

# **Inpatient Consultation Services: Protocol & Etiquette**

## *A Resident Peer Review Committee Opinion*

*This Committee Opinion is intended to help improve the system of inpatient consultation services by clarifying expectations and improving interdepartmental communication in order to facilitate high quality education and patient care.*

### **Expectations of the Requesting Service**

- Generally, consults should be requested by the patient's primary team
  - o In emergency situations, the ER may contact multiple consult services at once
- The person requesting the consult should be actively involved in the patient's care and/or well-informed about the patient's case, and prepared to answer follow-up questions that the consultant may have
  - o Consults should be made by a physician or PA (not a medical student)
- The requesting service should be able to clearly articulate the reason for the consultation
  - o i.e. "Our question is..."; "The reason for the consult is..."; "Your consultation will help our service because..."
- Before requesting a consult, the primary service should already have seen the patient and made a reasonable attempt at the physical exam pertinent to the consulting service
- Language related to consultant notification:
  - o No "Curbside" allowed
  - o A "courtesy call" merely notifies an attending of their patient's admission to another service
  - o A "formal consultation" should be requested if the consultant's opinion is going to impact patient care or change patient management
    - Only document "reviewed by X service" if that service is formally consulted
    - Do NOT document "X service aware" unless that service is formally consulted or unless you specify "courtesy call only"
- Be explicit about consult timing – is the consult routine, urgent, emergent?
  - o Routine consults may be done within 24hrs
  - o Urgent consult will be done at first available opportunity
  - o Emergent consult need to be done now (primary team member should be present at bedside for direct discussion with consultant)
- Be open to being educated by the consultant

### **Expectations of the Consulting Service**

- Be Polite and Respectful - you are being asked for your expertise
- The requesting service may not know the answers to all your questions (that's why you're the specialist and they're asking for your help)
- Make it a teaching moment – Help educate your colleague in a professional way about the answer to their question

- Clarify where documentation of your consultation will be found (Team Notes vs. Cerner vs. paper chart)
- Follow-up with the primary team to let them know your recommendations
- At the end of your consult note, clearly identify the responsible attending, resident, and good future contact number(s)

### **Expectations for all Services**

- **Be polite and respectful**
- Respect colleagues as physicians and people
- When answering a phone or page, clearly identify your name and service
- Document the responsible attending and individuals involved
- Provide good contact numbers for follow-up and future communication
- Remember - Everyone's time is limited and valuable

In our general review of inpatient consultations, we have identified areas for improvement as outlined above. We recommend that each department examine and clarify their specific protocols for requesting and performing consultations.



*This opinion was formulated by The Resident Peer Review Committee at The George Washington University Medical Center. The RPRC is a subset of The George Washington University Hospital Peer Review Committee.*

***Our committee examines resident concerns related to professionalism, communication, safety and supervision.***

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Please contact us with any questions or suggestions. If you have a concern or issue you would like the Resident Peer Review Committee to review, please email or discuss further with a Committee member. We are currently actively recruiting new committee members (PGY2 and above).