Thank You For This Interesting Consult:
Teaching and Assessing Incoming Interns on Consultation Communication via Online Module and Consultation OSCE

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BACKGROUND & SIGNIFICANCE

- Medical consultations occur when one physician, often a specialist, reviews another physician’s patient and their medical history and provides a recommendation regarding care.
- Previous literature recognizes that consultations are generally not standardized, and training in consultations in undergraduate medical education (UME) is not consistent1.
- The 5C checklist model and Global Rating Scale (GRS) are rubrics developed to standardize consultations, and are being used in some UME settings2.
- Adverse events due to human communication error occur in 1-2% of hospitalizations3.
- Implementing standardized consultation training into UME could improve communication within the hospital setting4.

HYPOTHESIS & AIMS

The quality of UME training in consultation will be reflected in ability of residents to request consultations. Additionally, the online Oracle module is an effective standardized training mechanism.

Aim 1: Show that training improves resident’s ability to request consultations, highlighting a need for standardized consultation training in UME.

Aim 2: Show that the online module was effective and prepared residents for giving consultations.

METHODS

Data Analysis:
Study data were collected and managed using REDCap electronic data capture tools hosted at the University of Chicago. Analysis was completed using t-tests, paired t-tests, and spearman rank correlations in Stata 14.

Grades were calculated as a percentage of the total possible points; therefore, means are not normally distributed. Friedman tests were completed to assess the overall difference in scores, followed by a Wilcoxon rank sum test with Bonferroni correction to determine which groups were different. All statistical tests were performed at a 0.05 significance level.

Graduate Medical Education Orientation Boot Camp: From June 20th-21st, 127 residents participated in an evaluative boot camp, which included handoff, consultation, informed consent, and mock hospital room evaluations.

The consultation evaluation consisted of:
- One of three standardized cases presented to residents (one for IM, surgery, and psychiatry residents, one for pediatrics residents, and one for emergency medicine and OB/GYN residents).
- The resident then requested a consultation from the evaluator, and was evaluated on the 5Cs and GRS rubrics.

RESULTS

Current UME curricula in consultations:
- Only formally offered at some medical schools.
- Varied, as shown by an array of resident satisfaction with their training.
- Effective at preparing residents to request consultations, when done well (as gauged by resident satisfaction, module scores, and GRS scores).

The online Oracle module:
- Was an effective training mechanism, as demonstrated by the fact that, post module, untrained residents felt as prepared as those that had been trained in requesting consultations.

GME Orientation Boot Camp:
- Further demonstrated that the Oracle module was effective at bringing residents to the same level, as there was no statistical difference between trained and untrained residents.
- Showed that UME consultation training is more effective in specific consultation based skills like “case discussion” and “confirmation and closing.”

CONCLUSIONS & FURTHER STUDIES

- This study is limited because it occurred at a specific site with a single class of residents.
- Multiple years of data, as well as at multiple sites, could demonstrate that results are generalizable.
- Eventually, it would be beneficial to demonstrate that improved consultation training leads to improved communication in the medical setting.

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**References**

