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CONSULTATION – WHEN and HOW

(With particular reference to obstetrics and the care of both public and private patients)

WHEN TO CONSULT

Making a consultation about a patient problem is the most important (and easiest) way of learning. However, it is important to understand that consultation is a process that seeks help or advice or seeks to confirm your findings and or decisions about a clinical problem. It is not an expectation that your consultant will come and do something for you or rubber stamp your plans to do something. *Consultation therefore must occur before a management plan is instituted or communicated to a patient*.

Any decision of when to notify a consultant about the progress of a patient will vary with:

- the experience of the trainee and
- the wishes of the particular consultant.

At the beginning of training it is appropriate that regular reports be made and any incident or deviation from normal is reported promptly so that:

- the competence, clinical judgement and experience of each trainee can be assessed and
- the particular practice of each consultant can be learnt.

As trainees gain experience there is a natural desire to make management decisions for themselves. For some it is only when making such decisions that obstetrics begins to be satisfying. It is clearly inappropriate for a trainee to be told what to do on all occasions. However, the training process is a gradual one and consultants expect trainees to be increasingly forthcoming with their own plans of management.

From time to time a consultant is informed about a patient's failure to progress after induction or acceleration of labour but he/she has neither knowledge of that patient nor any involvement in previous decisions. This is not in harmony with good obstetric care or professional courtesy.

The simple rule is "when in doubt consult". A junior doctor is not expected to take responsibility for any obstetric misadventure when appropriate notification and consultation has occurred.

It is best to consult before discharging any antenatal patient or confined patient with a significant puerperal problem and to notify a consultant of any patient who discharges herself.

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Patients who are admitted to an obstetrics or gynaecology ward under the joint care of an obstetrician/gynaecologist and physician or surgeon are primarily the responsibility of the obstetrics and gynaecology team. In the event of any medical emergency, it is therefore the responsibility of the obstetrics and trainees to attend to the patient and to personally contact the other team's resident or registrar.

HOW TO CONSULT

Consultation is a professional skill which takes some time to acquire. Here are some hints which may be useful:

First marshal all your facts. Arrange your thoughts along these lines.

- What is the problem?
- What information is relevant to the problem?
- What course of action is possible?

Courtesy during the consultation is the essence of success. It frequently makes all the difference between an unhappy exchange and a profitable experience.

Example: Trainees who begin with "I hope I'm not disturbing you but ....." will get a much better hearing than one who begin "I am ringing about your patient who needs…".

If calling your consultant by mobile phone ask if it is appropriate to proceed with the consultation. Always make sure that you are talking to the person who is the consultant before you begin to discuss personal details or you are risk of breaching patient confidentiality.

Quickly orient the consultant to your station, the situation and the problem. If there is a degree of urgency to your consultation, state the nature of that urgency at the outset. For the same reason the primary problem must be put at the beginning of the consultation.

> Example: "This is Dr …. speaking. I am the resident medical officer at the …. Hospital. Could I talk to you about one of your patients who is exhibiting signs of fetal distress in the second stage of labour?"

Give only relevant positive and negative data i.e. that which relates to the problem. If in doubt about what is relevant don't volunteer additional information. Wait until the consultant asks for it.

If you want the consultant to see the patient then state so unequivocally and indicate the degree of urgency. If in doubt, request the personal assessment of the patient by the consultant. You will not be responsible if you have clearly done this. In the unlikely event that the consultant does not attend when you think it is appropriate, then it is best for you to phone again and discuss it with the consultant.

Document on the patient's notes whom you consult and when you consult. This is for your own medico-legal protection as well as providing important information for your colleagues.

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CONSULTATION WITH OTHER DEPARTMENTS

Consultation with other specialists, physicians or surgeons occurs only after first consulting the obstetrician or gynaecologist responsible for the patient.

It is recommended that consultations occur at the same level i.e. resident to resident of the other team, (registrar to registrar unless requested otherwise).

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