

Education Innovation: A tool to teach consultation skills using rapid cycle deliberate practice

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Key Words: Innovations in EM education, Consultation skills, Teaching tools, Deliberate practice, Debriefing

Innovation Concept: Consultation skills (the collaborator role) are key for safe and effective Emergency Medicine practice. The tool described uses familiar educational techniques to incorporate teaching of this skill into clinical teaching.

Method: We searched the literature for consultation teaching methods (1, 2). We developed a tool to teach consultation as part of on-shift clinical teaching. We use pedagogical concepts familiar to Emergency Medicine residents, rapid cycle deliberate practice (3) and focused debriefing (4).

Tool:

This exercise is designed for a learner in the Emergency Department. The tool focuses on deliberate teaching of telephone consultation, a day-to-day skill in Emergency Medicine. It is designed to be done as an in-situ, on shift, exercise but may be adapted to other learning environments. The exercise can be started when a patient under the care of the learner (well known to the learner) is identified as requiring consultation. The exercise will usually take about 10 minutes to complete.

Phase 1:

Focus on understanding the learner's current skill level and present a framework for consultancy skills. Have the learner present the case to you. Debrief the elements of a good consult, use the CONSULT card (1) if needed. Allow repetition of the consultation following the debrief if needed.

Make particular note of:

- Do they introduce themselves and identify the consultant?
- The speed and rhythm of speech.
- Do they identify the level of acuity of the patient?
- How much information do they give, too little, too much?
- Do they ask a clear question?
- Do they reach a specific agreement (when and what will be done)?

Phase 2:

Introduce the concept of competing frames of reference and push-back. The preceptor continues in the role of the consultant and gives push-back against the consultation.

What about admitting the patient to another service?

It sounds like an out-patient problem.

It sounds like you still need to do some further work-up/management

I'm not sure why this case would be my problem?

Debrief competing frames of reference and barriers to effective consultation. Allow repetition following the debrief if needed.

Possible competing frames of reference

Emergency Physician frame of reference	Consultant frame of reference
Affected by current emotional state	Emotional state is unknown to the ERP
Disposition focused	Diagnosis focused
The ED is busy I need to create flow	The consultant is busy it is inefficient to come to the ED
This patient is my number 1 priority	I don't know this patient, they are low on my priority list
This is a problem I am unfamiliar with I need specialist help	This is a problem I encounter commonly, ERPs should know more about this

Phase 3:

Directly observe the learner discuss the case with the consultant. Observe the same parameters as in previous phases. Debrief the consult and overall lessons learned from the entire process.

Conclusion:

The tool presented can be used during clinical shifts to teach consultation skills using pedagogy familiar to EM residents.

References:

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