

# The Mobile Phone: Friend or Foe for the NCHD?

**Dear Editor,**

Within the last 20 years, there has been a progression from utilising a pager system to a mobile phone for communication with medical personnel, and most NCHDs use their personal phone for service use<sup>1,2</sup>. NCHDs' work within the hospital is highly collaborative and includes communication with a variety of inpatient and outpatient facilities. However, these calls contribute to increased interruptions<sup>3</sup> which itself has risks relating to loss of concentration or interrupted patient interactions. A further important consideration is the potential impact frequent phone-driven duties can have on the psychological well-being of the trainee.

A prospectively-maintained log was maintained by NCHDs within the Urology team of CUH\* for 10 consecutive working days. We recorded the number of calls received by all NCHDs from 8am-5pm. Calls were then triaged as 'Urgent' or 'Routine' based on whether the receiving NCHD felt the call required immediate action, or could be dealt with at a more convenient time. There were 352 calls made to the three NCHDs that 'covered call' during daytime hours over the 10 days. The mean number of calls per day was 35.2. The most frequent callers to the Urology service were for inpatient consults, fellow Urology colleagues (e.g. the Urology intern) and the Emergency Department. Only 31/352 calls (8.8%) were deemed to be urgent.

Cork University Hospital, an 880 plus bed tertiary referral centre, has a significant catchment area, in addition to an adjoining maternity hospital and haemodialysis unit. A mean of 35 calls to one NCHD team per day has an obvious impact on the team's functioning, causing a disturbance during operating time, interrupting patient communication in a clinic setting and disrupting teaching of NCHDs. Each call often warranted a time-consuming follow-up task (e.g. chart reviews, inpatient consultation etc.) that translated into longer days and increased administration duties. This has a negative impact on training and research, particularly with the current levels of staffing and absenteeism within Irish Hospitals. Only 8.8% of calls in this study required immediate action and the authors feel this justifies the need for change within a busy service where NCHDs rely on mobile phone use. Thought must be given to methods of minimising the interruptions where patient safety and communication might be compromised, e.g.; not allowing mobile phones clinical areas, allotting a specific time for non-urgent calls and rotating an NCHD to cover non-clinical duties. Use of a gatekeeper for those wishing to contact a service during working hours means only truly urgent queries would interrupt a clinical scenario. Consideration should be given to further staffing within CUH in order to provide an efficient service, which will in turn improve the patient-clinician experience and enhance the training experience for NCHDs.

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