

The Courteous Consult: A CONSULT Card and Training to Improve Resident Consults

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Abstract

Background Communication and courtesy are important elements of consultations, but there is limited published data about the quality of trainee consults.

Objectives This study assessed residents' views on consult interactions, evaluated the impact of the consult interactions on patient care, and developed and implemented a pocket card and training on trainee consults.

Methods We surveyed resident and fellow physicians at Mount Sinai Hospital to assess perceptions, created a CONSULT card that uses a mnemonic for key elements, and developed a training session for how to call consults. We also conducted a consult training session using the CONSULT card as part of orientation in 2011 for all interns. We assessed the acceptability, feasibility, and sustainability of this intervention.

Results Of 1001 trainees, 403 (40%) responded. Respondents reported that the most important

components of calling consults included giving patient name, medical record number, and location (91%), and giving a clear question/reason (89%). Respondents also reported that these behaviors are done consistently for only 64%, and 10% of consults, respectively. Trainees reported that consult interactions affect the timeliness of treatment (62%), timeliness of tests performed (57%), appropriateness of diagnosis (56%), and discharge planning (49%). Approximately 300 interns attended the consult training session, and their feedback demonstrated acceptability and utility of the session.

Conclusions Trainees believe that consult interactions impact patient care, but important components of the consult call are often missing. Our training and CONSULT card is an acceptable, feasible, and novel training intervention. Once developed, the training session and CONSULT card require minimal faculty time to deliver.

Editor's Note: The online version of this article contains the survey instrument used in this study.

Introduction

Physician engagement in interprofessional consults that involve high-quality communication and courtesy is a

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critical aspect of patient care.^{1,2} Clear communication is critical for conveying the reason for the consultation and requires understanding of pertinent medical information as well as displaying good interpersonal skills.³ With the Accreditation Council for Graduate Medical Education's new milestones,⁴ skills in consultation are more explicitly defined, requiring that medical residents "[provide] consultation services for patients with basic and complex clinical problems."⁵ Yet physician trainees often are undertrained and underprepared for consult interactions.^{3,4,6,7} Standardizing the information communicated during consultations may improve the quality of consults, and through this, patient care.^{3,8–10}

The aim of this study was to develop and assess the feasibility of a training session and pocket guide for calling consults. The goals were (1) to assess residents' views on calling and responding to consults and the impact of consults on patient care, and (2) to develop a feasible, robust, and innovative method of training in calling consultations.

Methods

The study was performed at the Icahn School of Medicine at Mount Sinai in New York between October 2010 and December 2011. The 1001 eligible participants were all medical, surgical, and other residents and fellows.

TABLE 1 DEVELOPMENT OF THE CONSULT MNEMONIC USING INSTITUTIONAL GUIDELINES, ¹² 10 COMMANDMENTS OF CONSULTATIONS, ¹ AND PRELIMINARY SURVEY				
Category	Institutional Policy	Goldman's 10 Commandments	Preliminary Survey	CONSULT Mnemonic
Primary team introduction	1. Name (printed), signature, and level of requesting physician plus dictation code 2. Date and time of request		1. Give the name/team of the caller and pager/ phone number	Contact: contact the consultant courteously: caller's name, training level, team
Patient identifying information	1. Patient name, age, MRN, and location		1. Give patient name, MRN, and location	Orient: patient name, MRN, floor, and bed
Reason for the consult	1. A clear, brief narrative statement of the patient's problem (reason why consultation is requested)	1. Determine the question	1. Give a clear question/ reason	Narrow question: ask a focused question regarding diagnosis or management
History of present illness/background information about patient and workup	2. The patient's past history, pertinent lab and other diagnostic data, current diagnosis and medications		1. Give a brief HPI 2. Relay the initial workup and relevant laboratory and radiology findings	Story: patient age, sex, <i>pertinent</i> HPI, hospital course, relevant labs, radiology, anticipated plan
Urgency	1. Indication of when consultation request was called in 2. Level of urgency: Emergent (1 hour), Urgent (8 hours), or Elective (24 hours)	1. Establish urgency	1. Note urgency of the consult 2. Call team with urgent recommendations	Urgency: when should the patient be evaluated?
Follow-up plan		1. Look for thyself 2. Be brief 3. Be specific 4. Talk is cheap—and effective (ie, verbal communication critical) 5. Follow-up	1. Leave a note within 24 hours 2. Follow up with the primary team by phone 3. Give the best way to contact the caller	Later: follow-up plan with the consultant (how and by when?) and give your pager/cell number
Courtesy, politeness			1. Demonstrate a polite demeanor 2. Show appreciation to the consult team ("Thank you")	Thank you

Abbreviations: MRN, medical record number; HPI, history of present illness.

Intervention

Our intervention development began with trainee focus groups about consults from October 2010 to January 2011 (results will be reported in a separate manuscript). Next, we developed a survey using the focus group findings, the literature,¹ and institutional guidelines.¹¹ The survey was reviewed by experts in the field and was pilot tested with 33 medicine residents to assess understanding and ease of completion. The survey assessed trainees' views on the importance and frequency of experiencing specific consult components during initial consult calls and a consultant's response using a 4-point Likert scale. The final section consisted of 6 questions on the impact of consultation interactions on patient care (provided as online supplemental material). The survey was fielded to trainees from April to May 2011 using SurveyMonkey.

Using the results from the focus group and the survey, the authors developed a mnemonic tool to guide trainees in calling consults. Two investigators determined items using

an iterative process via consensus; disagreements were resolved via negotiation or with the help of the third author when needed. Authors determined components that were most critical to the consult call by reviewing items rated "most important" by approximately 50% or more of the trainees in both the consult call and the response sections (TABLE 1). The items rated most highly in our survey were compared with components addressed in Goldman's 10 Commandments¹ and our institutional policy¹¹ to create items in 7 categories. Investigators then ordered the categories. For example, because "reason for consult" is the most critical component of the consult call, yet is often overlooked, this should happen early on during the consult call, right after the introduction of the team and patient. Finally, the categories were crafted into phrases that fit into the CONSULT mnemonic (a word easily remembered in this context): Contact the consultant courteously, Orient (to the patient), Narrow question, Story (history of present illness and hospital course), Urgency, Later (plan for

FRONT

C	ontact the Consultant Courteously Caller's name, training level, team, "I am requesting a CONSULT please."
O	rient Patient name, medical record number (MRN), floor, and bed
N	arrow Question Ask a focused question regarding diagnosis (workup, procedures) and/or management (treatments, pre-op)
S	tory Patient age, sex, <i>pertinent</i> history (HPI), hospital course, relevant labs, radiology, anticipated plan
U	rgency When should the patient be evaluated? 30 minutes to 1 hour (emergent), 2 to 3 hours (very urgent), 8 hours (urgent), 24 hours (routine)
L	ater Make a follow-up plan with the consultant (how and by when?) and give your pager/cell number
T	hank you!

BACK**Other Tips for Calling a Consult:**

- Orient the listener to each component of the call.
- Be courteous and polite (even if they are not).
- Avoid calling a consult just to be "on board" with no particular question for that service to address.
- For diagnostic questions, have a differential in mind.
- For diagnostic questions, begin and anticipate the workup.
- For therapeutic questions, have an anticipated management plan in mind.
- Have pertinent information available (either written) or open on EPIC.
- Follow up with the consultant after the initial recommendations to: ask questions and discuss the outcomes of the case (it's your time to learn!).

FIGURE

CONSULT CARD (FRONT AND BACK)

follow-up), and Thank you. The CONSULT card included the mnemonic, examples of phrasing, and important tips for the caller (FIGURE).

Our 40-minute training session consisted of 2 prerecorded videos of acted scenes demonstrating a poor quality and a high-quality consult, an interactive didactic session in which interns were asked to comment on the videos and their own experiences with consult interactions, and a role-play session in which interns were given cases and asked to practice calling consults with a partner. During orientation in July 2011, all 300 incoming interns were required to participate in a consult training session and were given the CONSULT card.

The study was approved by the Institutional Review Board at Mount Sinai Hospital.

Analysis

We aggregated trainees' views about consults and perceived impact on patient care from the survey. We also assessed intern participation in the training session, feasibility of the development and teaching of the training session, acceptability of the intervention, and sustainability of the curriculum.

Results

Of 1001 residents and fellows, 403 (40%) responded. Trainees were evenly distributed across sex, postgraduate year, and residency type. Although many of the items were

deemed very important, some components were not consistently done. For example, while a clear question was rated very important by most, only 10% (40 of 398) of trainees who responded felt that this was always done (TABLE 2). The majority of respondents reported a large impact of the consultation interaction on timeliness of treatment (62%, 243 of 394), timeliness of tests performed (57%, 226 of 396), appropriateness of diagnosis of the patient (56%, 223 of 398), and discharge planning (49%, 196 of 398).

The survey findings were a key input in the development of the CONSULT card. Estimated faculty time to develop the card and didactic session was approximately 30 hours. Time needed for session delivery is 1 hour per session (15-minute prep, 45-minute delivery time) and is longer for new instructors (1-hour prep). The cost for 300 CONSULT cards is \$100.

Comments from residents demonstrated benefit and acceptability. Residents appreciated the review of the standard protocol, the focus on key elements of the consult, and the opportunity for practice during the session. The training and CONSULT card have continued to be a part of the annual intern orientation for 4 years, and a video was recorded as an online module for future orientations. The session is also taught to fourth-year medical students during their introduction to internship clerkship. Anecdotally, the card is used by interns after the training session; many fourth-year medical students commented that the cards are very useful and the multiple modalities of teaching were interesting and interactive.

Discussion

The focused training and the CONSULT card have a number of strengths. The tool was developed in a sequential and multimodal approach, using results from earlier phases of the study to inform subsequent sections as well as institutional policy and literature. The unique educational approach was brief, engaging, interactive, and can target many trainees at one time. The card also gave a lasting reminder of the mnemonic tool for future use. In addition, the training and CONSULT card are easy to use and feasible to integrate into physician training. The upkeep of the training is just 15 to 60 minutes of preparation each year, demonstrating sustainability. The most novel component of the intervention is highlighting the importance of courtesy between the consultant and consuler, which has not been included in consult mnemonics currently in the literature.^{12,13}

There are several limitations to this study. We did not use a validated survey instrument, and misunderstanding the survey questions could affect the results. The study was

TABLE 2

TRAINEES' VIEWS ON THE IMPORTANCE AND FREQUENCY OF CONSULT COMPONENTS BY CONSULTER AND CONSULTANT

Consulter Action	Very Important	Always Done
Give the name/team of the caller and pager/phone number ^a	81% (322/398)	30% (119/399)
Give patient name, MRN, and location ^a	91% (363/399)	64% (256/398)
Give a brief HPI ^a	81% (321/398)	42% (166/395)
Give the whole patient history plus PE	13% (51/395)	5% (18/398)
Give a clear question/reason ^a	89% (349/393)	10% (40/398)
Relay the initial workup and relevant laboratory and radiology findings ^a	47% (188/398)	8% (31/399)
Give the anticipated plan	37% (147/399)	5% (18/399)
Note urgency of the consult ^a	90% (356/397)	13% (52/398)
Demonstrate a polite demeanor ^a	67% (265/398)	20% (79/399)
Show appreciation to the consult team ("Thank you") ^a	46% (182/397)	14% (54/397)
Come to the bedside for your evaluation of patient	12% (49/395)	3% (13/399)
Follow your recommendations	32% (128/398)	17% (67/398)
Consultant Action	Very Important	Always Done
Answer initial page in timely fashion	80% (320/399)	18% (71/399)
Introduce himself/herself	53% (211/398)	26% (103/398)
Accept the consult without debate	35% (131/398)	13% (51/399)
Give the best way to contact him/her ^a	63% (250/397)	11% (44/397)
See the patient the same day	36% (141/396)	24% (95/396)
See the patient within 24 hours	80% (318/399)	55% (220/397)
Leave a note within 24 hours ^a	78% (307/396)	38% (153/397)
Follow up with the primary team by phone ^a	51% (204/398)	11% (44/396)
Follow up with the primary team in person	8% (32/399)	5% (21/397)
Call team with urgent recommendations ^a	87% (348/398)	38% (150/396)
Teach the primary team about the case or the consult process	33% (130/397)	7% (27/397)
Demonstrate a polite demeanor	61% (241/398)	14% (54/398)
Make himself/herself easily accessible for questions	61% (243/399)	13% (50/393)
Belittle or frustrate you	5% (21/393)	2% (9/394)

Abbreviations: MRN, medical record number; HPI, history of present illness; PE, physical examination.

^a Highly rated item used to create the CONSULT card.

conducted at a single institution, limiting generalizability. In the future, the impact of the training and CONSULT card on trainees' direct skills in calling consults, as well as the impact on patient outcomes, such as time to appropriate testing or discharge, should be evaluated. It also may be beneficial to develop a training intervention targeted toward the consultants to focus on collaboration and teaching during consult encounters.

Conclusion

Residents from multiple disciplines believed that consult interactions have a major impact on patient care. A brief institutional training session and mnemonic-based CONSULT card were developed based on literature, resident input, and institutional policy. These tools were found to be acceptable and feasible across specialties.

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