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Education

CONSULTATION IN THE EMERGENCY DEPARTMENT: A QUALITATIVE ANALYSIS AND REVIEW

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□ **Abstract—Background: No studies have evaluated the consultation process or attempted to define a standardized approach that could improve communication and patient outcomes. Objective: To perform a qualitative analysis of emergency medicine (EM) consultation to reveal its complexity and elucidate strategies and frameworks for physician-to-physician communication. Methods: Data were collected in three phases: informal interviews conducted in an emergency department (ED), 10-question surveys given to a subset of EM and specialty physicians, and semi-structured 1-h group interviews using open-ended questions to further explore issues and trends elicited from the survey responses. In addition, we conducted an extensive literature search focused on health care and business consultation and communication. Results: Seventy-six percent (29 of 38) of emergency and specialty physicians completed the 10-question survey in its entirety. Three themes were identified from the survey responses: organizational skills, interpersonal and communication skills, and medical knowledge. Of 95 total comments, 41 (43%) focused on organizational skills, 26 (27%) on interpersonal and communication skills, and 28 (30%) on medical knowledge. There were 29 comments regarding poor consultations: 15 issues with organization, 6 with interpersonal and communication skills, and 8 with medical knowledge. The literature search revealed several models and types of consultation, but no standard algorithm currently exists. Conclusions: We recommend focusing on organizational skills, interpersonal and communication skills, and medical knowledge when teaching ED consultation and present a conceptual framework of the Five Cs Consultation Model: contact, communication, core question, collaboration, and closing the loop. © 2012 Elsevier Inc.**

□ **Keywords—consultation; communication; emergency physician; health care**

INTRODUCTION

Consultation is defined as "a service type provided by a physician whose opinion or advice regarding evaluation or management of a specific problem is requested by another physician or other appropriate source" (1). In the emergency department (ED), a consultation is performed when an emergency medicine (EM) physician contacts another physician (specialist or otherwise) for advice or intervention regarding patient care. EM consultation is an important aspect of patient care, yet there is a scarcity of research that analyzes and seeks to improve the consultation process (2,3). No studies have qualitatively evaluated the consultation process or attempted to define a framework that could improve communication and patient outcomes.

Effective communication is universally considered an important aspect of consultation in all fields of medicine. In a recent study of transitional failures from the ED to inpatient, communication failure was at the heart of most errors (4). Poor communication, shown to be a significant

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problem in 14–24% of inpatient consultations, increases direct costs to patients, poses a financial burden on our health care system, and ultimately results in poorer patient care and patient satisfaction (2). Devoting more time to educating consulting physicians and consultants on effective communication and consultation techniques could potentially lead to less overcrowding, decreased response times, and improved physician communication (5). Despite the importance of improving the consultation process with regard to patient safety and societal cost, consultation is not a focus of medical student or resident training.

The goals of this study are as follows: 1) to qualitatively evaluate and describe the EM consultation process by uncovering strategies used by emergency physicians, 2) to present a comprehensive review of the literature on EM consultation, and 3) to suggest a framework for EM consultation that can be taught and learned in the ED setting.

METHODS

Literature Search

An extensive search of the literature was conducted to ascertain the quantity and quality of existing research on the topic of consultation and to identify effective communication strategies proposed by authors. We explored the medical search engines PubMed, EMBASE, and Ovid. In addition, we reviewed the medical education search engines ERIC and BEME. Psychinfo and the CINAHL nursing database also yielded some helpful hits. Furthermore, existing literature on the topics of the business, consulting, negotiation, and patient safety aspects of consultation was searched for conceptual frameworks regarding the consultative process. Specifically, several business journal databases were employed: Academic OneFile, ABI/Inform Global, and Academic Search Premier. In all literature searches, the following terms were used: *consulting*, *consultation*, *negotiation*, *delegation*, *conflict resolution*, *education*, and *communication*. They were combined with *emergency medicine*, *emergency department*, *inter-professional*, *multi-disciplinary*, *relationship*, and *model*. The Internet and library were also searched for texts and chapters focusing on business models and frameworks as well as on consultation within the ED. The results of our literature search yielded hundreds of journal articles and texts, which were reviewed for process and outcome measures.

Study Design/Data Collection

Data for the qualitative analysis were collected in three phases: informal interviews, a survey, and a semi-structured interview with open-ended questions (6,7). The process began with informal interviews to discover what physicians thought about consultation in the ED and how the views of one individual compared with those of others. These informal interviews were followed by a survey and finally, a semi-structured group interview (Figure 1). To test one source of information against another and confirm one hypothesis while discounting others, both methodological and interdisciplinary triangulation were employed (8,9). Triangulation is the use of multiple methods for collecting data to enhance comprehension of complex topics (10). Moreover, the design of this qualitative study was based largely on the strategy of "grounded theory" (11). This inductive approach begins with observations of a consultation in a natural setting (in our case, the ED) and attempts to explain the process by building a presumptive theory.

Informal interviews were used to interview a convenience sample of health care practitioners working four different ED shifts (12). Additionally, these interviews were used to identify exemplar physicians and consultants, those who model archetypal communication skills, to survey and formally interview. A survey was then e-mailed to 38 emergency and specialty physicians (Figure 2). The questions were pilot tested with a small group of four emergency physicians to reveal any ambiguities or discover any poorly worded phrases or questions. Semi-structured interviews were conducted after preliminary analysis of the survey data (8,13). Open-ended questions were used to explore issues and trends discovered in the survey responses. A purposeful sample of four physicians (two from Emergency Medicine and one each from Surgery and Internal Medicine) was asked to participate (12). All four physicians agreed and consented to take part in the 1-h group interview.

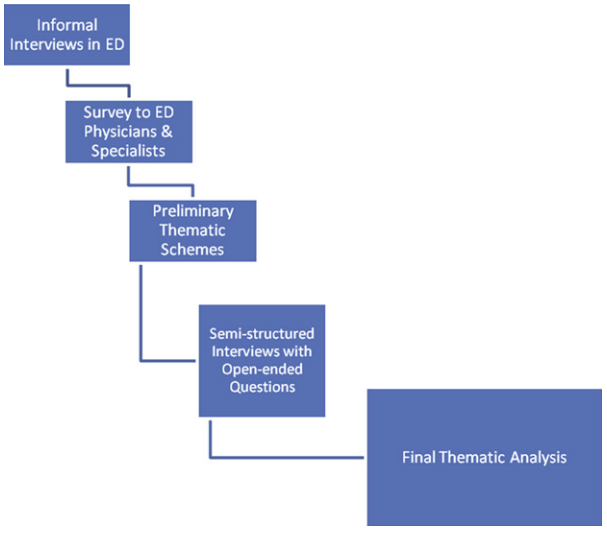

Figure 1. Qualitative methodology.

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