Real-Time Assessment of Residents' Perceptions of Inappropriate Neurology Consults

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Objective: We investigated perceptions of inappropriate neurology consults between neurology residents (NR) and consulting practitioners (CP) immediately following the consult interaction.

Background: Our previous research demonstrated discordant knowledge expectations between neurology and medicine residents, potentially influencing consultation appropriateness.

Design/Methods: Student investigators were embedded in the Mount Sinai neurology consult service for four weeks in May/June 2018. For each consecutive neurology consult (n=69), the NR's real-time attitudes toward the consult were evaluated with a questionnaire using Likert scales. A similar survey was immediately administered to the CP who called the consult. Response scores for each attribute were dichotomized and data were analyzed using Mann-Whitney U tests in SPSS.

Results: Consults were called by 19 departments, most commonly the ED, Medicine, OB, Oncology, and Rehab; the most common consults were seizure, altered mental status, headache, weakness, and dizziness. NRs rated 38% of consults as less appropriate than CPs ($p=0.084$). When NRs perceived a consult as inappropriate, they felt more resistant ($r=-0.79$). NRs felt more resistant when they thought that the CP could have cared for the patient without the consult ($r=0.79$). NRs felt high resistance for 22% of consults, but expressed high resistance for 7.2%. CPs rated the resistance they received from NRs as high for only 3.1% of consults. NRs rated consults as significantly less urgent than CPs ($p=0.03$).

Conclusions: This study demonstrates that NRs have different perceptions of consult inappropriateness and urgency than CPs. Despite these discordances, NRs expressed much less resistance towards inappropriate consults than they felt. This delta can be considered a measure of professionalism in interdisciplinary care. Our data support the development of educational interventions to help CPs gauge the urgency and appropriateness of a neurology consult, improving the consult process and furthering patient care. Additional analyses will evaluate demographic, disease-state, and medicolegal contributors to perceived consult inappropriateness.