

JHH Medical Consultation Service

1. Expectations

- a. Given that the fellow and the attending are both board certified internists, the attending and fellow will work together to create supervisory expectations at the beginning of the rotation.
- b. The attending should strive to give ample fellow autonomy while providing proper supervision.
- c. The attending must staff all new consults

2. New Consults

- a. The consult fellow will assign a reasonable number of consults to the consult intern.
 - i. The consult intern, when not in clinic, is expected to work with the team until the fellow or attending tell the intern that all the work is done for the day.
 - ii. The intern should try to attend all noon conferences and intern report.
 - iii. The consult fellow will work with the intern to allow time for the intern to meet with mentors if necessary.
- b. The consult intern will discuss the case with the fellow prior to presenting the case to the attending if time permits
- c. The consult intern will present all new consults to the attending.
 - i. The attending will staff and bill for all initial consults.
- d. The consult fellow will present all initial consults to the attending.
 - i. The attending will staff and bill for all initial consults.
- e. If the fellow or intern is overwhelmed by the number of consults, the attending will perform the consults.
- f. The fellow and intern are expected to accompany the attending for the initial history and physical during new consult work rounds.
 - i. The fellow and attending can negotiate this expectation.
- g. The attending will be available for case presentations at a time mutually agreed upon by the fellow and the attending which preferably follows the existing consult schedule.
- h. The fellow or intern will personally discuss the recommendations with the resident or attending from the team that ordered the consult. Communication with other services is key!
- i. The consult service is responsible for consults on Moore Clinic patients with general medicine issues that are not directly related to infectious disease/HIV issues.
- j. The consult fellow may be asked to care for urgent "outpatient" consults in the anesthesia clinic.

3. Follow-up consults

- a. Intern follow-up patients
 - i. The intern will pre-round and write notes on all patients on which he/she performed the initial consult.
 - ii. The intern and fellow will round on all of the intern's follow-up patients together, and the fellow will write tie-in notes and bill for those patients

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iii. If the fellow is unable to round with the intern, the attending will round with the intern and will bill for those patients. The intern will update the fellow on the plan made between the intern and the attending.

iv. The fellow will discuss follow-up cases with the attending if the fellow would like additional input.

b. Fellow follow-up patients

i. The fellow will write notes and bill for all follow-ups on a daily basis.

ii. The fellow may ask the attending to see and bill for some of the follow-up patients if the fellow is overwhelmed with the size of the service.

iii. The fellow may sign-off on patients when it is clinically appropriate and after discussing the decision with the requesting team. Again, communication is key!

4. Teaching Responsibilities

a. Attending

i. The attending will meet for at least three thirty minute sessions per week with the intern and fellow to discuss core consult medicine issues separate from “work” rounds. (see schedule template)

ii. The attending will create an atmosphere to foster an evidence-based approach to consult recommendations.

iii. The attending will teach to the fellow’s training level recognizing that this rotation is not an extension of residency for the fellow.

iv. The attending and fellow will share ideas and teach each other in a collegial manner.

v. The attending will have access and be expected to read the consult medicine curriculum.

b. Fellow

i. The fellow will teach the intern daily on work rounds.

ii. The fellow will have access and be expected to read the consult medicine curriculum.

c. Intern

i. The intern, with help and encouragement from the attending and fellow, should formulate daily clinical questions and answer them for the team.

ii. The intern will have access and be expected to read a written consult medicine curriculum.

iii. The intern will finish at least **5** ILC modules during the 2 week rotation.

5. Home Call Expectations (please see safety initiative explanation)

a. The consult fellow is expected to see all urgent and emergent consults called in between 8am and 5pm.

b. The consult fellow is expected to see all non-urgent consults called in between 8am and 5pm. The fellow may elect to see a non-urgent consult the next morning if the requesting physician agrees to the delay.

c. If a non-urgent consult is called in after 5pm, the fellow is not expected to see the patient until the following morning.

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- d. If an urgent consult is called in after 5pm, the fellow must see the patient in the next 3 hours unless the referring physician states that it is reasonable for the consult to take place at 8am the next day.
 - i. For psychiatric, PM&R rehab, or ophthalmology consults that will definitely require a medicine admission, the hospitalist or hospitalist moonlighter can be asked to see the patient if there is an open Halsted 6 bed.
 - ii. If patient safety is a concern for an urgent call, please see the urgent call initiative explanation.
- e. If an emergent consult is called in after 5pm, the fellow may direct the physician to call the SICU/RRT/MICU/CCU resident if appropriate. If MICU/CCU intervention is not emergently needed, the fellow should begin the consult within the next hour. If the consult cannot wait one hour, the requesting should be directed to call the MICU/CCU resident to help with immediate care.
- f. The consult fellow is not to receive panic values on general medicine outpatients.

6. Weekends

- a. After September, the hospitalists will be covering almost all the weekends.
 - i. The schedule is available at <http://www.hopkinsmedicine.org/gim/training/consult.html>.
- b. The weekend attending will see all new consults and discuss with you any transfers to medicine. As always, you need to have an attending accept a transfer.

7. Resource Information

- a. Fellows can determine which intern(s) are rotating on the service by logging into <http://amion.com> The password is Osler. The interns on the consult service are under the rotation name of "Case 0.5".
- b. Billing will be done on Tap. <http://tap.jhmi.edu/>
- c. The website for the consult service is <http://www.hopkinsmedicine.org/gim/training/consult.html>. You will find the curriculum, the schedule, **consult template forms**, and orientation information for the interns there.
- d. Free CME consult modules are available on <http://jhcme.com>
- e. The monthly schedule will also be placed on the website.
- f. You should have access to EPR. Please let me know if you do not.
- g. Eclipsys access- the form will be passed out at orientation
 - i. To learn how to use Eclipsys, please see the instructions the residents have created for each other on <http://oslernet.med.som.jhmi.edu/>.
- h. To make long distance calls, call the HAL Line (5-9444).
- i. The residents have created their own survival guide with helpful phone numbers. You can find it on <http://oslernet.med.som.jhmi.edu/jhu/survive/SurvivalGuide05-06.pdf>
- j. Names of services:
 - i. MEG, Garrett, and Nelson 5 are all names for the same resident service. It does not describe a place, it describes a service. MEG is a hodge-podge service that includes GI, rheum, renal, GIM, and gen med transfers.

8. Triage Pearls

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- a. Always ask if the referring service has consulted more than one IM consult service about a patient. Feel free to decline consult on patients where there would be significant overlap.
 - b. The income from the consult service helps to pay the bills for the GIM Fellowship. With that in mind, feel free to ask a referring team during your phone triage to consult an IM specialty if you really believe that would benefit the patient the most.
 - i. As part of our consult, we can recommend to consult a specialty service.
 - c. Patients in the **WICU, NICU, and SICU** are cared for by both a primary team and intensivists. The intensivists often feel very comfortable caring for medical problems. Before evaluating a patient in those settings, make sure the primary team has discussed consulting gen med with the intensivists. Gen med can always offer to see the patient after they come out of a unit.
 - d. Pre-op evaluations- Before coming in at night or early the next morning to do a pre-op eval, the resident must assure you that the patient is posted for the OR that business day. Feel free to make a chief resident call you personally.
9. **Consult Service Director- Here to help!**
- a. Dr. Lenny Feldman. If there are questions or concerns, please feel free to page him at 410-283-4199.
 - b. Almost always available for help with political issues and triage questions.

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Patient Safety for Urgent/Emergent Consult After 5pm

- ***If needed for safety reasons***, the GIM fellow can page the Hospitalist moonlighter to request s/he evaluate the patient in question and perform the consult.
 - o If the Hospitalist moonlighter is too busy to be able to perform this, s/he may indicate this and the responsibility will rest with the GIM fellow.
 - o For very sick patients, the requesting team should be advised to call the CCU/MICU/SICU resident or RRT, as applicable.
- Once agreed upon, the Hospitalist moonlighter would assess the patient, write a note, and discuss by phone with the GIM fellow that evening.
- The GIM fellowship program will pay \$100/consult to go directly to the Hospitalist moonlighter; except if the moonlighter is a GIM Fellow fulfilling his/her GIM clinical commitment.
- The GIM fellow would make the final determination (in consultation with the consult attending if needed) about the disposition of the patient. If the patient remains on the requesting service, the GIM fellow is responsible for the handoff to the consult team in the morning.
- If a transfer to a medical service is needed, the transfer would be to the consult attending's service (the consult attending must agree to this).
 - o If the consult attending is a Hospitalist, the transfer could be to the Hospitalist service or MEG. There would be no charge to the fellowship for this.
 - If the consult attending is a Firm Faculty member, the patient can be transferred to the attending's firm.
 - o Moonlighters who handle transfers to other services (including the MEG service under the care of the consult attending) will be paid \$100/transfer from the fellowship program.
- The responsibility for arranging the transfer, i.e. contacting the consult attending, the shift coordinator etc., rests with the GIM fellow.
 - o This can be shared with the Hospitalist moonlighter if agreed upon.
 - o The Hospitalist moonlighter who saw the patient will generally sign out to the accepting intern.
- Requests for transfer to a medical service from Physical Medicine and Rehabilitation (PMR, Halsted 3), Psychiatry, or Ophthalmology, after coming to the GIM Fellow via the consult pager, should typically be handled by the Hospitalist moonlighter as transfers to the Hospitalist unit and do not need consult attending approval.
 - o There will be no charge to the GIM fellowship for patients going to the Hospitalist Unit.
 - o Patients recently cared for on a firm (particularly those who went straight from a firm to Rehab or Psychiatry) may be transferred back to that firm, pending approval of the ACS. The consulting service should contact the ACS directly to arrange this.

Each time the Hospitalist Moonlighter is utilized in this way, the GIM fellow should email the date/time of the consult handled by the Hospitalist moonlighter, the name and medical record number of the patient, and the full name of the moonlighter to Jeanne Clark, Dan Brotman, and Carolyn Robinson.