**Management of the Referral & Consultation Process**

Name of Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

##### Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PL1 PL2 PL3

#####

### Site: 🞏 continuity clinic 🞏 other outpatient

###

Type of Referral: 🞏 new referral

 🞏 repeat referral (previously referred, but referral not completed)

 🞏 follow-up referral (needs to return to specialist)

 🞏 post referral management in primary care

Patient age: 🞏 Newborn (1-31 days) 🞏 Infant (32 days - 11 months)

 🞏 Toddler (1-4 yrs) 🞏 School-age (5 - 11 yrs) 🞏 Adolescent (>12 yrs)

**Resident Referral Decision Making**

Condition for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic/s chosen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral: ­­­­­­­­­­­­­­­­­­­­­­­­­­

Question for Specialist

* Advice from Specialist (i.e. diagnosis, abnormal labs/imaging,

treatment, and prognosis)

* Technical Procedure (for diagnostic, palliative, or therapeutic

purposes)

* Co-management (to share ongoing management of

chronic illness)

* Therapy (i.e. speech, mental health)
* Parental concern

**Decision *after* discussion with Preceptor:** Referral: 🞏 Made 🞏 Not made

Feedback/Discussion Points:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developed by E Hamburger, C Boogaard, J Hanson, J Krueger, JL Lane, M Ottolini, J Weisz

###### Skill Checklist

#### Please place a check by items below to indicate behaviors that were observed and/or specifically discussed during this encounter. Please choose from these and provide 1-3 key feedback points on front of this sheet. Leave blank those items that are non-applicable.

|  |
| --- |
| *Make an appropriate decision to refer* |
|  | Gather essential and accurate information about the patient through history, eliciting the family/patient’s view and agenda, physical examination, appropriate laboratory testing |
|  | Apply medical knowledge to reach preliminary problem identification.  |
|  | Identify knowledge gaps and access information such as guidelines, expert opinion, evidence |
|  | Negotiate with the family/patient: acknowledge concerns  |
|  | Make a decision whether or not to refer by applying all relevant gathered data, evidence, and family/patient considerations  |
| *Make the referral & ensure its completion*  |
|  | Decide on the urgency of the referral |
|  | Articulate a summary of the patient that identifies the referral question and/or request  |
|  | Perform the appropriate pre-referral work-up (labs, radiographs, etc)  |
|  | Choose the appropriate specialty for consultation |
|  | Recognize and manage the logistics of the referral (how patient will make an appointment, access to specialty given identified urgency, insurance issues, etc)  |
|  | Communicate with the consultant, using appropriate level of communication (phone, written referral, etc.), and providing a clear referral request |
|  | Troubleshoot logistical problems in ensuring the referral completion by clarifying roles and, when necessary, recruiting assistance. |
|  | Clarify plan with the family and ensure conceptual understanding and agreement on logistics of the plan, including reason for referral, expected time frame, logistics, and roles for family/patient, referring provider, consultant |
| *Provide appropriate post-referral patient care, coordination & follow-up*  |
|  | Access consultant report to identify any next steps necessary in patient care, including clarification of findings, procedures done, recommendations, and/or ongoing management with family/patient |
|  | Provide ongoing patient care for condition referred |
|  | Refer back to specialist for indicated follow up and/or complications in course requiring further consultation |