

Consult Etiquette

Requesting a consult involves high quality communication and courtesy and is a critical aspect of patient care. Clear communication is critical to convey the reason for the consultation and requires understanding of patient needs and displays good interpersonal skills. A good consult etiquette can foster physician engagement and promote teaching.

The guidelines below serve as reference points or recommendations and are not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, guidelines can and should be tailored to fit individual needs.

Contact:

Caller's name, training level, team

Why (diagnosis, management, procedure); what information is sought

Orient:

Patient's name, MRN, floor, bed

Narrow question:

What is the clinical questions—be focused

Story:

Age, sex, pertinent HPI, hospital course, relevant labs, radiology and anticipated plan

Urgency:

Emergent (30-60 minutes), very urgent (2-3 hours), routine (24 hours)

Later/closing the loop:

Follow up with consultant (when, how can they get in touch with you (pager/cell)

Thank you

Primary Service (Team Requesting Consult)

Things to consider when calling a consult:

- Identify yourself – full name when requesting the consult.
- Discuss with attending before requesting a consult.
- Call at a respectful time—if the consult is non-urgent, don't call late in the day or overnight. Consultants are understanding if an urgent/emergent issue comes up late in the day, but please don't call a late day/evening/weekend consult if the question isn't urgent.
- For urgent and or time dependent consults; ideally attending to attending conversations should take place.
- Check the chart to make sure the team has not already seen the patient or started a note.
- Consulting team should be allowed to discretion type of consultation (via chart review, telephone or video consultation; in some situations a "full" consultation may not be required).

PLEASE DO NOT

- Page/ call and walk away from the phone shortly after calling a consult.
- Call for consult prior to evaluating patient and in the absence of preliminary work-up (e.g. ECG, anemia labs, basic tests should ideally be done).
- Pass responsibility to the consultant – note that you are still the patient's primary physician/APP and should be actively participating in the patient's evaluation and management plans.
- Tell the patient to expect a specific procedure (e.g., scope) or outcome from consultant.
- Call inpatient consults for outpatient issues or to establish outpatient care e.g. do not call if patient is ready for discharge and is able to schedule outpatient visit.

Consult Service

When receiving a consult call:

- Be helpful, kind, and respectful. Remember that you're being asked for help by someone who wants to ensure the best possible care for their patient.
- Summarize the reason/your understanding of the consult question in your note.
- Communicate well
 - Ideally, communicate with the person who requested the consult, with recommendations. This is especially important if urgent recommendations are made (call the "covering provider" during off hours).
 - Please include clear, unambiguous recommendations in the chart.
 - When possible, provide teaching points on your reasoning for diagnosis and management —this leads to a more satisfying consultative interaction, and might reduce future calls.
- Be as timely as possible.
- Be willing to discuss directly with other consultants involved in the patient's care (i.e. don't make the primary team reconcile disparate recommendations from different services).
- Please ensure that you discuss discharge plans with primary team before informing patient. Also explain to patient that you will convey management plan with primary team.
- Inform the primary team if you plan to continue follow daily, intermittently, or sign off.
- Ensure that a follow up plan (when needed) is in chart prior to discharge or prior to signing off.

PLEASE DO NOT:

- Push back on or be rude to try and get out of the consult.
- Make the person who requests the consult to read you the chart.