

BRITISH JOURNAL OF
**HOSPITAL
MEDICINE****MMC**
Modernising Medical CareersMODERNISING
MEDICAL CAREERS**Dealing with switchboard:
a guide for
the foundation year doctor** **M82***Rachel Hooke***The clinical anatomy of
lumbar puncture** **M84***Harold Ellis***How to perform
a lumbar puncture** **M86***Sarah Armstrong***Radiology of acute
wrist injuries** **M90***S Basu, SHM Khan***Helping to prevent hospital
medication errors** **M94***Karen Roberts***So you want to be ...
a critical care physician** **M96***David A Brealey, Mervyn Singer*IN NEXT MONTH'S
MMC SUPPLEMENT**Initial management of acute trauma****Radiology of acute ankle injuries****So you want to be...
a plastic surgeon**

Dealing with switchboard: a guide for the foundation year doctor

Introduction

Switchboard operators are hard-working and busy, with much responsibility, but they are relatively low-paid. It is important to bear with them and be polite to them. They can be very helpful to you when necessary.

Different trusts may use different numbers to access switchboard routinely. In some you have to dial 0, but others feel that it is too easy to dial 0 by accident and inundate the switchboard with calls, so have changed to numbers such as 100. This means that you have to ring switchboard deliberately if you want it.

Use of switchboard

Try to look up the extension you require rather than just automatically dialling switchboard – practices like this make it take longer for people to get through when they really need to. These can include your colleagues inside and outside hospital, along with anxious patients and relatives. There may be an online or paper internal telephone directory, although the latter are likely to be out of date.

Try to learn the bleep system and find bleep numbers rather than getting 'switch' to do it for you. Bleep lists may be in paper or electronic form. If there has been a merger of hospitals and trusts, there may be legacy bleep systems that are different on each site. If you are working cross-site, you will need to be aware of this. To bleep someone, you usually need to press a specific combination of number(s) and/or symbol(s) to access the bleep system, followed by the recipient's bleep number and your extension.

Each operator has actually got his/her own specific number, which is used to bleep you for an outside call, such as from a GP. You will get to recognize these. This means that you will ring that particular telephonist rather than the generic number,

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which could take you through to anyone on the switchboard. It is wise to respond to such calls promptly, as someone will be waiting on the line at the other end, e.g. a GP in the home of an anxiously-waiting patient.

The cardiac arrest number will over-ride any other incoming calls to switchboard, so do not abuse it. You must ensure that you know the cardiac arrest number. In times past, different hospitals had different numbers, usually with a certain number of 3s or 2s. Use of different numbers was a potential patient safety problem, but the cardiac arrest number is more standardized nowadays. If you do need to make a crash call, be very clear about the location, particularly if switchboard is based on a different site and the operators are not familiar with yours. Be prompt in responding to arrest bleep test calls.

It is usually switchboard that issue you with bleeps, replace batteries and sort out faulty devices for you. You are likely to need to know where switchboard is physically located in order to access these services. It is prudent to make the acquaintance of the operators and establish good terms with them. They can help you and protect you from certain callers, such as patients who should be talking to their GP or NHS Direct.

Some small hospitals no longer have a switchboard as it has been moved to another part of the trust. Some may retain one during the day but not out-of-hours. You may have to be specific about which site you want, particularly if the service or specialty you are after is available on more than one. You will need to find out how to obtain bleeps and replacement batteries.

Do not make external personal calls via switchboard without declaring them as such (Hooke, 2009). However, even so, you are taking up the telephonists' valuable resource. If possible, you should use your own mobile phone if you have got one and are permitted to use it in the relevant area. You may be issued with a personal identification number (PIN) to make personal calls from hospital extensions.

If you need to make a genuinely work-related external call, try to look up the full number, 'speed-dial' number or tie-line via the internet or intranet rather than asking switchboard. Most extensions, except those in places such as corridors, the canteen or the doctors' mess, will allow you to make direct outside calls. You may need to dial 9 first (this also applies to emergency services calls, which will be 9999). Do not react adversely if the operator asks you if you know the number you are trying to contact – it is a reasonable question, particularly if you are phoning from an extension that does not allow direct external dialling.

If you need to inform switchboard of any shift swaps, then you should ask to speak to the appropriate person and ensure that he/she understands the revised position. Patient safety could be at risk if the wrong doctor is called or no-one can be reached.

Voice recognition systems

Some trusts have interactive voice recognition systems, which act as automated operators. They are designed to improve effi-

ciency for both internal and external callers. The bleep system can also be run in this way. Instead of always speaking to a telephonist, you speak to a machine, which directs your call. There should still be an option to speak to a human being, should you wish to.

If your trust runs such a system, instructions on its use should be available if necessary. This may be via the intranet or telecommunications department.

Conclusions

Be polite and respectful to the telephonists and they will help you as much as they can. Try not to use switchboard unless you

absolutely have to, as you are using valuable manpower. Familiarize yourself with internal telephone directories and bleep systems. If your trust has an interactive voice recognition system, you may need to access instructions in how to use it. Patient safety depends, partly, on the telephone system, and you can play your part in maintaining its efficiency. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

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KEY POINTS

- Be polite to telephonists, treat them with respect and get to know them.
- Try to look up the number you require rather than ringing switchboard.
- Do not abuse systems.
- If your trust has a voice recognition system, you will need to learn how to use it.
- Patient safety can depend on the efficiency of the telephone system.