

Medicolegal Considerations Influence Neurology Residents' Perception of Inappropriate Consults

Emma Loebel¹, Caroline Gentile¹, Charles Sanky¹, Stephen Krieger²

¹Icahn School of Medicine at Mount Sinai, ²Department of Neurology, Icahn School of Medicine at Mount Sinai

Objective: This study assessed neurology resident (NR) and consulting practitioner (CP) views regarding medicolegal risks (i.e., liability) and how these shape perceptions of neurology consult inappropriateness.

Background: Few studies have assessed the degree to which perceived risk of liability influences consultation requests and the impact on resident education.

Design/Methods:

Student investigators were embedded in the neurology consult team at the Mount Sinai Hospital for four weeks in May/June 2018. Following each consecutive neurology consult (n=69), the NRs and CPs were asked in real-time to evaluate the consult and degree to which liability concerns influenced it, using Likert scales. Response scores were dichotomized to indicate smaller vs. greater levels of perceived influence. Logistic regression in SAS was used to generate odds ratios.

Results:

NRs felt liability highly influenced the CP's decision to call a consult in 36% of cases. Of these "high liability" consults, NRs considered 76% inappropriate and 100% low urgency. Additionally, NRs felt the CP could provide care without a neurology consult for 92%. When NRs thought CPs could provide care without a consult, they were much more likely to deem a consult high liability (OR=10.811 [CI=3.266;35.787]). NRs reported liability minimally influenced 64% of consults and considered only 27% of these inappropriate. From the CP perspective, practitioners thought liability highly influenced their decision to call consults in 28%, minimally influenced in 72%, and considered 50% and 20% of these, respectively, to be inappropriate consults.

Conclusions: We found perceived liability often impacts the decision to request a neurology consult, even for patients CPs are capable of treating without one. Consults perceived by NRs and CPs as high liability are more likely to be regarded as inappropriate compared to those with minimal liability concerns. Education around appropriate neurology consultations and liability risk could improve interdepartmental collaboration, reduce excessive healthcare utilization, and improve residents' service-to-education balance.