

# Communications & Connections

Improving Patient Care and Provider Satisfaction Through Effective Consultation

**Shawn Corcoran, MD, FACP**  
Assistant Professor – Clinical  
Division of General Internal Medicine and Geriatrics  
The Ohio State University Wexner Medical Center

## 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

### ED Resident talking to GI Fellow



## 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

### ED Resident talking to General Surgery Resident



## 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

## 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

wellness - triggers +/- response  
stress

**GOAL: BE POSITIVE or NOT BE NEGATIVE**

## Math of Self-Regulation: Well-Regulated

wellness – trigger + (good) response

stress

**Outcome: Positive**

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

**Outcome: Not Negative**

## Math of Self-Regulation: Poorly Regulated

not mindful of  $\left[ \begin{array}{c} \text{wellness} \\ \text{stress} \end{array} \right]$  – 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 wellness - triggers +/- response stress
- Focus on improving wellness, mindfulness

### Thank you to the following providers for your help in preparing this talk:

- Dr Aaron Matlock
- Dr Matt Rice
- Dr Laura Markham
- Dr Amalia Cochran
- Dr Dan Martin
- Dr Patrick Sylvester
- Dr Mike Villarreal
- Dr Serena Hua
- Dr Kushal Nandam
- Dr Craig Laufenberg