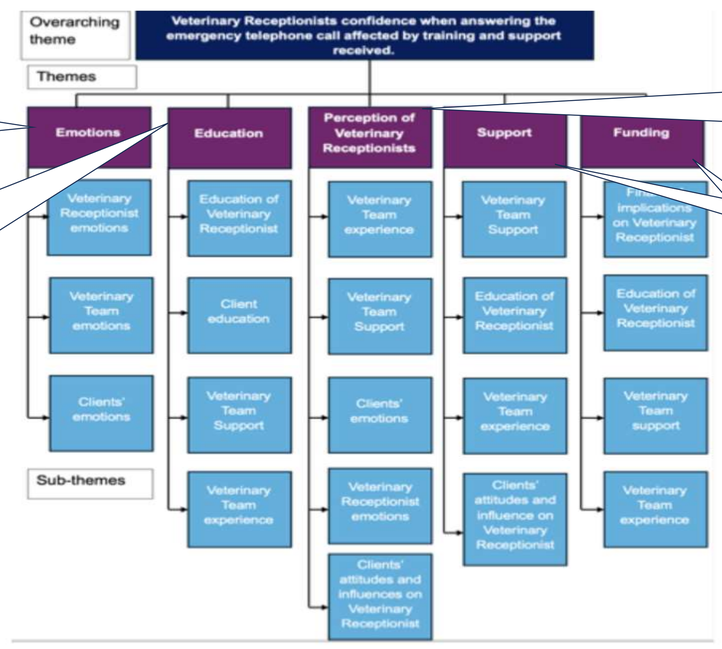
Methods

- A Microsoft Form consent form and Participant Information Sheet were given to participants to obtain consent for my project.
- 6 small animal Veterinary Receptionists from first opinion and referral backgrounds were interviewed on Microsoft Teams using semi-structured questions to achieve a sufficient sample size for thematic analysis [5,6].
- Experience varying from under 5 years to over 15 years were included to achieve this project's aim with investigating confidence levels and the impact of training influenced from experience in these practice settings [7].
- Themes seen in Figure 1 were created using Braun and Clarke's (2006) thematic analysis and mental health charities links for example Vetlife were included at the end of interviews [8,9].

Key Veterinary Receptionist's Quotes

'These are the high emotion situations which can possibly flip off … more things tend to be aimed at reception and front desk than … the clinicians' (VR-5).

'You can come off as like robotic' (VR-4). VR-5 suggested 'If reception and clinician staff brainstormed those things together, they'd be able to clear up what's on the sheet'.



'When I was first in practice as a receptionist … they {clinical team} sort of {have} a clinical mind … they sometimes don't understand that non-clinical people don't always know the signs'. (VR-2)

'It's usually the clinical team that are involved … we never have much involvement'. (VR-2 discussing mortality and morbidity meetings.

'Funding, training opportunities are always going to be helpful … they might not get used up because … it's harder to have somebody off for a day'. (VR-5).

Figure 1: Thematic tree diagram identifying the interview data's different themes.

Conclusion

- Veterinary Receptionists felt apprehensive at the beginning of answering emergency telephone calls but once experience was gained for first opinion and referral Veterinary Receptionists, an increase in confidence with emergency telephone calls was achieved.
- To improve for the future, Veterinary Receptionists could have emergency telephone call formal training in a simulated environment with clinical and non-clinical staff collaborating on an emergency telephone call template.
- Participants had mixed feelings on whether Veterinary Receptionists require clinical knowledge when handling emergency telephone calls. Some felt that this could improve the flow of the call and support confidence, highlighting the need for further research into the training and support required by Veterinary Receptionists.
- Funding for Veterinary Receptionist CPD and allocated time for completing CPD is required to be understood by veterinary teams to sustain Veterinary Receptionist's confidence.

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