1 **Communication in the Consultation Process**

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- In our Emergency Department (ED) shifts, the time we spend with a laryngoscope is less than the time we spend on phone consultations. Nevertheless, we devote much less time to developing our skills in the way we communicate with consultants than we do in developing our laryngoscope skills.
- In fact, having an effective and efficient consultation with the consultant can bring tremendous benefits to our shift flow.

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- Communication is one of the basic elements of health care.
- Ineffective communication, especially in an ED, can lead to a poor consultation process.
- Moreover, inadequate communication during the consultation process can lead to medical errors and treatment delays.

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- There is no section on communication and/or consultation in the Core Curriculum of Emergency Medicine Specialization Training v.2.1 (2016) in Turkey.

5 **Consider the following two consultations on a healthy, 18-year-old male patient diagnosed with acute appendicitis: Which is more effective?**

1. Dr. B, I am Dr. A. I'm calling you about an 18-year-old male patient with a 2-day history of abdominal pain. A few years ago he presented to the emergency department for gastroenteritis, but he had never experienced this pain before. He vomited three times and had bloodless diarrhea. Today he awakened with pain in the right lower quadrant and the pain aggravated during the day. He has no known medical illness, is not taking any medications, and does not have any allergies. His brother also underwent an appendectomy at the age of 15. As for his vitals, BP: 120/80, pulse: 90, respiratory rate: 16, temperature 37° C. His cardiac and respiratory examinations were normal. There is moderate tenderness and minimal defense in the right lower quadrant. His hemoglobin and hemotocrit were normal; the count of platelet was 150,000; and the white blood cell count was 12,000. An IV opioid was given. An abdominal CT was performed and an 8 mm appendix was seen. Appendicitis was present and there was no rupture.
2. Dr. B, I am Dr. A. I am calling you from the emergency department with knowledge of my supervising attending, Dr C. There is a healthy 18-year-old male patient with acute appendicitis without rupture findings on CT. He has had abdominal pain for one day and he has right lower quadrant tenderness. There is no toxic appearance. The white blood cell count is 12,000. IV hydration was started and oral intake was closed. If there is nothing else you want to learn, is it possible to see the patient as soon as possible?

6 **6 Reasons for a Poor Consultation Interview**

1.Not Being Ready

When the consultant returns your call, everything must be ready. This means that all patient information is available for the consultant.

2.No Having a Clear Question

We need to know what we want from the consultant. If we don't know, it won’t be easy

2.No Having a Clear Question

We need to know what we want from the consultant. If we don't know, it won't be easy for the consultant to understand us ("I am calling you to evaluate the patient in terms of admission.").

3.Not Having Met Before

In a large hospital, it is normal to have never contacted the consultant you are calling. You are to call only when necessary and the first impression you make will strengthen your communication with the consultant.

4.The Overloaded System

Receiving a call from the Emergency Department usually means an increased workload for the consultant. A phone conversation with effective and accurate information helps improve the consultation.

5.Difficult Consultant

Unfortunately, in medicine, we are also exposed to consult with those who have certain personality problems. The only good way to deal with this is to show a professional stance and courtesy and to not fall to their level when communication comes to a breaking point.

6.Lack of Skill

We do not spend enough time educating our residents and students on how to call the consultant. Presenting patients in an educational clinic and meeting with the consultant are completely different.

What are the steps to be considered during the consultation process?

The 5Cs Model of Calling a Consultant:

Contact

Communicate

Core question

Collaborate

Close the loop

1. Contact

The first contact of the consulting and consultant physicians:

- ➢Say your name
- ➢Indicate your service and senior/attending
- ➢Get the name of the person you are talking to (in terms of communication and documentation)

• *Hi. I'm Dr. A from the ED and calling with the knowledge/request of senior Dr. B. Who am I speaking to?/Dr C, you're the consultant, right?*

2. Communicate

Briefly address critical issues related to the patient:

- ➢Present a short and concise story
- ➢Provide accurate patient information (history, examination, and lab)
- ➢Speak clearly

• *There is a 30-year-old male patient with right lower quadrant abdominal pain, nausea/vomiting, and mild leukocytosis. Emergency ultrasonography showed an acute appendicitis with a size of 7.5 mm. He may need surgery.*

2. Communicate

If possible, pre-diagnosis should be indicated at the beginning of the story:

- *There is a patient, a 63-year-old male. He presented with the complaint of shortness of breath. Known COPD, CHF, and DM are present. He has a cough, which has been increasing for a week, accompanied by dark sputum. He had fever and hypoxia on arrival. The hypoxic condition continues. It was thought of as infectious COPD. Can you see the patient in terms of hospitalization and treatment?*
- *There is a patient, a 63-year-old male. He presented with the complaint of shortness of breath. Known COPD, CHF, and DM are present. The patient, who was believed to have infectious COPD, had fever and hypoxia. The hypoxic condition continues. He has a cough, which has been increasing for a week, accompanied by dark sputum. Can you see the patient in terms of hospitalization and treatment?*

3. Core Question

Specify your request and determine a reasonable timeframe for consultation:

➢Present a clear question or request

➢Decide on a timeframe

- *Can you urgently evaluate this patient who has signs of shock? (Unstable patient – in 15 minutes)*
- *Can you evaluate this patient with severe pain as soon as possible in terms of surgery/admission? (Stable patient – in 30 minutes)*

4. Collaboration

Negotiate or agree on any change or suggestion in patient management between the consulting and the consultant physicians:

➢Be open to the consultant's suggestions

- *We can perform a CT scan. You will see the patient during this time, is that correct?*
- *We do not want preop anesthesia consultation routinely, but I can ask my senior/attending if you still want. During this time, you will see the patient as soon as possible, right?*

5. Closing the loop

Ensure that both sides agree and maintain proper communication about changes in patient status:

➢Clarify the patient's plan

➢Say, "thank you"

- *The patient you're evaluating and whose CT scans you've seen, is going to go to the OR, correct? I wish you a good day.*

- You will be presented with three simulated consultation speeches by two researchers.
- Please use the checklist to check and mark which steps were taken in the three consultations.

5Cs Check List

- Contact

❑Say your name

❑Indicate your service

❑Indicate your senior/attending

Get the name of the person you are talking to

- ❑Indicate your senior/attending
- ❑Get the name of the person you are talking to

• Communicate
- ❑Present a short and concise story
- ❑Provide accurate patient information (history, examination, and lab)
- ❑Speak clearly

• Core Question
- ❑Present a clear question or request
- ❑Decide on a timeframe

• Collaborate
- ❑Be open to the consultant's suggestions

• Close the loop
- ❑Clarify the patient's plan
- ❑Say, "thank you"

17 **CONSULTATION 1**

- Dr A: Hi, I am calling from the emergency department and have a patient.
- Dr B: I am listening.
- Dr A: There is a 20-year-old male patient. He had a work accident and presented due to a heavy object falling on his arm. There is an open fracture at the distal end of the radius of the right arm. Can you evaluate the patient soon?
- Dr B: I'm in surgery right now, can you irrigate the wound?
- Dr A: Okay, Dr B, we can. When can you see the patient?
- Dr B: I'll be there in half an hour.
- Dr A: Thank you.
- Dr B: See you.

18 **CONSULTATION 2**

- Dr A: Hello, I am Dr A; I'm calling from the emergency department. Who am I talking to?/Am I talking to Dr B?
- Dr B: I am Dr B./Yes, I am Dr B.
- Dr A: I am calling you with knowledge of my supervising attending, Dr C./I am calling you on my supervising attending's request. I have a female patient who is 45 years old, married, and has two children. She has FMF. She came in with a complaint of diarrhea. She describes dark stools and has never had such a complaint before. She vomited three times in which they included what she ate. Her blood pressure is 90/60 and she has minimal abdominal tenderness. Her hemoglobin is 8. Can you evaluate the patient?
- Dr B: Dr A, what pre-diagnosis do you consult the patient with?
- Dr A: Yeah, I'm sorry, the patient had melana. We considered gastrointestinal tract bleeding. Can you see her soon?
- Dr B: Can you prepare an erythrocyte suspension transfusion? I am coming soon.
- Dr A: Okay, doc, see you around.

19 **CONSULTATION 3**

- Dr A: Hello, I am Dr A from the emergency department. I am calling you with knowledge of my supervising attending, Dr C. Who am I talking to?
- Dr B: Hi, I am Dr B.
- Dr A: I have a patient, a 63-year-old male with hypoxia who was considered to have infectious COPD. He comes to us with a shortness of breath. Known COPD, CHF, and DM are present. He has a cough, which has been increasing for a week, accompanied by dark

infectious COPD. He comes to us with a shortness of breath. Known COPD, CHF, and DM are present. He has a cough, which has been increasing for a week, accompanied by dark sputum. He had fever and hypoxia on arrival. The hypoxic condition continues. Can you see the patient in terms of hospitalization and treatment?

- Dr B: Dr A, as you said, the patient has heart failure. Can you also consult with cardiology?
- Dr A: I did not consider the patient to be decompensated with heart failure. After you have evaluated the patient, we can talk again if you find it necessary.
- Dr B: Can you send pro-BNP?
- Dr A: After asking my senior, of course, I can send it, Dr B.
- Dr B: All right, I'll be back in half an hour to see the patient.
- Dr A: Well, then I'm talking to my senior for pro-BNP, and we will clarify the patient's condition with your assessment. See you in half an hour. Thank you.

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- Now, request consultation from each other with different patient files distributed to you.
- Your consultation request will be evaluated by two different researchers and then any deficiencies will be reviewed.

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