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Pediatrics, PGY2
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IRB Proposal
Title: Qualitative Study on Education of Consultations
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Background

Physician engagement in inter-professional consults is a critical aspect of patient care. Studies have shown that courtesy and good communication are integral for effective and high quality consults but that their implementation is rarely done universally. While there is some literature about the components necessary to include in a high quality consult, there is little evidence about how physician trainees gain the skills, knowledge and attitudes regarding the practice of requesting or accepting a consultation, interacting with the requesting or receiving service, and communicating or receiving the results/recommendations of a consultation. Thinking about the way that trainees learn how to engage in consults has become increasingly important now that ACGME residency milestones include explicit skills in consultation. Physician training occurs in many forms and in many contexts and recent literature has investigated the roles of both an implicit and an explicit curriculum in the education of trainees.

Study Aims

We seek to understand the process by which trainees are educated in calling consultations. Furthermore, we hope to focus our lens on three broad areas of interest. The first would be the effect of social work hierarchy and peer relationships on education. The second is the educational effect of the subject material of the consultation (that is, the aspects of the clinical case). Thirdly, we are interested in how technology mediates consultations and can potentially provide an opportunity for educational intervention. To achieve these goals, we propose to conduct a qualitative study focusing on experiences of a sample of trainees regarding education in consultation.

Study Design and Statistical Procedures

We are conducting a qualitative phenomenological study on medical education regarding consultations. We will conduct interviews based on an interview guide. The duration of the interviews will be approximately 30 minutes. The interviews will be conducted by one of the research investigators who has no role in evaluating or teaching residents or fellows, or in evaluating the current medical students rotating on the pediatric clerkship.

Audio recorded sessions will be transcribed using a transcription service. Transcriptions will be coded by two investigators after each session. A log will be kept of the different concepts that have been voiced by varying trainees. After each analysis, the data will be reviewed for patterns and subsequent interviews may be

altered to verify or refute concepts found in the previous interviews. There are no statistical procedures that will be used at this time.

The next phase of this study will involve distribution of a questionnaire. The questions included in the questionnaire will be generated using information gathered from focus groups. The questionnaire will likely ask respondents to rate various topics on a 4-point Likert scale.

Data Analysis

This phase of the study will involve data collection and then will involve qualitative analysis (descriptive data).

Study Drugs or Devices

None

Study Instruments

Please see moderator's guide included below.

Study Subjects

Pediatric residents and fellows, medical residents, and medical students rotating on the pediatric clerkship (likely to number 12-15 participants).

Recruitment

The researchers will reach out to pediatric residency chief residents, pediatric fellowship directors, medicine chief residents, and the pediatric clerkship director in order to recruit participants.

Informed Consent Process

There is a consent form that will be given to participants. Participants do not need to give signed consent to participant in this study.

Confidentiality of Study Data

No identifying information will be collected.

Privacy Protections

Electronic audio recordings will be stored. Recordings will be transcribed and de-identified. Original recordings will be kept on Columbia University computers under the password protection of the Primary Investigator.

Potential Risks

We do not anticipate any risk to the participants in this study. Data will remain confidential and individual data will not be reported to the pediatric residency program.

Data and safety monitoring

NA

Potential benefits

There will be no additional benefits to the patients

Alternatives

Patients may choose not to be in this study.

Research at external sites

Columbia is the only research site.

References

Balmer DF¹, Quiah S, DiPace J, Paik S, Ward MA, Richards BF. Learning across the explicit, implicit, and extra-curricula: an exploratory study of the relative proportions of residents' perceived learning in clinical areas at three pediatric residency programs. *Acad Med*. 2015 Nov;90(11):1547-52.

Carter K, Golden A, Martin S, Donlan S, Hock S, Babcock C, Faman J, Arora V. Results from the First Year of Implementation of CONSULT: Consultation with Novel Methods and Simulation for UME Longitudinal Training. *West J Emerg Med*. 2015 Nov; 16(6): 845-50.

Chan T, Orlich D, Kulasegaram K, Sherbino J. Understanding communication between emergency and consulting physicians: a qualitative study that describes and defines the essential elements of the emergency department consultation/referral process for the junior learner. *CJEM*. 2013;15(1):42-51.

Go S, Richards DM, Watson WA. Enhancing medical student consultation request skills in an academic emergency department. *J Emerg Med*. 1998 Jul- Aug;16(4):659-62.

Goldman L, Lee T, Rudd P. Ten commandments for effective consultations. *Arch Intern Med*. 1983;143(9):1753-1755.

Kessler CS, Afshar Y, Sardar G, Yudkowsky R, Ankel F, Schwartz A. A prospective, randomized, controlled study demonstrating a novel, effective model of transfer of care between physicians: the 5 Cs of consultation. *Acad Emerg Med*. 2012; 19(8):968-974.

Podolsky A, Stern DT, Peccoraro L. The Courteous Consult: A CONSULT Card and Training to Improve Resident Consults. *J Grad Med Educ*. 2015 Mar;7(1):113-7.

Stern DT. Practicing what we preach? An analysis of the curriculum of values in medical education. *Am J Med*. 1998;104(6):569-575.

Sullivan G, Simpson D, Cooney T, Beresin E. A milestone in the milestones movement: the JGME Milestones Supplement. *J Grad Med Educ*. 2013;5(1 suppl 1):1-4.