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(J Med J 2010; Vol. 44 (2):233-235)

Abstract

Consulting colleagues is one way of providing better care for patients. The medical consult may be directed to subspecialists from the same department or a different service. It may be done officially by a written request, or informally, by phone, and even email.

In addition, the medical consult is a useful tool for teaching medical students, interns, residents, and fellows. However, to be effective, it has to be done properly.

Keywords: Medical Consult, Formal Consult, Informal Consult.

At one end of the consult is the referring physician, and towards the other end is the consultant performing the consult.

The role of the referring physician includes stating the purpose of the consult, and providing adequate clinical and laboratory data.

The role of the consultant performing the consult revolves on answering the question posed by the referring physician, in a specific, focused, and brief way.¹

Easy as it may seem, what happens in the field may be different.

In small private hospitals, direct contact between the referring physician and the consultant may facilitate the consult. However, in tertiary academic centers, where the referring team includes medical students, interns, residents, and fellows, the situation is completely different.

A member of the house staff may fill the consultation request without even stating the purpose of the consult, or providing inadequate patient data, resulting in dissatisfaction with the outcome of the consult.

Ideally, and as soon as possible, the consult is initially seen by the resident, who gathers information from the requesting team, and the medical record. Then he or she goes to the bedside, accompanied by the attending to examine the patient. Afterwards, the recommendation of the consult are conveyed to the requesting service both verbally, and in writing.

In a report by Rosansky et al. on nephrology subspecialty consultations in a teaching hospital, consultations were performed by general medicine residents and nephrology fellows in 72% and 26% of the cases, respectively. They maintained that the written consult alone is not enough.²

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Without stating a clear question to delineate the purpose of the consultation, the response may be suboptimal and misleading. A member of the house staff may respond to the consult even without the knowledge of the consultant, resulting in more confusion than benefit, and without answering the key question of the consult.

In a prospective study by McPhee et al., the purpose of the consult was clearly stated in only 76% of the cases, direct contact with the consultant in 9% of the cases, and direct communication between the consultant and the clinician, to relay the findings, in 55% of the consultations.³

The consultant should have academic etiquette, and not assume the role of the primary physician. He is not expected to write orders, request laboratory or imaging studies without the knowledge of the referring team. He should not take over the case, unless requested for a specific purpose such as dialysis.

To avoid conflicts and misunderstandings, direct communication whether in person or by phone, between the referring physician and the consultant is preferred. It improves the outcome, and results in a more effective consultation.

The consulting team is expected to provide drug doses, especially for surgeons (who are interested in treatment rather than differential diagnosis), pediatricians, and to all those caring for children and geriatric patients. Similarly, adjustment of drug doses in renal failure patients should be clear. The consultant should not feel humiliated to check the proper dose of infrequently used medications. Follow-up is important, especially for critical care patients with a fluctuating course. If not direct, it may be done from a distance.¹

Not infrequently, the consultation is informal (curbside consult), which involves exchange of information between the clinician and the consultant without the patient being seen by the latter.⁴

Bergus and colleagues reviewed email consults from primary care physicians to specialty colleagues, and found out that if the purpose of the consult was stated clearly, it generated a better response and less requests for a formal consultation.⁵ In official consults, the attending physician records his opinion with time and date. In informal consults, recording the response of the consultant in the chart is frequently overlooked.

While consults are a healthy phenomenon, it is important not to fall in the trap of excessive and unnecessary consultations.

Recommendation

The art of consultation should be incorporated in the resident curriculum.

Conclusion

For medical consultations to be effective, there should be mutual verbal exchange of information between the referring physician and the consultant. Emphasizing the importance of a properly conducted consultation to the house staff is of paramount importance.

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الإستشارة الطبية؛ سلاح ذو حدين

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الملخص

استشارة الزملاء هي إحدى الطرق لتقدم رعاية أفضل للمرضى، يمكن التوجه بالاستشارة الطبية للأخصائيين الفرعيين من نفس القسم، أو من الأقسام والخدمات الأخرى: وقد يتم طلبها رسمياً من خلال نموذج مكتوب، أو بشكل غير رسمي عن طريق الهاتف أو حتى عن طريق البريد الإلكتروني. وهي تعتبر أداة مفيدة لتعليم طلاب الطب والمتدربين، والمقيمين، وللزمالة أيضاً. ولهذا، يجب أن تتم عملية الاستشارة بشكل مناسب من أجل أن تكون فعالة وناجحة.

الكلمات الدالة: الاستشارة الطبية، الاستشارة الرسمية، الاستشارة غير الرسمية.