

Evaluating Inpatient Medicine Residents' Attitudes Towards Subspecialty Consultation Services and Communication Between the Respective Treatment Teams

Ray, Jessyca¹, Zabala, Vanessa¹, Motamedi, Damon¹, Jelousi, Sami¹, Modzelewski, Tim¹, Hamza, Alan²

¹University of Central Florida/HCA Florida Ocala Transitional Year Residents

²University of Central Florida/HCA Florida Ocala Transitional Year Program Director

Background

- Inpatient subspecialty consultations are becoming more prevalent, with an average of 2.6 consultations for a patient with Medicare occurring per hospital admission¹
- Failures of communication in interdisciplinary care are common and can affect patient outcomes.²
- As members of the inpatient internal medicine primary teams and according with the Accreditation Council for Graduate Medical Education (ACGME) milestones, internal medicine residents and transitional year residents are responsible for consulting a variety of subspecialties and navigating the consulting relationship.
- However, most residents do not receive formal instruction on consultation practices or how to craft a consultation request.
- An exploratory evaluation of 20 transitional year and internal medicine residents was performed to evaluate current attitudes of transitional year and internal medicine residents regarding subspecialty consultations.
- These interviews revealed that residents felt that they should have more confidence in the timeframe they would receive recommendations from consultants as well as tentative timeframes for when the consultants would evaluate patients. In addition, it was noted that residents lacked formal education regarding consulting methodologies. Lastly, residents noted that they would like to cultivate confidence in their relationships with subspecialty attendings.

Objective

Two quality improvement projects were created to address the issues brought forward by resident evaluations – the first looks at ways to empower intern residents through education with proven consulting methodologies, and the other addresses miscommunication between consulting services.

Methods

Project One: Empowerment of Intern Residents via Consulting Education

- An anonymous baseline cross-sectional survey will be performed at the beginning of intern year in July

Evaluate Interns Knowledge

Cross-Sectional Survey
Platform: Qualtrics
Content: 42 Multiple Choice and Likert Scale Questions

Educate Interns

Lectures on Consulting Methodologies (the 5 Cs, CONSULT)

Lectures on Language Used in Communicating with Subspecialists

Re-Evaluate Interns and Current Consulting Practices

Cross-Sectional Survey
Platform: Qualtrics
Content: 42 Multiple Choice and Likert Scale Questions

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

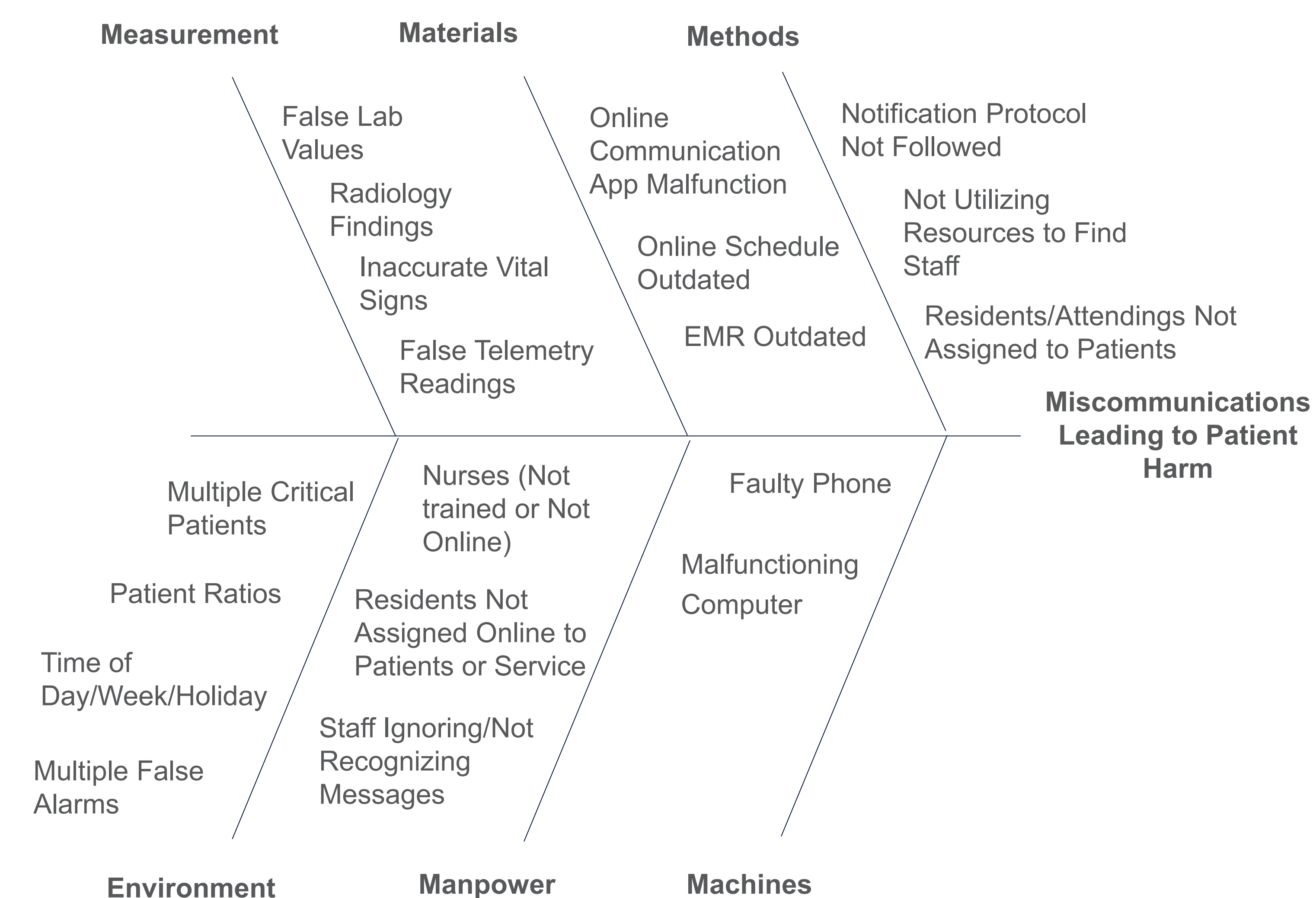
Methods Continued

Project One Continued: Empowerment of Intern Residents via Consulting Education

- Various lectures and handouts will be given throughout the first six months of residency to teach residents various consultation methodologies and ways to communicate effectively and professionally with their subspecialty colleagues and attendings.
- Series of anonymous cross-sectional surveys will be administered periodically throughout the first six months to evaluate if this education improves resident confidence with their relationships with other specialties.

Project Two: Addressing Miscommunication Between Subspecialty Services

- Anonymous cross-sectional surveys will be administered to current internal medicine and transitional year residents as well as hospitalists to evaluate issues with communication between various specialties
- Family Medicine, Transitional Year, Internal Medicine, General Surgery, Anesthesia, and Orthopaedic Surgery residents will be directed to select their service and respective attending each time they log on to the hospital communication portal.
- Repeat cross-sectional surveys will evaluate any improvement in communication once it is apparent what services residents are currently on for communication and messaging.



Methods Continued

Evaluate Current Communication Issues

Cross-Sectional Survey
Platform: Qualtrics
Content: Likert Scale Questions

Change Communications Titles

Require residents to sign up for their service on communication device

Evaluate Response to Change

Cross-Sectional Survey
Platform: Qualtrics
Content: Likert Scale Questions

Discussion

- Effective communication is essential for optimal consultation interactions, and though this may seem like common sense, consultation methodologies exist to standardize the unique relationships between primary and subspecialist teams.³
- Essential aspects of a consultation include: a question for the subspecialist, urgency of the consultation, brevity yet specificity, direct communication, and follow up.³
- However, as medicine evolves, so too does the consulting relationship depend on the type of subspecialty consultant. Thus, the primary team must be prepared to have varying patient management situations.⁴
- Consultation methodologies such as The 5 Cs and CONSULT were formed to create standardized consultation requests and to train medical learners, whether students or residents, about initial communication with subspecialists.^{5,6}

Conclusion

- It is evident that residents can be empowered to take charge of their patient's care using proven consulting methodologies
- Direct communication strategies with obvious questions for the consultants can reduce apprehension and unknowns that impede consultations and patient care.

References

- Stevens JP, Nyweide D, Maresh S, et al. Variation in Inpatient Consultation Among Older Adults in the United States. *J Gen Intern Med.* 2015;30(7):992-999. doi:10.1007/s11606-015-3216-7
- Liu P, Lyndon A, Holl JL, Johnson J, Bilimoria KY, Stey AM. Barriers and facilitators to interdisciplinary communication during consultations: a qualitative study. *BMJ Open.* 2021;11(9):e046111. Published 2021 Sep 2. doi:10.1136/bmjopen-2020-046111
- Goldman L, Lee T, Rudd P. Ten commandments for effective consultations. *Arch Intern Med.* 1983;143(9):1753-1755.
- Salerno SM, Hurst FP, Halvorson S, Mercado DL. Principles of effective consultation: an update for the 21st-century consultant. *Arch Intern Med.* 2007;167(3):271-275. doi:10.1001/archinte.167.3.271
- Kessler CS, Tadisina KK, Saks M, et al. The 5Cs of Consultation: Training Medical Students to Communicate Effectively in the Emergency Department [published correction appears in *J Emerg Med.* 2016 Aug;51(2):222. Deiorio, Nancy [corrected to Deiorio, Nicole]. *J Emerg Med.* 2015;49(5):713-721. doi:10.1016/j.jemermed.2015.05.012
- Podolsky A, Stern DT, Peccoralo L. The Courteous Consult: A CONSULT Card and Training to Improve Resident Consults. *J Grad Med Educ.* 2015;7(1):113-117. doi:10.4300/JGME-D-14-00207.1