

Supplemental Digital Appendix 1: The anatomy and key components of a MEdIC case discussion post

The diagram illustrates the anatomy and key components of a MEdIC case discussion post on the ALiEM website. The post is titled "The Case of the Difficult Consult" and is authored by Brent Thoma, MD MA, on August 30th, 2013. It has 42 comments. The post includes a red rotary phone icon and a text box about consultation skills. Below the post are sections for "QUESTIONS FOR DISCUSSION" and "SUGGESTED QUESTIONS FOR DISCUSSION". The right side of the post features an "Altmetrics display" showing recent responses and a "Fictionalized case (Grey box)" disclaimer. A large bracket on the right side groups several components: "NEXT WEEK*", "Preview about expert responses (posted 1 week after discussion)", "Disclaimer about fictional nature of cases", "Number of comments on case", "Suggested questions for discussion", and "Comments by moderators and participants (Only moderator comments shown due to issues around consent)". The "Comments" section shows a comment from Michelle Lin, Mod, and a reply from Brent Thoma.

ALiEM Academic Life in Emergency Medicine

MEdIC series: The Case of the Difficult Consult

By Brent Thoma, MD MA | August 30th, 2013 | MEdIC series | 42 Comments

Inspired by the Harvard Business Review Cases and led by Dr. Teresa Chan (@TChanMD) and Dr. Brent Thoma (@BoringEM), the Medical Education In Cases (MEdIC) series puts difficult medical education cases under a microscope. On the fourth Friday of the month we will pose a challenging hypothetical dilemma, moderate a discussion on potential approaches, and recruit medical education experts to provide "Gold Standard" responses. Cases and responses will be made available for download in pdf format - feel free to use them!

If you're a medical educator with a pedagogical problem, we want to get you a MEdIC. Send us your most difficult dilemmas and help the rest of us to bring our teaching game to the next level.

THE CASE

Consultation skills are difficult to master. One of the few things more difficult than acquiring this skill is teaching it. The first case of the MEdIC series poses just this dilemma.

"Well... That did not go as I expected!" exclaimed Melanie. Melanie, an off-service first-year rotating through the emergency department, as she hung up. The strength with which the phone was slammed down suggested that it had gone much worse than she had expected.

"What's wrong?" asked Geoff, a third year resident in Emergency Medicine. "You sounded like you were getting some push-back from the senior medicine resident, eh?"

"Yeah. I mean, I've called for consults before on the ward... but that was so much more difficult than usual," she reflected. "He just kept on asking me question after question... He wanted the exact blood pressure of the patient, and when I couldn't give it, he made some snarky response about how I should 'know better'... Does that happen to you?"

"It used to happen a lot, but I think over the years I've found a way to give consults so that everyone seems to walk away happy," replied Geoff. "Honestly, I don't really know when that transition happened. But now, I just seem to get the consults I want, when I want them... Still, sometimes, even I have consults that don't seem to go so well."

Melanie leaned back and sighed. "There must be something you do differently. I can't imagine doing this job everyday if I had to get that kind of push-back every time I talked to another doctor."

You observe this interaction between Geoff and Melanie.

QUESTIONS FOR DISCUSSION

1. What would you do if you were faced with The Case of the Difficult Consult?
2. What advice would you give these two learners?
3. How would you intervene?
4. What wisdom would you share with them?

Altmetrics display

Recent

- New Antibiotic Dalbavancin: Should we use this in the ED? May 12th, 2014
- Clinician Educator: The agent for change in medical education May 11th, 2014

Fictionalized case (Grey box)

All characters in this case are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

Disclaimer about fictional nature of cases

Number of comments on case

42 Comments

Suggested questions for discussion

Comments by moderators and participants (Only moderator comments shown due to issues around consent)

NEXT WEEK*

We will post responses from two medical education experts who have published on the topic of consultation education.

- Dr. Rob Woods (@robwoodsufs) has a MMed from the University of Dundee and is the Emergency Medicine Program Director at the University of Saskatchewan
- Dr. Teresa Chan (@TChanMD) is working on her MHPE at the University Illinois at Chicago and is a recent grad of the McMaster Emergency Medicine program

Thanks to Dr. Teresa Chan (@TChanMD) for inspiring this case series and drafting this first case. We will be sharing writing/editing/recruiting duties for this series from here on out!

CLICK HERE TO LINK TO THE OFFICIAL EXPERT & CURATED COMMUNITY COMMENTARY (Released September 6, 2013)

Join the discussion...

Academic Life in Emergency Medicine

Teresa Chan

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Michelle Lin Mod • 9 months ago

Great idea for a series, Brent and Teresa! So much talk focuses on HOW to do a good phone consult, and I find there is less so advice on what to do WHILE and AFTER it doesn't go well. OK, not being a formal expert on this subject, I can share my initial thoughts:

1. Assuming that Melanie did not fire back equally inflammatory responses, I would have commended her for keeping her cool. Hard to do, but angry retorts on the phone only do more harm than good. I try to reset my mind-frame/emotions by reminding myself -- it's about the patient and not about the consultant or me.
2. If you are able to keep your cool during the phone conversation, one could try to bring the situation into a face-to-face conversation. It's harder to be unreasonably demanding in person. Melanie could say "I don't have the exact blood pressure on me, I can get it for you when you get down here." and close the conversation with "Is there anything else I can track down for you while you are on the way?" The implied message is that we're all on the same team trying to care for the patient, and I'm trying to help.
3. In heated situations, I find that both parties often don't feel like they are being heard. So make sure you verbally acknowledge that their question/comment (in this case about BP) as an important point -- then transition to my point #2.
4. And definitely, the more senior you get, the easier it'll be, especially if you start the call by introducing yourself and your training level. I have the luxury of using "I'm the ED attending today" opening bit. It definitely squashes a lot of trivial issues.

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Brent Thoma → Michelle Lin • 9 months ago

Great advice, thanks for weighing in!

In particular, I think keeping the focus on what is best for the patient and not letting egos get involved is incredibly important.

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