Calling Consults Using Case X: Instructional Material and Evaluation Tool

Consultation is an essential skill that is used almost daily in inpatient practice; however, it is rarely formally taught. Studies have shown that clinical practice alone does not guarantee mastery of this skill, and consultation can be taught effectively to medical students and residents[1,2]. What follows is a structured approach to teach consultation based on Kessler's 5 C's of consultation[1]. This will help students effectively communicate with consultants and improve their confidence on the wards.

The real-life medical cases in Case X are the perfect examples for students to practice calling consults. Faculty can evaluate the students using the guide on page 3, and later students can also self-evaluate or do a peer evaluation using the same tool (scored).

Why Call a Consult?

The main reasons include assistance in making a diagnosis, treatment recommendations, and request for a procedure or intervention[3].

What should be done before I call?

Preparation is key for calling an effective consult. First, make sure you are clear on the clinical question and try to be as specific as possible. Never hesitate to have a senior resident or attending clarify the question if it is not clear. Then chart review and try to anticipate questions your consultant may ask. It is better to take an extra 10 minutes to prepare and read up on the patient than stumble through the consult later. See chart below for tips for information typically asked by each specialty in addition to relevant clinical history, labs and imaging and past medical history.

Specialty	Example of Specific Information Needed
Surgery or Procedure Request	Time of last meal by patient, blood thinners and timing of last dose, DVT prophylaxis
Infectious Diseases	Antibiotics this admission, culture data and pending infectious workup, history of resistant organisms
Cardiology	EKG, troponin, BNP, past cardiac imaging – echo, stress test, cardiac catherization

What key information should I include in my consult request?

Kessler created the 5'Cs to standardize the information in an Emergency Medicine Consult and taught this approach to both medical students and residents. The 5C's stand for Contact, Communicate, Core Question, Collaborate, and Close the Loop. This method resulted in more complete and effective consults compared to control groups[1,2]. For Internal Medicine, the same principles apply, and an adapted version is found below. The only major change was placing core question before communicate because understanding the reason for a consult before hearing the whole clinical story makes it easier for the consultant to tease out the key information.

Consultation Components	Key Information
Contact and Confirmation	• Name, service, role on the team, contact info (cell or pager) • Confirm the consultants name, contact info • Confirm the patients name, MRN, location
Core Question	• Reason for calling the consult. It is important to be as specific as possible: for example, when calling an orthopedics consult for first toe osteomyelitis, it is better to ask for evaluation for amputation vs just saying you are calling for treatment recommendations. • State the urgency of the consult and time frame for completion
Communicate Clinical Story	• Brief patient history tailored to your consultant with working diagnosis • Relevant labs, imaging, past medical history • Workup that is in progress
Collaborate	• Ask if there is anything you can order or start working on before the consultant goes to see the patient • Ask if any further questions
Close the Loop	• Review the next steps to be taken by you and the consultant • Establish a time to get follow up recommendations • Establish method of follow up (phone vs chart vs page) • Thank the consultant for their time

How about a curbside consult?

Curbsides are generally discouraged as you are asking someone to make recommendations on incomplete information. For internal medicine consults, management decisions differed in 61% of cases between curbsides and formal consults[4].

How do I handle a difficult consultant?

Unfortunately this does happen, and students are sometimes the unintended target of a frustrated consultant. We advise students to not take it personally, remain calm, ask the consultant what information they need and offer to have a senior resident speak with them. It's always a good idea to remind them that they are not alone and can always rely on their team for support.

References:

1. Kessler CS, Afshar Y, Sardar G, Yudkowsky R, Ankel F, Schwartz A. A prospective, randomized, controlled study demonstrating a novel, effective model of transfer of care between physicians: the 5 Cs of consultation. *Acad Emerg Med*. 2012;19(8):968-974. doi:10.1111/j.1553-2712.2012.01412
2. Kessler, Chad & Tadisina, Kashyap & Saks, Mark & Franzen, Douglas & Woods, Rob & Banh, Kenny & Bounds, Richard & Smith, Michael & Deiorio, Nancy & Schwartz, Alan. The 5Cs of Consultation: Training Medical Students to Communicate Effectively in the Emergency Department. *The Journal of emergency medicine*.2015.49. 10.1016/j.jemermed.2015.05.012.
3. Esquivel and Rendon. 10 Questions You Should Consider for Specialist Consultations. *The Hospitalist*.2016March
4. Burden et al. Prospective Comparison of Curbside vs Formal Consultations. *Journal of Hospital Medicine.* 2013

Calling Consults Using Case X: Evaluation Tool

This checklist is adapted from Kessler's 5C's of Consults[1,2]. It is a simple way to ensure learners are including the standard information needed for a consult. For this exercise pick a case from Case X and have one student act as the primary team calling the consult and the other as the consultant. Have a third student or faculty member complete the evaluation tool. Most of the items are yes (1) or no (0) based on if the student completed them while calling the consult. For the clinical question and for the clinical story there is a rating system of 0 to 3 based on how well the student completed this portion of the consult. 0 corresponds to the student omitting this portion, while a 3 corresponds to an expert level. The last item is general form and style which assesses their delivery of the information. Their total score can be calculated and used to track progress throughout their training.

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Student Name _____

Evaluator Name _____

5 Cs of Consulting	Absent	Novice	Competent	Expert
Contact and Confirm:				
Name, team name, and contact info	No (0)		Yes (1)	
Confirm consultant name, contact info	No (0)		Yes (1)	
Confirm patients name, MRN, location	No (0)		Yes (1)	
Core Question:				
Asks a specific question or procedure request	0	1	2	3
Identifies urgency of consult and timeframe	0	1	2	3
Communicate Clinical Story:				
Brief history that is tailored to consult service without extraneous information	0	1	2	3
Includes relevant labs, imaging, past medical hx	0	1	2	3
Collaboration:				
Elicits further questions and recommendations	0	1	2	3
Close the Loop:				
Reviews plan and next steps with consultant	No (0)		Yes (1)	
Reviews timeframe and method for follow up	No (0)		Yes (1)	
Thanks the consultant	No (0)		Yes (1)	
General Form and Style:				
Demonstrates organization of content; delivers in the proper order	No (0)		Yes (1)	
Clear, concise with minimal distractors (umm, ah)	0	1	2	3

Total Score (out of 25) _____