

The Inappropriate Consult: Discordant Expectations of Specialty Expertise and Areas for Improvement in Interdisciplinary Resident Education

Supplementary Materials

eTable 1: Examples of Case Questions

Neurology Question: Management of Headache
<p>A 38-year-old female on post-operative day 1 following a laparoscopic appendectomy for acute appendicitis complains of a headache during morning rounds. The headache pain is her typical pain, and the team suspects it may hold up her discharge. She describes the pain as left-sided, throbbing, associated with nausea and photophobia. The headaches occur 1-2 times per month, lasting hours and occasionally up to two days. You come across a TTE from last year that revealed a small patent foramen ovale.</p> <p>Which of the following is the most appropriate treatment?</p> <ul style="list-style-type: none">A. Butalbital with acetaminophen and caffeineB. Daily aspirinC. Foramen ovale closureD. PropranololE. Sumatriptan <p>Rate your agreement to the follow statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree):</p> <ul style="list-style-type: none">● Neurology residents would know the answer to this question.● Neurology residents should know the answer to this question.● Internal medicine residents would know the answer to this question.● Internal medicine residents should know the answer to this question.● This is an appropriate case to call a neurology consult.
Internal Medicine Question: Management of Hypertension
<p>An 89-year-old female with a past medical history of hypertension is admitted for cellulitis of the right lower extremity. She is continued on her home blood pressure medications: lisinopril 40mg and amlodipine 10mg. Her blood pressure readings in the hospital are 140/80, 148/70, and 150/80, which are similar to her home readings for the last 5 years outpatient. She is asymptomatic and has no end-organ damage.</p> <p>Which of the following is the most appropriate next step in management of her blood pressure?</p> <ul style="list-style-type: none">A. Add chlorthalidoneB. Add IV hydralazine while hospitalizedC. Discontinue amlodipine and begin nifedipineD. No change in management <p>Rate your agreement to the follow statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree):</p> <ul style="list-style-type: none">● Neurology residents would know the answer to this question.● Neurology residents should know the answer to this question.● Internal medicine residents would know the answer to this question.● Internal medicine residents should know the answer to this question.● This is an appropriate case to call a medicine consult.

eTable 2: Semi-Structured Interview Questions

Semi-Structured Interview Questions
<ol style="list-style-type: none">1. How was your experience with the survey?2. Did the survey capture the sorts of scenarios for which you call consults or are consulted during residency? If not, what scenarios are more representative?3. How would you describe your experience on the consult service in your program? (And what department are you in, what year)4. Are there ever situations where you believe a patient does not need a consult, but you are required to call one anyways? Tell me about such a situation. Is this often because of attending physicians? To what extent is liability or legal reasons a consideration in calling a consult?5. Have you ever experienced resistance when calling a consult? How often does that happen, and what does the resistance look like?6. Do you feel educated in other specialty areas? If so, in which do you feel most comfortable and least comfortable? In those areas that you feel most comfortable, why do you think this is the case? Do you receive education in those areas during your residency?7. What makes a consult a “good consult?” Are the majority of consults you’re asked to see on the consult service “good consults?”8. Is there an expectation of teaching or an expectation of learning from consults?9. If you were in charge of your hospital, how would you address how teams work together?