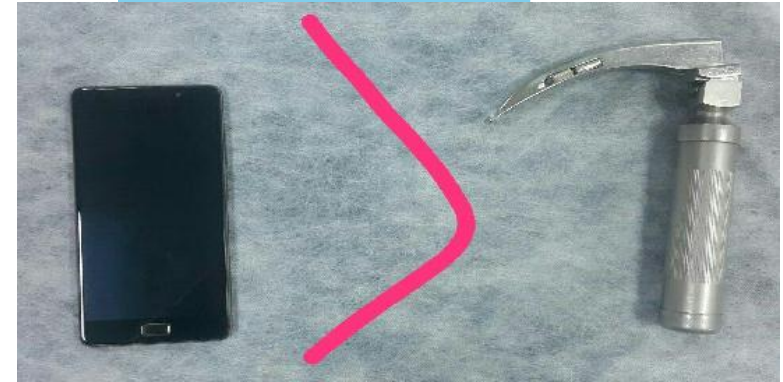


The Art of Consultation in Emergency Department

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APRIL 2018





- In an emergency shift telephone > laryngoscope
- We don't try to improve our communication skills.
- **What can we do to change this?**
- The medical consultation is an art
- We need to learn how to practice this art.

Effective communication is critical

- Communication happens in various forms throughout the ED;
- One common type of communication is the **consultation**
- **Consultation:** one provider seeking formal recommendations from another provider regarding the care of a patient.



4 types of consultations have been described:

- 1) **Immediate critical interventions:** consultations to physicians for management of an emergency outside of scope of practice of an ED physician.
- 2) **Procedural interventions:** consultations for procedures outside of the scope of practice of an emergency medicine physician.
- 3) **In-person evaluation and management inquiry:** consultations for diagnosis or management of a patient.
- 4) **Remote evaluation and management inquiry/ telemedicine:** consultations for diagnosis and management of a patient, although not through an in-person encounter.

Curbside consultations



- Historically been a common practice in medicine.
- A consultant is asked to provide recommendations regarding the care of a patient without formal assessment.
- This type can adversely affect patient care and have been characterized as a '**high-risk type of interaction.**



It is essential for ED staffs to learn effective communication skills especially regarding formal consultation practice

- Limited education
- The model that has been most rigorously studied is the 5Cs of consultation.
- A novel and standardized teaching model for consultations;
- Serves as a framework on which to build a consultation presentation to a consultant physician.

5C's of Consultation



Contact

- State name
- Confirm name and service of consultant

Communicate

- State patient's name, MRN and location
- Suspected or confirmed diagnosis
- Concise history and pertinent physical exam findings
- Pertinent labs/studies
- Previously administered intervention

Core Question

- Specify need and timeframe for consultation

Collaboration

- Incorporate consultant recommendations into treatment plan

Closing the Loop

- Review treatment plan
- Thank consultant

An example...

1. Hello, my name is Eylem KUDAY KAYKISIZ. I'm an emergency medicine specialist in ED. With whom I'm speaking?
2. I wanted to tell you about Mr. Doğan, a 20-year-old male who presents today with an acute asthma exacerbation. He has a history of asthma with shortness of breath and cough for last four days. On exam, he has diffuse bilateral expiratory wheezes. We began treatment with a salbutamol nebulizer and intravenous steroids.
3. Can you evaluate him within the next hour for admission and continued asthma treatment?
4. Sure, I will obtain a chest x-ray to look for an infection.
5. Thank you for your time. We will continue his meds and order a chest x-ray and will see you in about 20 minutes.

To become a good consultant!!



- ✓ Identify the reason for consultation
- ✓ Take into account the referring physician characteristics
- ✓ Determine the urgency of request
- ✓ Look for additional information
- ✓ Provide consultation reports that are easy to read with fewer than 6 specific recommendations
- ✓ Maintain mutual respect and cooperation
- ✓ Clarify the consultant and referring physician's respective roles in a patient care

CONCLUSION

- Communication breakdown continues to be a major source of medical error in the ED.
- Effective interprofessional communication and collaboration lead to a safer patient care and enhance workplace satisfaction.
- Providing formal education in consultation is vital to improving interphysician communication and enhancing quality of patient care.
- Consultation communication skills must be learned and practiced.



THANK YOU FOR YOUR PATIENCE
Question/suggestion/comment?