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Integrating Kessler's 5C Method of Communication for Emergency Medicine Resident Consultant Communication: A Process Improvement Survey

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# 90 Integrating Kessler's 5C Method of Communication for Emergency Medicine Resident

#### **Consultant Communication: A Process Improvement Survey**

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**Introduction/Background:** Kessler's 5C Method of Consultant Communication - Contact, Communication, Core Question, Collaboration, Close the Loop - has been developed as a method of standardizing consultant communication from the Emergency Department (ED). We sought to utilize this standardized framework for a communication education/performance improvement project. This project was deemed exempt by the IRB. Educational Objectives: Improving compliance with the global 5C format, and improving utilization of each component of the 5C method.

**Curricular Design:** EM residents received introductory sessions with discussion of the 5C Method and how to implement it for consultant calls. Follow-up/add-on experiences include using the 5C method for case discussions during conference, during oral board case simulations, and during simulation cases. Key concepts were reinforced periodically via live discussion, email reminder, and during ED clinical care. Consulting faculty and residents were surveyed pre/post-intervention, anonymously via Survey Monkey, on global communication success, as well as individual 5C Component success during ED communications. A five-point scale listed the frequency of each component (1=Never, 2=Sometimes, 3=Often, 4=Most times, 5=Always). Means were collected and compared.

**Impact/Effectiveness:** n=12 in the pre-survey and n=7 in the post-survey (project ongoing). Surveyed the mean communication effectiveness improved overall (post-mean: 4.1 versus pre: 2.6) and in each category: Introduction/rank: post-mean: 3.6 versus pre: 2.4 Clear Purpose/Clinical Question: post: 3.1 versus pre: 2.9

Clear History: post: 3.7 versus pre: 2.6

**Labs/studies available:** post: 3.8 versus 2.9. Sample size and response rates are low. Results statistically insignificant, but overall process appears to have some positive impact on surveyed perceptions of emergency medicine resident use of 5C components by consulting physicians.