

## A Survey of request of consultation in "Loghman Hakim Hospital", 2001

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### ABSTRACT

**Background:** Good communication of medical professionals is an essential requirement for quality medical care. One means of this communication are letters of consultation request.

**Purpose:** To investigate the quality of letters of consultation requests in terms of their effectiveness to establish proper communication of caring physician with consultants.

**Methods:** All the Loghman Hakim Hospital's medical record which contained consultations for infectious disease from May 25, 2001 to November 25, 2001 were included. The records were examined for the inclusion of reason for referral, sufficient data in terms of history, therapeutic issues and paraclinic results and the recommendations regarding therapeutic issues including starting antibiotic therapy, change of drug regimen, asking for one more follow up visit, recommending consultation with other specialist were extracted.

**Results:** 110 files were studied with (49%) 54 cases, labeled "urgent" and (23%) 25 cases, labeled "Not urgent" and 31 cases (28%) not determined. In only (29%) 32 cases the identification data of the patient was filled out completely. Only in less than (42%) 46 cases, was the clinical information given in the letter satisfactory. Only in (44%) 49 cases was the main question of the consultation evident. In (94%) 104 cases, the recommendations given by the consultant were specific and clear cut. In 110 consultations the overall number of recommendations was 861 (8 recommendations for each consultation).

**Conclusion:** As the letter of consultation request play an important role specifically for patient with more complicated conditions measures should be taken to improve this competency.

**Keywords:** CONSULTATION

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### Introduction

As medicine becomes more specialized and diagnostic and therapeutic methods improve, patient care by a team of medical professional in which diagnosis and treatment is conducted by a group of physicians of different specialties become more popular as well as essential. In this situation the requests letter of referral gain much importance since it can be an efficient means of communication between the team members.

Medical referral letters first received attention as an important task in patient care in 1980 and has been considered an item of clinical training since then (1). At the beginning, discussing the method and manner of writing referral letters was something in the field of the work of internists and cardiologists, but anesthesiologists, surgeons and psychiatrist gradually receive these letters as part

of their routine hospital task. Many researches have been done on the methods of improving a referral letters efficacy (9,7,5,4,3,2) and the manner in which a consultation should be asked & replied (17,16,14,2,8,6).

There also has been some studies on how to use the consultant's recommendations in patient care. (6,4,3,14,12,11,10,7,5).

Infectious diseases is gaining increasing importance not only because of they play an important role in mortality and morbidity specially in developing countries, but also because of the emergence of antibiotic resistant germs and the increasing prevalence of HIV and other infections in IV drug abusers. All the above mentioned factors have ended in a greater number of referral letters received by infectious disease specialist.

Based on our experience the referral letters forms are not designed properly as it does not provide

enough space for the consultant explanation . Other medical professional lack required knowledge about the appropriate time of asking an infectious consultation and generally the codes of writing a referral letter are ignored. Moreover ignoring standard patterns of replying these letters by the infectious disease specialties and residents, has made consultations less effective.

So as the first step, to improve the consultation gain on the part of the patients we decide to analyze the current referral letters which request infectious disease consultation using Loghman Hakim Hospital medical records. .

## **Words description**

### **Materials & methods**

In this study we review all the records of patient admitted in " Loghman Hakim Hospital". All the files which contained infectious consultations from May 25, 2001 to November 25, 2001 were included. The inclusion of reason for referral, sufficient data in terms of history, therapeutic issues and paraclinic results and the recommendations regarding therapeutic issues including starting antibiotic therapy ,change of drug regimen, asking for one more follow up visit, recommending consultation with other specialist were extracted.

### **Results**

In this research 110 files which contained a consultation request for infectious ward (from 80.2.25 till 80.4.14) were studied.

In (49%) 54 cases, the consultation was labelled "urgent"

In (23%) 25 cases, the consultation was labeled as "Not urgent" and in 31 cases (28%) it was not determined whether the consultation was urgent or not.

In only (29%) 32 cases the identification data of the patient was filled out completely. In (42%) 46 cases, the clinical information given in the letter was satisfactory. In (21%) 23 cases, laboratory findings and in (19%) 21 cases, radiological an pathologic findings were mentioned in the letter.

Among 110 infectious consultations, in (44%) 48 cases, antibiotic therapy was already started; In 9(13%)14 cases, it was not mentioned in the letter, whether antibiotic was started or not.

In (77%) 85 cases, the reason for requesting the consultation was clear and in (44%) 49 cases the main question of the consultation was evident. In (13%) 14 cases it was indicated that there had been

a discussion between the physician in charge and the consultant before sending the consultation request . In (81%) 89 cases there was not such an instance and in (41%) 7 cases, there was no way to specify if such a discussion had been made or not .

In (44%) 48 cases, the expectations of the physician in charge were clear.

In analyzing the replies to the consultations the following data was gained .

In (84%) 92 cases, a summery of the condition of the patient & in (68%) 75 cases a summery of the previous therapeutic procedures ordered by the consultant was mentioned. In (50%) 55 cases the consultant had described the disease shortly. In (68%) 75 cases , the main question was answered . In (50%) 55 cases, diagnostic judgment was indicated. In (94%) 104 cases, the recommendations given by the consultant were specific and clear cut .

In 110 consultations the overall number of recommendations was 861( 8 recommendations for each consultation). & in (60%) 67 cases, the urgency of the recommendation was emphasized. In (40%) 43 cases, it was not mentioned whether the recommendations were urgent or not.

The total number of urgent recommendations (2.5 urgent recommendations for each consultation which had such a recommendation ) was 169.

In (58%) 64 cases a repeat visit and in (28%) 31 cases consultation with physicians from other specialties was advised. In (80%)88 cases, therapeutic orders were given with the total number of 284 (3 orders for each consultation which needed a therapeutic order.)

The name of the drug in (98%) 86 cases & the dose of the drug in (97%) 85 cases were indicated, but only in (10%) 8 cases the duration of using the drug was clarified .

Among 110 consultation, in (43%) 47 cases, some changes were made in the previous orders for antibiotic use and in (91%) 100 cases a different antibiotic was ordered .

### **Discussion**

In only (29%) 32 cases of consultations, the identification data of the patient was filled out completely, In fact, in 71% of the cases the first part of the consultation form which was for recording the name, age, occupation and the primary diagnosis of the patient and also the date and ward of admission was not filled accurately. This may stem from poor attitude of the one who wrote the request.

In just 42% of the cases the clinical information provided was satisfying laboratory and radiological results were offered in 21% and 19% of the cases respectively.

There short comings in the consultation request pointed out that the one who wrote the request either didn't know the patient very well or was careless and wasn't well informed about the importance of writing the request accurately.

Goldman study emphasizes that providing the consultant with enough information has a direct effect on the quality of consultation. (2)

In 44% of the cases, antibiotic orders were changed in 43% of the cases often the consultation. In 91% of the cases a different antibiotic regimen was ordered.

So it seems ordering antibiotic under the observation of the infectious medicine specialties will reduce unnecessary or inadequate antibiotic use.

In 23% of the cases, the reason for requesting a consultation was not mentioned. In 56% the main question and in 56% the expectation of the physician in charge from the consultant was not clear. Considering the importance of these three points in requesting a consultation and their main role in the consultation result it becomes evident that to request a consultation, the physician in charge must pay more attention to the reason of asking for consultation, the main question and expressing his own expectations from the consultant (3,6,8,9).

Although the discussions made between the physician in charge and the consultant, before requesting the consultation is of great importance in recognizing the chief problems of the patient (5), such a relation ship was not present in 81% of the cases.

On the other hand, studying the consultation notes, one will realize that in 50% of the cases there was no explanation of the disease and 50% of the cases no diagnostic judgment was uttered. As replying a consultation request must consist of 4 parts, being: expert opinion, recommendations, explanation and references (8). more attention should be paid to this field.

In 32% of the cases, the question was not answered by the consultant and taking into account that in 56% of the cases the consultation question was evident, one will realize that in other cases the consultant had just guessed the main question. It is obvious that if the question was clear the cooperation of the consultant would be increased subsequently.

In 110 consultations there were 861 recommendations with an average of 8 recommendations for

each consultation, this was twice as that in the Pupa's study (5).

(that study showed 4 urgent recommendations were given by the consultants & this made 19.6% of the total number of recommendations but in the Pupa's study (5) 13.5% of the recommendations were urgent. median of urgent recommendations from the total numbers of recommendations was 1.5. In pupa's study the median was 0.5.

The total number of therapeutic order by the consultant was 284 (3 orders for each consultation which needed a therapeutic order). Considering the total number of recommendation (861), just 1/3 of the recommendations in infectious consultations were therapeutic and the rest were diagnostic. These number is incompatible with the other researches as in other studies therapeutic recommendations were dominant. (5).

In therapeutic recommendations, in 98% of the cases the name of the drug was mentioned clearly which indicates the consultant's attention & adds to the consultation efficacy, (5). But in 90% of the cases in which a drug was ordered, the duration of using the drug was not clarified in the first consultation so the drug would be used for a shorter or longer period than needed.

## Discussion

The following should be considered in clinical training of residents and interns:

- 1- the one who writes the request for consultation must have enough information about the patient & mention the patient's identification data & the primitive diagnosis completely.
- 2- In the consultation request form an item should be included to clearly show the urgency of the case
- 3 - It is necessary to mention clinical information, laboratory, radiological and pathologic findings in the consultation request.
- 5- In requesting a consultation, the reason for asking for the consultation, expectations and main questions must be indicated by the physician in charge.
- 6 - The preference of discussing the case with the consultant in advance.

It seems that the consultation request form is not designed properly and the following changes should be considered.

- 1- More space should be provided for the explanations of the physician in charge & this space can be divided into different parts such as: history, clinical information, laboratory test results, radiological and pathologic results.

2 - More space should be provided for consultant explanation and recommendation so that the consultant may explain his opinions more clearly and it is preferred if this consists of at least the following 4 parts :

- 1 - explanation of the history of the patient .
- 2 - opinion of the consultant .
- 3 - recommendations of the consultant .
- 4 - references used by the consultant .

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