Communications & Connections

Improving Patient Care and Provider Satisfaction Through Effective Consultation

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Challenge

- **Ineffective communication is the leading cause of preventable patient harm**
- **Negative encounters with colleagues contribute to physician unhappiness and burnout**

Kessler CS et al, I'm clear, you're clear, we're all clear: improving consultation communication skills in undergraduate medical education. Acad Med. 2013 Jun;88(6):753-8..

Rosenstein AH et al, Invited Article: Managing disruptive physician behavior: Impact on staff relationships and patient care. Neurology. 2008 Apr 22;70(17):1564-70. http://n.neurology.org/content/70/17/1564.long. Accessed 1/8/19.

Agenda

- Effective Consultation
  - Mock recordings
  - Analysis of existing models
  - Quality and brevity exercise
  - Ideal presentation
- Self-Regulation
  - Biochemistry of blind rage
  - Math of self-regulation
  - Self-regulation in action

Part I: Effective Consultation

Recording 1: ED to GI

Recording 1: ED to GI

	Good	Bad	Ugly
ED	Initial statement was clear, brief	Rambling through middle of the call	
GI	Offered treatment recs	Listening? Seems unwilling to acknowledge severity of patient presentation	Critical of management

Recording 2: ED to General Surgery

Recording 2: ED to General Surgery

	Good	Bad	Ugly
ED	Honest about not knowing patient, being very busy	Does not know patient details	
Gen Surg	Patient initially, attempted to clarify		Snippy at the end

Existing Models for Effective Consultation

- 5 T's
- 5 C's
- PIQUED

5 T's (-ty's)

- Clarity: Speak clearly
- Identity: Identify self, role, dep't, confirm caller identity
- Necessity: purpose of call, urgency
- Quality: use correct terms, pathophys, presentation format
- Brevity: concise, yet complete

Taught by Dr Matt Rice, Madigan Army Medical Center, reviewed April 2017

5 C's

- **Contact: Introduce self, department**
- **Communication: Provide concise story**
- **Core question: Give specific need for consult**
- **Collaboration: Open to consultant recommendations**
- **Closing the loop: Review joint plan**

Kessler CS et al. Consultation in the emergency department: a qualitative analysis and review. J Emerg Med. 2012; 42(6): 704-11.

PIQUED

- **Preparation: Initial work-up, stabilization**
- **Identification: Self, dep't, patient-case specifics**
- **Questions: Specific need for consult**
- **Urgency: Sick/not sick**
- **Educational modifications: Adjust for junior learners**
- **Debrief and discuss: Request feedback about case**

Chan T et al. Understanding communication between emergency and consulting physicians: a qualitative study that describes and defines the essential elements of the emergency department consultation-referral process for the junior learner. CJEM. 2013 Jan;15(1):42-51.

Consistent Themes

- Introduction: self and caller
- Concise overview
- Urgency
- State clear clinical question – reason for consult
- Clarify and confirm

Concise: An Exercise in Quality and Brevity

Shorten these statements but maintain their message:

57 yo M with HTN, HLD, and tobacco use presents with intermittent chest pain for 3 days, woke up this morning with worsening pain, now constant for 4 hours. BP 180/100, EKG with lateral ST depressions, and troponin is <0.03.

Concise: An Exercise in Quality and Brevity

Shorten these statements but maintain their message:

57 yo M with HTN, HLD, and tobacco use presents with ~~intermittent chest pain for 3 days, woke up this morning with worsening pain, now constant for 4 hours. BP 180/100, EKG with lateral ST depressions, and troponin is <0.03~~ → UNSTABLE ANGINA

Concise: An Exercise in Quality and Brevity

Shorten these statements but maintain their message:

44 yo M admitted this afternoon for elevated lipase and LFTs, initially stable, treated with IVF and pain control, now has worsening RUQ pain, fever, and hypotension.

Concise: An Exercise in Quality and Brevity

Shorten these statements but maintain their message:

44 yo M admitted this afternoon for ~~elevated lipase and LFTs, initially stable, treated with IVF and pain control, now has worsening RUQ pain, fever, and hypotension~~

→ GALLSTONE PANCREATITIS NOW WITH ASCENDING CHOLANGITIS

Diagnosis: Key to Effective Consultation

- **Offer the most specific, accurate diagnosis available**
- **Avoid summarizing the HPI or work-up**
  - **Consultants can request this after your one-line request**
- **Include stable or unstable, if not implicit in diagnosis**

Ideal Presentation to a Consultant

Line 1: This is (your name) with (your department)

Line 2: Can you tell me your name and service? Thank you for calling back.

Line 3: Patient name – age – gender – relevant PMH – DIAGNOSIS – stability

Line 4: Specific question or request

Line 5: Be prepared to provide more specific information and/or close the loop

Ideal Presentation to a Consultant

Line 1: This is (your name) with (your department)
This is Dr Shawn Corcoran with internal medicine
Line 2: Can you tell me your name and service? Thank you for calling back.
Is this Dr Stevens with GI? Thanks for returning my call.
Line 3: Patient name – age – gender – relevant PMH – DIAGNOSIS – stability
We have Mr Snow, a 44 yo M admitted this afternoon with gallstone pancreatitis who now has ascending cholangitis and is hemodynamically unstable
Line 4: Specific question or request
Can you evaluate for an emergent ERCP?
Line 5: Be prepared to provide more specific information and/or close the loop
Yes, we've started antibiotics and IVF. We'll transfer to the ICU & you'll arrange for ERCP? Thanks!

Part I Summary

- **Introduction: self and caller**
- **Concise overview → focus on DIAGNOSIS**
- **Urgency**
- **State clear clinical question – reason for consult**
- **Clarify and confirm**

Part II: Self-Regulation

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Self-Regulation

- **Definition: the ability to remain calm**
- **Starting point for all interpersonal encounters**
- **Event + Response = Outcome**

Markham L. *Peaceful Parent, Happy Kids: How to Stop Yelling and Start Connecting*. New York, NY: Perigee Book, 2012.

Anger Colloquialisms

- **Blind rage**
- **Seeing red**
- **Couldn't see straight**
- **Hot under the collar**
- **Blowing one's top**
- **Steaming mad**
- **Foaming at the mouth**
- **Chest explode**

Sympathetic Nervous System

- Fight or flight response
- Mediated by norepinephrine and epinephrine

  - Tachycardia
  - Tachypnea
  - Vasodilation to muscles
  - Vasoconstriction most elsewhere
  - Flushing
  - Mydriasis
  - Loss of peripheral vision
  - Inhibition of salivation

Anger Colloquialisms & Sympathetic Response

- Blind rage
- Seeing red
- Couldn't see straight

⇨ Mydriasis
Loss of peripheral vision

- Hot under the collar
- Blowing one's top
- Steaming mad

⇨ Flushing
Vasodilation/constriction

- Foaming at the mouth

⇨ Inhibition of salivation

- Chest explode

⇨ Tachycardia

Managing the Sympathetic Response

Self-regulation:

1) the ability to remain calm

2) the ability to generate a positive response to a negative circumstance

3) the ability to avoid a negative response to a negative circumstance

Math of Self-Regulation

Self-regulation is mindfulness of our

<u>wellness</u> - triggers +/- response
stress

GOAL: BE POSITIVE or NOT BE NEGATIVE

Math of Self-Regulation: Well-Regulated

$$\frac{\text{wellness}}{\text{stress}} \text{ – trigger + (good) response}$$

Outcome: Positive

$$\text{mindful of } \left[\frac{\text{wellness}}{\text{stress}}\right] \text{ – trigger + (not bad)response}$$

Outcome: Not Negative

Math of Self-Regulation: Poorly Regulated

$$\text{not mindful of } \left[\frac{\text{wellness}}{\text{stress}}\right] \text{ – trigger – (bad)response}$$

Outcome: Negative

Components of Wellness

Components of Wellness

- Sleep
- Meals
- Hydration
- Exercise
- Health
- Prayer, meditation, self-reflection
- Connection, support, love
- Humor, socializing
- Fun!

Sources of Stress

Sources of Stress

- Lack of sleep – fatigue
- Hunger, dehydration
- Pain, illness
- Difficulties at home
- Anxiety, depression
- Inexperience, confusion, feeling overwhelmed
- Burnout
- Lack of support at work, difficult co-workers or boss

Triggers during Consultation

Triggers during Consultation

- Rambling presentation
- Inappropriate consult
- Negative impression of the other provider
- Negative manner of the other provider
- Other provider hesitancy to assist

Positive Response: De-escalation Techniques

Positive Response: De-escalation Techniques

- Being mindful of our wellness/stress ratio
- Recognition of sympathetic surge

- Pause - deep breathing
- Physical responses
- Mantras
- Summarize
- Just go to see the patient
- Create safety

Markham L. *Peaceful Parent, Happy Kids: How to Stop Yelling and Start Connecting*. New York, NY: Perigee Book, 2012.
Patterson K et al. *Crucial Conversations: Tools For Talking When Stakes Are High*. New York : McGraw-Hill, 2012.

Part II Summary

- **Self-regulation: ability to remain calm in difficult circumstances**
- **Equation: mindfulness of our**

  $\frac{\text{wellness}}{\text{stress}}$ - triggers +/- response
- **Focus on improving wellness, mindfulness**

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