Development and Pilot of an Undergraduate Medical Education Consultation Curriculum

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Background
- Communication mishaps contribute up to 70% of sentinel events
- Medical education standards now in place
- “Curbside consultations” are error prone (Burden 2013)
- Kessler’s 5 Cs Model (Kessler 2012)

Methods: Targeted Needs Assessment
- Eight question survey given to MS3s
  - Five questions required a yes/no response
    - During your third year clerkships, have you ever called a consult service to request a consult for your patient?
      - Yes
      - No
    - Have you ever been instructed on how to call a consult?
      - Yes
      - No
  - Three questions required a response on a 5 point scale

A Consultation Curriculum: Why we need one

MS3 Targeted Needs Assessment: Response Rate 59%

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Aims

- Design consultation curriculum based on Kessler’s model (Kessler 2013)
- Implement curriculum for MS4s in EM clerkship

Hypothesis

- Students receiving the educational intervention will have greater efficacy in consultation communication than students not receiving the intervention.

Methods: Curriculum Implementation

- Lecture and Practice
- Pocket Card

5Cs Guide to Calling Consultations
- Confirm name and service of consultant
- Confirm patient’s name, MRN and location
- Complete or confirm diagnosis
- Complete history and pertinent physical exam findings
- Completemedication
- Complete admission and discharge

Global Rating Scale
- Not effective
- Somewhat effective
- Effective
- Very effective
- Extremely effective

Data analysis performed using two-tailed Student’s t tests
**Total 5 Cs checklist completion increases after curriculum implementation**

*Graph showing proportion items completed pre-consultation across categories.*

**Global Rating Scale (GRS) scores increase after curriculum implementation**

*Graph showing average GRS scores across criteria.*

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**Limitations**

- Single undergraduate medical school in a single clerkship
  - Generalizability
- Simulated cases, not a realistic ED environment
- Uncertain whether this has direct impact on patient outcomes

**Discussion**

- Utility of simulation in teaching communication
- Consultation education is needed in preparation for clinical rotations
- Improving patient safety

**Conclusions**

- Implementing a curriculum on Kessler’s 5 Cs Model to calling consultations significantly increased overall efficacy of consultation communication
- Educational modules about communication may standardize UME curricula and could have impacts on decreasing communication-related medical errors

**Future Directions**

- MS2: Consultation workshop participation + Viewing of trigger tape depicting “curbside” consult and consult based on 5 Cs model + Reflection and discussion
- MS4: Lecture describing 5 Cs model + Instruction on use of pocket card + Consultation practice sessions in simulation lab with evaluation by attending EM physicians
- RGY-1: Formal instruction through didactic lecture and practice session + Recording of consultation in clinical setting + Evaluation of quality with feedback sessions
- NP/PAs: Viewing of trigger tapes + Didactic training on 5 Cs model + Participation in a skills-based learning session
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Selected References

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Questions?