LETTERS TO THE EDITOR

Send letters to the editor to William L. Winters, M.D., jmdhc@tmh.tmc.edu or mail a disk or CDROM and a print out to JMDHC, 8060 El Rio St., Houston, TX 77054. Letters discussing a recent JMDHC article should nor exceed 600 words in length and limited to one figure or cable and five references. They should be double-spaced and a word count should be provided. The names, academic degrees, and primary institutional affiliations of all authors as well as the address, telephone and fax numbers, and e-mail address for the corresponding author must be included in the text of the letter in order to be considered for publication. Letters will be published ac the discretion of the editor-in-chief and are subject co editing for style and space requirements.

CONSULTANT ROLES

Dear Dr. Winters:

I had occasion recently co read your essay on "Etiquette Guidelines for Consultants? Are There Any?" JMDHC 1(4) 2005. I enjoyed what you had co say. A colleague at the University of Miami Miller School of Medicine sent it to me after I sent him an expanded version of something he requested, which I prepared many years ago for GI fellows in training at UM. Having retired December 12, 2001, I had almost forgotten char I had.

The teaching of important nontechnical (in the traditional sense) skills designed to improve doctor-doctor and doctor-patient communication, confidence, and trust should begin early in training.

I hope you enjoy reading what I have prepared on the topic of becoming an effective consultant, whether performing a cognitive or technical service.

Best wishes,
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INTRODUCTION

- You will be asked frequently co provide assistance/expertise (consult) in rhe management of patients wich suspected or established disorders of the digestive system.
- The assistance may be of an urgent or elective nature.
- The request for your expertise may come in written or verbal form.
- You possess expertise which the consulting physician does not.
- How you provide your expertise reflects on you specifically and the service you represent generally.
- While there are many ways to function at a high level as a consultant, a proposed set of guidelines follows:

GUIDELINES

1. Respond promptly to the consulcacion request.
2. Communicate verbally with the consulting physician for several reasons:

a. Establish a personal relationship.
b. Assess che urgency of the consulc.
c. Determine the specific reason for the consult, i.e., To perform a procedure? To answer a question? To follow up on a consult provided previously by a colleague?
d. Assess the level of knowledge of the consulting physician.
e. Gather additional data ro assist you in planning rhe consult, i.e., what is needed, in what setting, with what preparation, ere.
f. Inform the consulting physician when you will be seeing che patient.

3. Establish a consultant relationship with the patient, explaining your role; chat you will be working closely with the patient's primary physician who will be informed of your findings and recommendations; and thac you will follow up as necessary.
4. Provide answers and recommendations (verbally and in writing) expeditiously and be certain they are understood by the consulting physician.
5. Teach with humility.
6. Provide appropriate current or classic references (affix a copy of an article when appropriate).
7. Be certain char the consulting physician wishes you to remain involved in the care of the patient; avoid assuming control or "caking over" the case.
8. Write legibly!
9. "Sign off' the case with the knowledge of the consulting physician.
10. Be certain that your attending or responsible fellow (more senior to you) knows about the consult, your

recommendations, and (when possible) actually reads what you have wntcen.

11. Follow up to learn the patient's outcome!

PERFORMING A PROCEDURE - UNIQUE GUIDELINES

Many of the consultations you receive will be for the purpose performing a diagnostic/rherapeuric procedure, urgently or electively. The following suggestions are offered to maximize your role as a consultant under these specific circumstances:

1. If received "after hours," assess the urgency of the request.
2. Assess the level of urgency and whether or nor to "come in" depend upon the level of knowledge/competency of the consulting physician, your assessment of same, and your assessment as well as to the level of anxiety experienced by the "consulting physician."
3. When in doubt, speak ro the most senior member of the patient care ream.
4. When in doubt, meet the team at the bedside.
5. In doing so, you accomplish the following:

a. Make your own assessment of the situation
b. Transmit knowledge and confidence to the patient and the team.
c. Determine whether a procedure or needed or not and, if needed, when.
d. You represent your department in the righr light.

6. Whenever a procedure is required, whether urgently or electively, and whether for diagnostic and/or therapeutic purposes, do the following:

a. Be certain the consulting physician understands what you plan to do.
b. Be certain s/he and rhe patient or a surrogate understand the limitations/risks of the procedure.
c. Invite the consulting physician to be present ar the procedure.

7. Be certain char rhe consultant physicians (your colleagues) involved in performing the procedure are sufficiently skilled to handle the fundamentals as well as anticipated adverse occurrences. Involve your acrending!
8. Discuss your findings and implications for management with the consulring ph$_{y\,s}$ician.
9. In a progress note, summarize your findings/recommendations/plans for follow-up.
10. If biopsies are obtained or other tissue removed, accept responsibility for obtaining the results, discussing chem and their implications for further management; write a brief note.
11. Follow up to assess the patient's outcome!

ERRATUM

In the Letter to the Editor, "Percutaneous Versus Surgical Treatment of Hypertrophic Obstructive Cardiomyopathy: the Pendulum Continues to Swing" by Tsung 0. Cheng, M.D., published in the Journal of the Methodist DeBakey Heart Center 2005;1(4):[2], the second sentence of rhe first paragraph should read "As Buergler and associates pointed out in their paper, since Si$_{g\,w}$ art's original report of PTSMA in 1995,[4] several publications confirming the efficacy and safety of the procedure have appeared all around the world, including China.5"