

Calling the Consultant!

The Educational Opportunity of the Subspecialty Consultation

**Workshop
APPD Spring Meeting 2018**



Introductions

- **Ross Myers, MD**
 - Pediatric Pulmonologist / Former Hospitalist
 - Associate Director
 - Pediatric Residency Program
 - Pediatric Pulmonology Fellowship Program
- **Jessica Goldstein, MD**
 - Child Neurologist
 - Associate Director, Pediatric Residency Program
- **Keith Ponitz, MD**
 - Division Chief, Pediatric Hospital Medicine
 - Program Director, Pediatric Residency Program
- **Ingrid Anderson, MD**
 - Pediatric Intensivist
 - PICU Resident Rotation Director
- **Katherine Mason, MD**
 - Pediatric Intensivist
 - Vice Chair of Education / Former PICU Fellowship Director

Objectives

- Explore how the resident and subspecialty fellow interaction can be a meaningful educational opportunity
- Recognize and minimize barriers that prevent the consultant-learner interaction from reaching its highest potential as an educational tool
- Identify and utilize competency-based evaluation tools for both residents and fellows in the consultant interaction
- Create an educational approach to the consultation encounter that would be applicable to your home institution for both hospitalists and subspecialists

Agenda

- Frame consults as educational opportunities
- Identify opportunities and barriers of the consultant interaction as an educational tool
 - Resident and fellow perspective
- Review literature on opportunities and barriers
- Develop SMART objectives to enhance the consultant interaction at your home institution
- Discuss evaluation methods to assess learners in the consultant educational interaction

Importance of Subspecialty Consultation

- Definition of Consultation
 - Service provided by a physician whose opinion or advice regarding evaluation or management is requested by another physician¹
- Importance
 - Provider knowledge and/or skill set
 - Enhanced patient care
 - Communication
 - Ineffective communication can lead to medical errors²

1. McGraw-Hill Concise Dictionary of Modern Medicine. 2002

2. Lester H, Tritter JQ. Medical Education. 2001

Components of a Consult

- Ask
 - Initial interaction
 - Telephone
 - In-person
 - Third party – EMR, allied health professional
- Tell
 - Follow-up
 - Relay recommendations to requesting physician/team
 - Telephone
 - In-person
 - Written documentation

Consultation as an Educational Opportunity

- Resident
 - Knowledge gap to fill
 - Critical thinking
- Consulting Fellow
 - Subspecialty knowledge
 - Teaching skills
 - Insight into resident's learning needs
- Trainee Assessment

Miloslavsky EM, et al. *Medical Education* 2015

Small Group Work

- Consider the subspecialty consult interactions as educational opportunities
- Discuss at your tables from your primary learner type / clinical perspective
 - Opportunities
 - Barriers

Small Group Work - continued

- Flip perspective to other learner type / clinical perspective
 - Resident/hospitalist → Consulting fellow
 - Consulting fellow → Resident/hospitalist
- Discuss opportunities and barriers to consult interaction being an educational tool

Large Group Discussion

- Opportunities
- Barriers
- Flipping perspectives

Factors Influencing Education During Consultation

- Miloslavsky EM, et al. *Medical Education* 2015
- Focus groups of IM residents and IM subspecialty fellows
- 3 primary research questions
 - To what extent do residents and fellows view consultation as a teaching and learning interaction?
 - What is the resident level of interest in learning and fellow level of interest in teaching?
 - What are perceived barriers to and facilitators for learning and teaching?
- 2 Domains
 - Personal
 - Systems-based

Miloslavsky EM, et al. *Medical Education* 2015

Personal Factors Influencing Education During Consultation

- Interest in teaching and learning
 - Both residents and fellows felt education was important
 - Residents want to learn from fellows
 - Recently been residents themselves
 - Fellows received personal satisfaction from teaching
 - Teaching may improve patient care
 - Teaching could occur at any point during the consult process

Miloslavsky EM, et al. *Medical Education* 2015

Personal Factors Influencing Education During Consultation

- Pushback
 - Suggesting consult was not necessary
 - Call a different service
 - Question not clear
 - Information provided by resident not sufficient
- Fellows may see some elements of pushback as teaching moments
- Residents usually saw any type of pushback as a negative interaction

Miloslavsky EM, et al. *Medical Education* 2015

Personal Factors Influencing Education During Consultation

- Willingness to Engage in Teaching Interactions
 - Fellows interest in teaching depended on interest in learning from resident
 - Residents depended on the fellow to initiate teaching
- Perceptions and Expectations
 - Fellows
 - Residents too busy or not interested in learning
 - Cross-covering or “checking the box”
 - Residents
 - Not interested in teaching
 - Too busy to teach

Miloslavsky EM, et al. *Medical Education* 2015

Systems-Based Factors Influencing Education During Consultation

- Consult Request Process
 - Consult made through third party
 - Timing of consult
- Quality of the Consult Question
 - Lack of detailed knowledge
 - Presentation, hospital course, reason for consult
 - “Attending-mandated”
- Workload

Miloslavsky EM, et al. *Medical Education* 2015

Systems-Based Factors Influencing Education During Consultation

- Primary Team Structure
 - Location
 - Cross-coverage/call structure
- Familiarity
- Experience
 - Fellows lacked knowledge and efficiency
 - Residents did not know how to request a consult
- Culture of the Subspecialty Division
- Fellows' Teaching Skills

Miloslavsky EM, et al. *Medical Education* 2015

Rainbow Experience - Residents

- Opportunities for education
 - Add to overall knowledge
 - In-person discussion to give recommendations
 - Helps to understand reasoning
 - Note not helpful
 - Pushback
 - Not negative if done right
 - Forced to think about patient more
 - Help learn to develop appropriate questions

Rainbow Experience - Residents

- Barriers to education
 - Time
 - Residents gone in afternoon – post-call, clinic, etc
 - “Check the box”
 - Just need to get the consult called
 - Timing
 - Often residents cannot control when consult called
 - “Friday afternoon”
 - Pushback
 - Surgical vs medical specialties
 - “Attending-mandated”
 - “Subspecialist will now manage patient”

Rainbow Experience - Fellows

- Opportunities for education
 - Teach residents critical thinking
 - Fill knowledge gap
 - In-person discussion to give recommendations
 - Own education
 - See different pathology than what is on primary service
 - Learn enhanced documentation skills
 - Communicating subspecialty info to generalists/trainees

Rainbow Experience - Fellows

- Barriers to education
 - Not knowing your patient
 - Cross-coverage, did not admit patient
 - Lack of details / hospital course
 - Presence/quality of consult question
 - Helps to determine urgency for consult
 - “Attending-mandated” / “On board” / “Auto consult”
 - Reading consult notes for recommendations
 - Timing of consult
 - Too early
 - Too late
 - Time
 - Fellow and resident

Small group work

- Discuss strategies to minimize barriers to consultant interaction as educational tool at home institution
- Develop SMART objectives (worksheet page 3)

Large Group Work – Keith leads

- Share thoughts and SMART objectives
- Other write on flip charts

Potential Interventions

Barrier	Potential Interventions
Perceptions and Expectations	Develop and disseminate expectations of both residents and fellows
Pushback	Have residents evaluate fellows
Fellows' Teaching Skills	Develop seminars to improve teaching skills
Primary Team Structure	Regionalized teams; limit cross-covering
Familiarity	Increase opportunities for trainees to interact
Division Culture	Attending evaluations of fellows on teaching and consult interactions
Quality of Consult Question	Train residents to be effective in calling consults

Miloslavsky EM, et al. *Medical Education* 2015

Trainee Evaluations

Resident Subcompetencies

PC1. Gather essential and accurate information about the patient

PC2. Organize and prioritize responsibilities to provide patient care that is safe, effective, and efficient

MK1. Critically evaluate and apply current medical information and scientific evidence for patient care

Look at anchors

PBLI1. Identify strengths, deficiencies, and limits in one's knowledge and expertise

PROF4. Self-awareness of one's own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors

Resident EPAs

- 4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting
- 11. Manage information from a variety of sources for both learning and application to patient care
- 12. Refer patients who require consultation
- 15. Lead an interprofessional health care team
- 16. Facilitate handovers to another healthcare provider either within or across settings

Fellow Subcompetencies

PC2. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment

PC3. Develop and carry out management plans

PC4. Provide appropriate role modeling

MK1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems

PBLI4. Participate in the education of patients, families, students, residents, fellows, and other health professionals

PROF1. Professional Conduct : High standards of ethical behavior which includes maintaining appropriate professional boundaries

ICS1. Communicate effectively with physicians, other health professionals, and health-related agencies

ICS3. Act in a consultative role to other physicians and health professionals

Common Subspecialty Fellow EPAs

- Provide consultation to other healthcare providers caring for children and adolescents and refer patients requiring further consultation to other subspecialty providers if necessary.

Next Steps

- Fellows directly evaluate residents
 - Include components regarding the consult interaction
- Any other ideas / successes?

Wrap-Up

- Toolkit
- Evaluation

Thank you!!!

