The Difficult Consultant

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Every hospital has one, every specialty has one, inevitably, while working in emergency medicine, you will come across the difficult consultant. The following tips have gotten me through even the most challenging interactions.

Tip #1: Know why you are calling.

This is the single most important thing to remember. Rehearse it if you have to. Make sure there is something you need them to do or something they need to know. If it's an unstable GI bleed and it's 2am and you think they are going to go south while in the ICU, it's important to let the GI doc know before they get to the floor and crash — so they know a little about the patient and they can do their job better. If it's 2am and there's a completely stable possible GI bleed going to OBS with serial H/Hs, please do not call the GI doc unless there are explicit instructions that they want to be notified on every single patient.

Tip #2: KISS. Keep it short and simple.

Start with the problem. To the surgeon: I have a 66 year-old with acute appendicitis. Okay, now they are hooked. If they say nothing, give them the most important info next: he/she is not on blood thinners, no cardiac history, no previous abdominal surgeries, vital signs are stable right now, white count is 14, abdomen is soft but tender. A surgeon does not want to hear: "I have a 66-year -old Type 2 Diabetic with a history of Bipolar disorder who hasn't been taking his psych meds presenting with 3 days of

right lower quadrant pain and 3 episodes of emesis prior to arrival. He ate McDonald's and the pain got worse, so he came in. He states the pain migrated from his umbilicus to his right lower quadrant. I gave him some fluids and antiemetics and debated between an ultrasound and a CT and finally chose the CT."

Tip #3: Always know your back-ups and always do what's right for the patient.

If a patient needs to go to cath and the on-call interventional cardiologist is refusing because he always refuses, call him again, tell him the patient is becoming more unstable, tell him you are just trying to do the right thing for the patient. If he still won't come in, call a different cardiologist. Call your ED director, call the administrator on call. Know the chain of command. Know what the right thing to do is and do it. Don't get angry, don't start yelling, and don't throw things. Take it from me, it gets you nowhere.

Tip #4: Be pleasant and respectful of their time.

If you see the consultant lost in the ER, introduce yourself and offer to help. If you are calling at 4am, apologize for waking them and definitely know why you are calling. Don't over-utilize the consultants. They will be less likely to take you seriously when you need something if you call them for every single patient. If you are pleasant and develop a rapport with them, they will be more likely to help you when/if you are stuck in the situation above.

Be prepared, be pleasant, know why you are calling, keep it short, know your back-ups, always do the right thing for the patient and appeal to the reason we all went into medicine: to help people.



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