

MEDICAL CONSULTATION

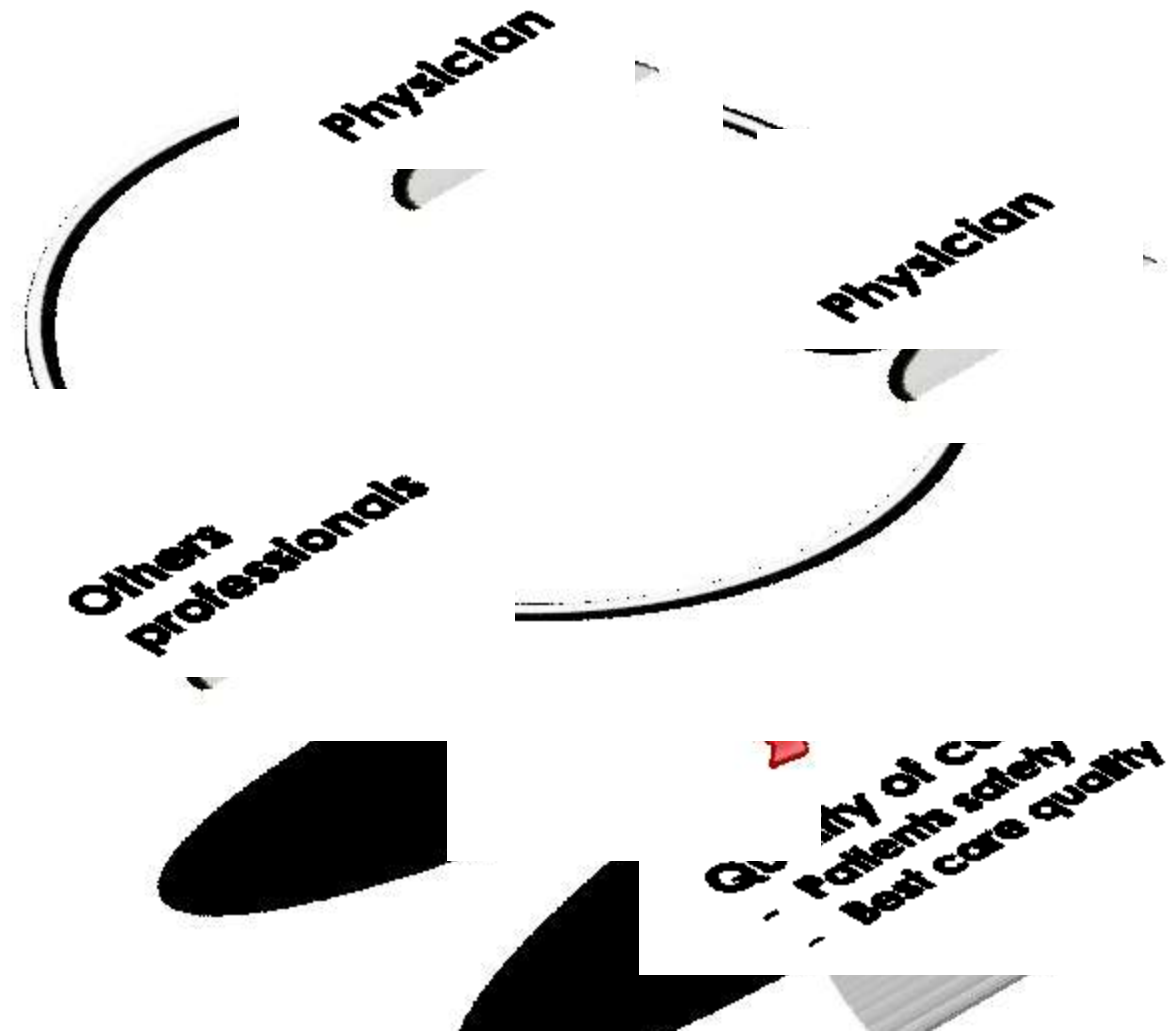
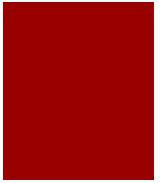
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Relationship



Introduction

Little formal attention has been directed to the role of the physician as a consultant

- Consultations are indicated
 - “upon request”,
 - in doubtful or difficult cases,
 - or when they need to enhance the quality of medical care
- **Consultation are primarily for the patient’s benefit**





Consultation and Referral

- A **consultation** is strictly defined as requesting another physician **to give his/her opinion on problems identification or management of the problems.**
- Referral means to request another physician to take direct responsibility for a portion or all of the patient's care

Delegation and referral

A large red graphic in the top right corner, consisting of a thick horizontal bar at the top, a vertical bar on the right, and a thick horizontal bar at the bottom, forming an L-shape.

- Delegation involves asking a colleague to provide treatment or care on your behalf.
 - Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate
- Referral involves transferring some or all of the responsibility for the patient's care,
 - usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence.

TEN COMMANDMENTS of CONSULTANT ROLE

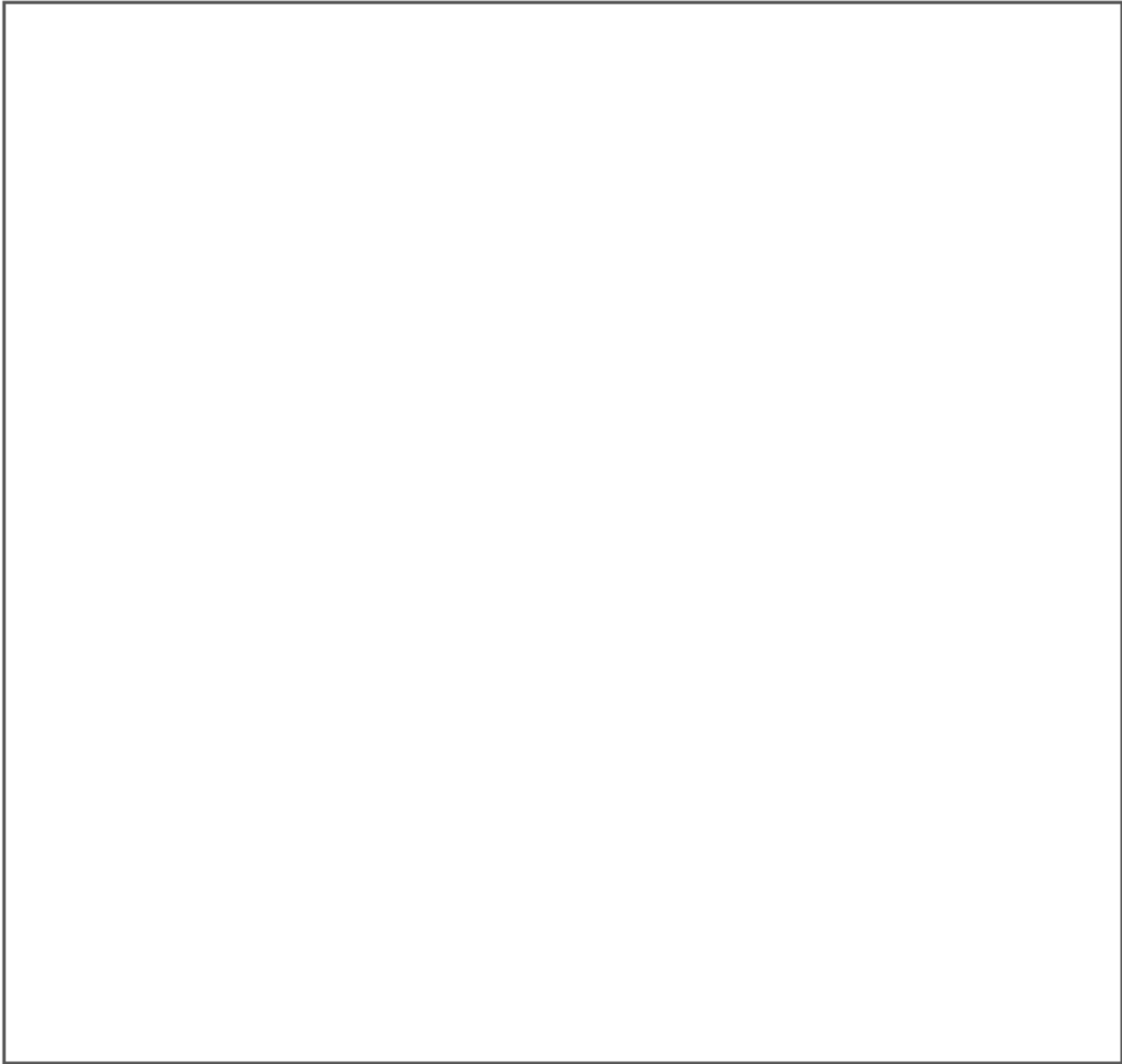
1. To determine the question asked,
2. Establish the urgency of the consultation,
3. Gather primary data (*look for yourself*)
4. Communicate as briefly as appropriate,
5. Make specific recommendations,
6. Provide contingency plans,
- 7. Understand one's role in the process,**
8. Offer educational information (*teach with tact*)
9. Communicate recommendations directly to the requesting physician (*talk is cheap and effective*)
10. Provide appropriate follow-up.

TEN COMMANDMENTS of CONSULTANT ROLE

In which the consultant generally plays an indirect role in patient management, **recommending** rather than co-managing”.

AMA, ethical principles of consultation

1. One physician should be in charge of the patient's care
2. Overall responsibility of the attending physician for the treatment of the patient
3. The consultant should not assume primary care of the patient without consent of the referring physician
4. Punctually of the consultation
5. Discussion in consultation should be with the referring physician and only with the patient with the prior consent of the referring physician
6. Conflict opinion should be resolved by a second consultation or withdrawal of the consultant; however the consultant has the right to give his opinion to the patient in the presence of the referring physician
7. A consultation should be differentiated from a referral



Implement clinical process:

- History taking
- Physical examination
- Review available data (Lab, etc)
- Problem synthesis
- Identify the risk
- Provide suggestion

Role of consultant

Once a consultation has been obtained, the consultant should review available data, obtain a history, and perform a physical examination that includes a comprehensive cardiovascular examination and elements pertinent to the patient's problem and proposed surgery

The consultant must not rely solely on the question that he or she has been asked to answer, but must provide a comprehensive evaluation of the patient's risk

Medical Consultation

- In non-surgical patient consultation, clinical process must be implemented to solve the problem and make decision both for testing or management. Identification of the risks and problems must be doing based on the facts of the patients.
- Decision for solving the problems must be also based on the patient's need.



DOCTOR PATIENT RELATIONSHIP

Discussion about diagnosis and therapeutic recommendations with the patient do after obtaining the specific approval of the referring physician

In case anything else fails to get agreement, the consultant should indicate to the patient his intention to withdraw from the case.

The patient has right to request from his physician another opinion.



All patients are entitled good
standards of practice and care
from their doctors

from their doctors
standards of practice and care
are entitled good



RISK ASSESSMENT

Commonly consultation are submitted with no a clear statement of the question to be answered

leads to waste effort, increased cost, and sub optimal care.



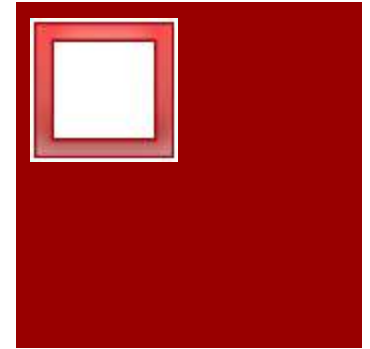
RISK ASSESSMENT



- The most difficult aspect of the consultation process arises in attempting to specifically assess the risk to the patient of the proposed procedure
- This develops from unfamiliarity with the physiologic stresses of anesthesia or specific surgical procedures, and unpredictability of intra-operative complication
- All lead the internist to conclude his recommendation with the gratuitous and superficial



RISK ASSESSMENT



- Most consultation requests are really asking the consultant to identify and define significant medical problem, to help to optimally manage them preoperatively, during procedures and to be follow-up post operatively

Risk Assessment

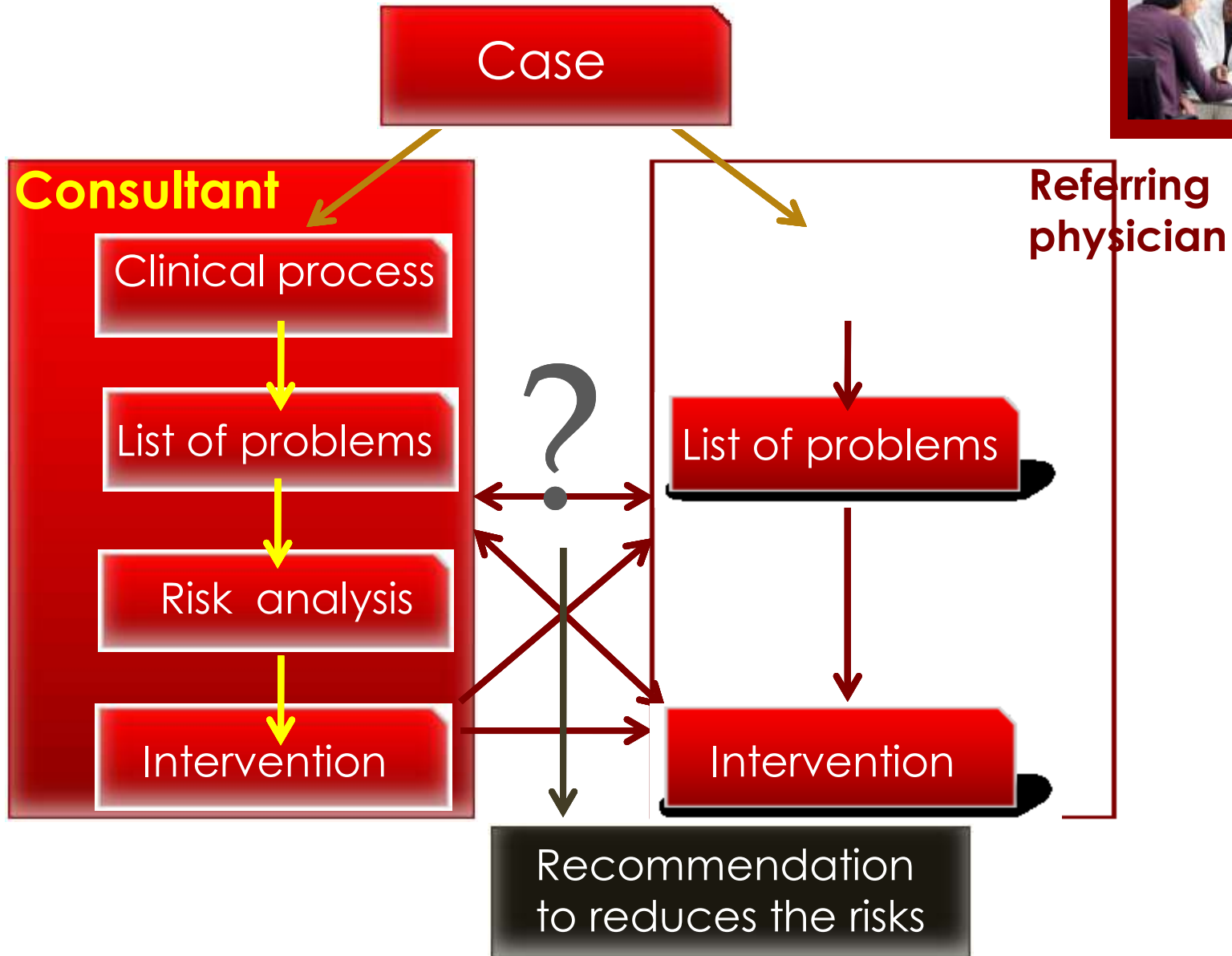
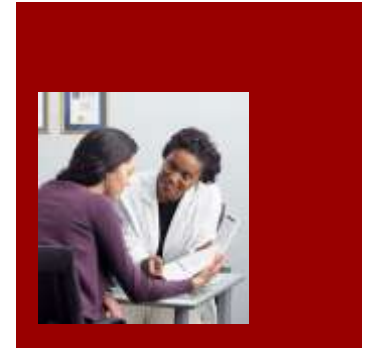


The most important contribution to post-operative morbidity and mortality are cardiac and pulmonary complications

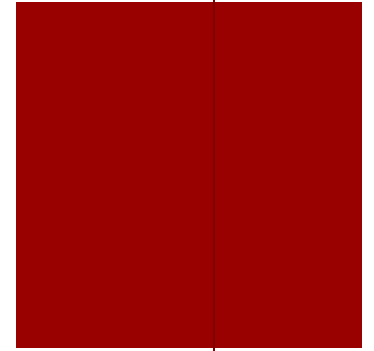
An assessment of cardiac & pulmonary risk must be part of every pre-operative medical evaluation



Risk analysis



CANCELATION OF SURGERY PROCEDURE



- When feasible, elective surgery should be delayed until metabolic control is acceptable
- Reasons to delay or cancel surgery differ between elective and non-elective surgery.
- In elective surgery, there is more time to stabilize medical conditions
- In non-elective surgery, the goal is often to provide short-term stabilization with more extensive workup deferred until after the procedure

In serious medical condition is unstable or untreated

- Elective surgery should be delayed
- In some instances, even non-elective or emergent surgery should be delayed

- Verbal communication is the key to ensuring an optimal outcome for the patient.
- The surgeon may agree that the procedure should be cancelled. In other instances, the surgeon may have information that the consultant does not have and which justifies immediate surgery



Conflict of Interest

Conflict on patient management may happen between referring physician and consultants.

Contributing factors to these disagreements are differences in knowledge, the approach to common problems, and the philosophy about how closely the patient needs to be followed or the urgency for surgery.

Conflict of Interest



The best way to prevent conflicts is **communication** prior to the consultation in verbal, as well as written, especially when controversy is anticipated.

To resolve the conflict a case conference in academic setting or utilizing persuasion by other consultants/a second formal consultation in private practice settings can be helpful¹ .



RELATIONSHIP TO OTHER CONSULTANTS

- The general internists are commonly in a position of being one of a number of medical consultants
- Conflicts may include different advice for the same problem, recommendations for therapy which may adversely affect another problem or interfere with another consultant's recommendations



Medical consultation

Medical
consultation

Non Surgery

Surgery

Emergency

Emergency

Elective

Elective

Medical consultation
make clear

The most important **clinical**
actions are not procedures or
prescriptions but the judgments
from which all other aspects or
clinical medicine flow.

clinical medicine flow

REPORT OF CONSULTATION

- Summary of the history and hospital course should be stated briefly.
- The aspects of physical examination important to the problems for which the consultation was obtained should be detailed, especially any differences from those recorded by the primary physician.
- Only pertinent laboratory data should be listed.
- Identified problems should be stated clearly.
- The recommendations should be as specific as possible
- The consultant should provide the surgeon with a clear, concise evaluation of medical risks, measures to improve or stabilize the patient pre-operatively, post-operative medical considerations, and he/she role in the overall care of the patient.

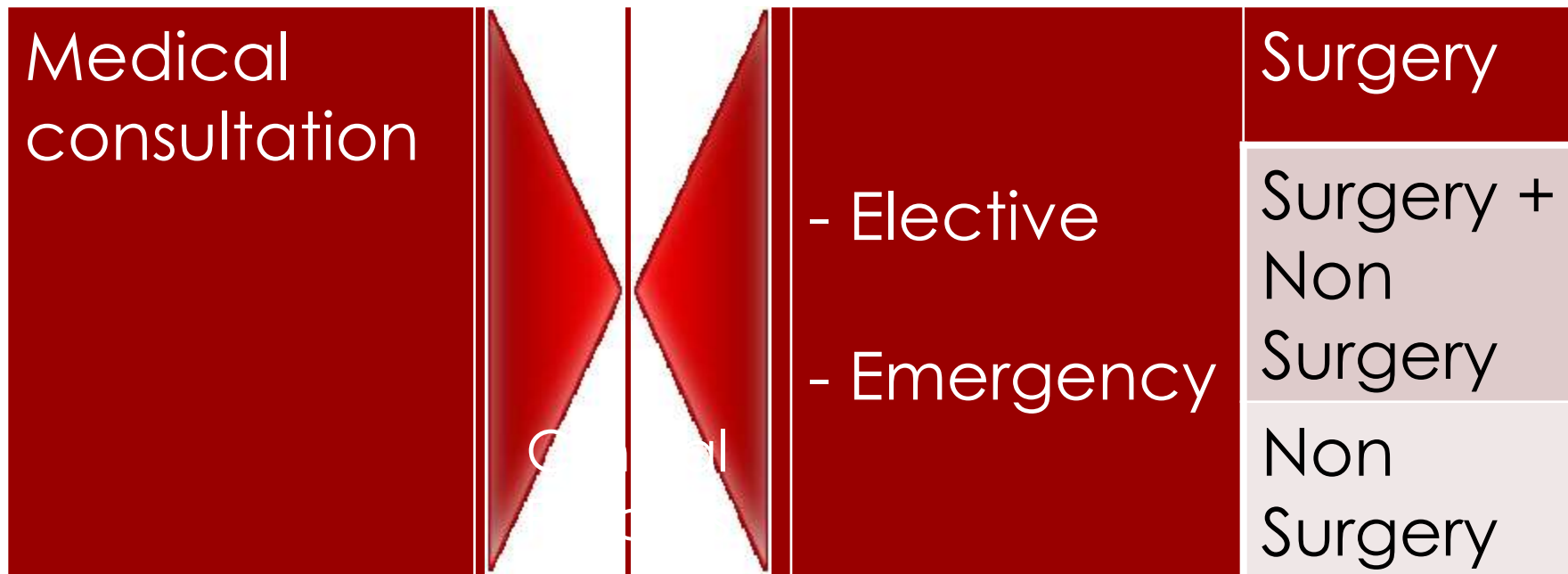
REPORT OF CONSULTATION

- The frequency of or need for continued follow-up should be questioned if the consultant does not feel that follow-up not need to be made or more than occasional visit.
- A written note should document when the consultant will no longer follow the patient and consultation is complete





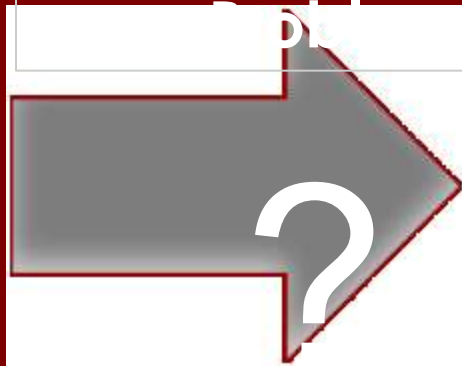
Area of Medical Consultation



- Problems analysis
- Impact Analysis of the problem to procedures
- Decision making to reduce the risk
- Clear report

Medical Consultation Steps

Analysis of the
Problems



Planning of
Intervention



Recommendation :

- Solve the problems in your areas
- Reduce intervention Risk for your colleagues

Summary

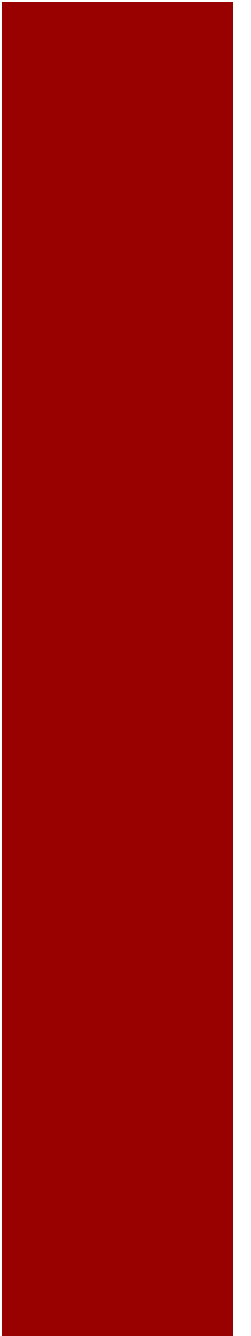


- Consultations are indicated “upon request”, in doubtful or difficult cases, or when they need to enhance the quality of medical care
- **Consultation are primarily for the patient’s benefit**
- A **consultation** is strictly defined as **giving his/her opinion on problems identification or management of the problems**
- A consultation is **not giving clearance**
- In surgery cases, the consultant must analyze risks and give some suggestion to solve/minimize risks
- In any conflict of interest, **communication** is the best way to solve



*Thank you
for your donation*









Sharing information with colleagues



- ❑ Sharing information with other healthcare professionals is important for safe and effective patient care.
- ❑ **When you refer a patient, you should provide all relevant information about the patient,** including their medical history and current condition.
- ❑ If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.



Medical consultation

- a procedure whereby, on request by one physician, another physician reviews a patient's medical history, examines the patient, and makes recommendations as to care and treatment. The medical consultant often is a specialist with expertise in a particular field of medicine.
- Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.



Role of consultant

- The performance of a consultation involves the phases of initial contact, completion of the consultation report, follow up
- A case summary should be sent to the consulting physician, although a verbal description of the case has been given

The role of medical consultation of the surgical patient



- The role of medical consultant of the surgical patient is to determine the presence of known or unrecognized co-morbid disease or other factors that may increase risk or morbidity and mortality from baseline and to recommend strategies to reduce the risk and optimize the patient's condition before surgery procedures⁵



Medical Consultation



- In patient with low risk of complication, a careful screening history and physical examination are the most important parts of the preoperative assessment of patient.
- The history should focus on symptoms that suggest the possibility of occult cardiac or pulmonary disease
- Should not routinely obtain laboratory testing before surgery. There is no difference in morbidity and mortality between patients who undergo routine preoperative testing and those who don't undergo such testing

Summary

- The expectations of the referring physician differ by specialty
- A consultation should be differentiated from a referral activity. Consultation is strictly defined as requesting another physician to give his/her opinion on diagnosis or management of the patient.
- Identified problems should be stated clearly based on patient's data.
- The recommendations should be as specific as possible.
- The consultant should provide the surgeon with a clear, concise evaluation of medical risks, measures to improve or stabilize the patient pre-operatively, post-operative medical considerations, and he/she role in the overall care of the patient.

Introduction

society demands the highest standards of professional competence and ethical conduct from doctors. The working population expect no less, and insists on equally high standards of proficiency in care and conduct from occupational physicians

Koh D. Occup Environ Med, 2003 60:1-2

In recent years there has been increasing publicity about errors and malpractice of doctors, both hospital physicians and general practitioners

Manus. Quality in Health Care, 2009 9:14-22

The science and art of medicine

- Medicine is both a science and art
- Science deals with what can be observed and measured, and a competent physician recognizes the sign of illness and disease and knows how to restore good health
- But scientific medicine has its , limits, particularly in regard to human individuality, culture, religion, freedom, right and responsibilities.
- The art of medicine involves the application of medical science and technology to individual patients, families and communities, no two of which are identical

