Consult Courtesy

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It's Sunday and you are covering 3 hospitals as a consultant for otolaryngology. A fairly urgent consult awaits you at the children's hospital. You receive a call from a primary care team at another hospital asking you to evaluate an oral lesion in a patient who has been in the hospital for 1 week. The primary team wonders if this lesion needs surgical management before they move forward with placement of a left ventricular assist device and chronic anticoagulation, planned for the next day. The lesion has been present for more than 1 year. When asked what the lesion looks like, there is no response. After a pause, the referring intern admits that he hasn't looked in the mouth.

What ensues after this phone exchange?

Consultants may be frustrated with this addition to their workload and may vent their irritations with rude, unprofessional comments on the phone. It is common for the consultant to believe that the person calling the consult (often an intern or medical student) does not have key information, and for the primary team to feel slighted by the line of questioning they receive from the consultant. Primary teams, busy addressing a host of complex medical and social needs for each patient, may feel that their concerns are being inappropriately minimized. Most of the time this conversation doesn't change the fact that eventually, after a phone call full of dispute, the consultant team will need to see and evaluate the patient.

After fielding otolaryngology consults for the past year, one of the authors (R.A.B.) discovered that adherence to a few simple guidelines minimizes the frustration experienced by all involved parties. Similarly, while managing primary teams the other author (E.G.B.) found that several steps could improve interaction with consultants. We hypothesize that the following suggestions could transform the teaching hospital into a more professional and courteous place.

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Suggestions for Consult Courtesy

For the Consultant

1. ***Recognize the Inevitable Outcome*** A consultation request almost always results in the complete evaluation of the patient by the consulting team. By accepting that no matter what one says to the consulting team, the patient will still need to be seen and evaluated, the initial struggle to deflect the consult can be avoided. Junior residents, who typically answer consult calls, should rarely refuse consults, since their medical knowledge and experience are limited. Thus, if a team calls for a consultation, a complete assessment is indicated with very few exceptions. Once the acuity of the consult is assessed, the only acceptable and courteous answer is, "We would be happy to see the patient as soon as we can."
2. ***Willingly Provide Clinical Teaching Points*** Along with clinical recommendations regarding the common scenarios related to the consultation, willingly provide clinical teaching points. Recognize that you are interacting with learners who have variable levels of knowledge in your specialty, and this may be a key teachable moment. By making a consult an educational experience, you may help use resources in the hospital in the future. If a patient's condition is appropriate for outpatient care, then an inpatient consult may be as much of a burden on the health care system as an unnecessary test.
3. ***Avoid Negative Assumptions*** Regardless of the time of day, it is important to interact in a professional manner. There is no reason to automatically be unpleasant on the phone simply because the call occurs at 3 AM. Assume that the consulting service or nurse is acting in the patient's best interest. A common scenario is a nighttime nursing call answered by a resident with a negative tone. Who else should the nurse call at this hour except the resident who is assigned to be on call? Listen to the nurse and respond appropriately and as a team member. If the call was truly inappropriately timed, then kindly say that this issue could have waited until the morning. If it is a recurring theme, instead of getting enraged with an individual, talk to the charge nurse the next day to effect useful changes.

The same assumption—that we are all working together, on the same team—also improves interactions with primary teams at the time of a consult. In the scenario described

above, the lesion did require biopsy to rule out malignancy. Thus the consult, initially assumed to be inappropriate, was indeed in the patient's best interest.

For the Consulting Team

1. ***Call Consults as Early in the Day as Possible*** Most surgical teams round at 6 AM before starting the day's operative cases. An early consult helps to get the patient seen and "staffed" by the appropriate attending physician in a timely fashion, which is often between operating room cases or clinic patients. Since most inpatient medicine teams round until midmorning, this may mean calling consults before or during rounds.
2. ***Have Pertinent Clinical Information Available*** In a large hospital there can be a tendency toward overreliance on specialists at the expense of both generalist education and goodwill between services. Start the workup of the problem and complete appropriate basic tests before calling the consult. Anticipating what a consultant will want has educational value and engages the primary team. Make sure the person calling the consult has completed a thorough, problem-focused physical examination.
3. ***Be Judicious With Consults*** While it can seem like patient-centered care would address as many problems as possible during an inpatient stay, the realities of inpatient medicine make this impossible. Nonemergent problems that are generally seen in an outpatient clinic are rarely an indication for an inpatient consultation, even if currently symptomatic. A chronic problem present before admission could also be better treated in a clinic visit, where necessary equipment and staff are readily available to address the problem more efficiently.
4. ***Use Each Consult as a Learning Opportunity*** If the primary team is genuinely interested in what they can learn from the consultant, the stage will be set for a much more positive interaction. Consider how the outcome of this consult may change how a patient with a similar complaint is managed in the future, in both inpatient and outpatient settings.

Conclusion

Ideally, the hospital provides a professional and courteous environment with varied staff caring for patients in the most efficient way possible. It should be a place where consultant teams happily offer their assistance, and consultation requests are appropriate and judicious. These suggestions are offered to minimize the sometimes negative attitudes surrounding consults and to produce a more enjoyable and educational hospital environment as well as improved patient care.