

Publisher:

Issue 30

June 24, 2010

Division of General IM

University of Missouri

Columbia, Missouri

Editor:

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Hospitalist Update

Curbside Consults: a tradition we ought to abandon

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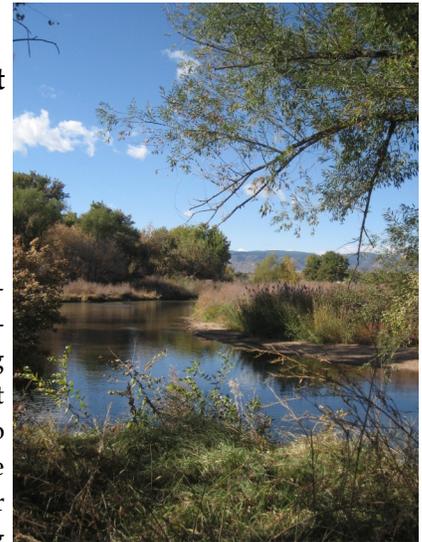
Physicians, having shared and survived the gauntlets of medical school and residency, tend to be supportive of one another. At the same time, having first hand knowledge of the time commitment that goes with our profession, we are often hesitant to ask for one another's assistance. These factors have been instrumental in the evolution of the curbside or sidewalk consult, a practice that is ingrained during the hectic years of residency.

Though widely utilized and well intentioned, the reliance on curbside consults has several limitations and pitfalls which, I suggest, make a case for abandoning this practice. Among these points are the following:

Limited Data leads to Bad Advice. As any consultant knows, the initial information provided by the consulting physician is rarely complete and not always accurate. Clinical assumptions based on a cursory review of the case may lead to off-the-cuff recommendations that are not in the best interest of the patient. A formal consult, on the other hand, invites the consultant to thoroughly review the chart, perform their own history and physical and produce a well-informed set of recommendations.

Curbside Consults are Legal Hearsay. It is one thing to leave a note in the chart that the patient's case was "discussed with Cardiology" and it is quite another to convince a court of law that such advice was obtained. Formal consults produce clear documentation of the consultant's assessment and recommendations and, assuming that such advice was followed, physicians can face the occasional bad outcome with the knowledge that appropriate consultations were obtained and documented.

Free Advice versus Time Saved. One of the primary reasons that physicians resort to curbside consults is to not burden the consultant with the need to see the patient and produce a formal note; this is, indeed, the driving force behind sidewalk consults between residents and fellows. Of course, this also deprives the consultant of the ability



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(continued) to bill for his/her services. Whether in an academic center or a private practice, having the opportunity to appropriately bill for one's expertise is essential to maintaining financial viability.

Patient Trust & Satisfaction. While patients in academic centers are often overwhelmed by the number of faculty, residents and students that attend to them, they always want to know who is in charge of their care. Few patients would be satisfied to hear that their physician has "run their case past the surgeon." Rather, despite their occasional proclamations to the contrary, patients are reassured by the personal attention that they receive from a consultant's visit; this, of course, does not occur when one resorts to curbside consults.

Reverse Curbside Consults. It is not uncommon that frenzied consultants might offer sidewalk advice (usually over the phone) even though a formal consult was requested. Though, once again, this practice is most common at the training level, those of us familiar with the private sector know that such bail-out attempts occur within all medical communities. For the reasons discussed above (billing considerations aside), it is advisable to insist on a formal consultation, including chart documentation of his/her recommendations. Should such a request meet with resistance, it is best to change consultants.

Young physicians, faced with the numerous demands and time constraints of their career, may dismiss these points as the trivial ramblings of an aging practitioner. While I plead guilty to the aging part, experience teaches all of us that shortcuts in the care of our patients often lead to unnecessary complications. The curbside consult is one of these shortcuts and, in my opinion, ought to be abandoned.

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