

JHH Medical Consultation Service

1. 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 bill for all initial consults presented by the intern.
- d. The consult fellow will only present to the attending those cases on which he/she would like input.
 - i. This can begin once the attending and fellow mutually agree that this is reasonable. If this is your first time on consults, the attending may want to observe you for some time before extending you greater autonomy.
 - ii. For those cases presented to the attending, the attending will bill for the initial consult.
 - iii. For those cases not presented to the attending, the fellow will bill for the initial consult.
- e. If overwhelmed by the number of consults or if consults need to be completed while the fellow is in clinic, the attending will perform the consults if the intern is unavailable or already occupied.
- f. The fellow and intern are expected to accompany the attending for the initial history and physical during new consult work rounds.
- 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.

2. Follow-up consults

- a. Intern follow-up patients
 - i. The intern will pre-round 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 bill for those patients
 - iii. If the fellow is unable to round with the intern due to other clinical or academic commitments, 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 see and bill for all follow-ups on a daily basis.

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- 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 or has other clinical or academic responsibilities.
- 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!

3. Teaching Responsibilities

- a. Attending
 - b. 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)
 - i. The attending will create an atmosphere to foster an evidence-based approach to consult recommendations.
 - ii. The attending will teach to the fellow’s training level recognizing that this rotation is not an extension of residency for the fellow.
 - iii. The attending and fellow will share ideas and teach each other in a collegial manner.
 - iv. The attending will have access and be expected to read the consult medicine curriculum.
- c. 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.
- d. 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
- e. End-of-Month Case Conference (this has not yet started)
 - i. Last Thursday of every month
 - ii. The GIM Fellow will present 1-2 of the most interesting cases of the month.(30 min)
 - 1. Generate discussion on the differential diagnosis, diagnostic options, or treatment plan
 - 2. Review pertinent literature
 - iii. Updates in Consult Medicine presented by the Director of the General Internal Medicine Comprehensive Consult Service.(10 min)

4. Home Call Expectations

- 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.
- 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 is reasonable for the consult to take place at 8am the next day.

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- e. If an emergent consult is called in after 5pm, the fellow may direct the physician to call the MICU/CCU resident if physician 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.

5. **Helpful Information**

- a. Fellows can determine which intern(s) are rotating on the service by logging into <http://amion.com> Please contact Dr. Feldman for the password. The interns on the consult service are under the rotation name of "Case 0.5".
- b. Billing will be done on PatientKeeper. The website is <http://162.129.1.79/mobilizerw/index.jsp>.
 - i. A billing seminar will take place on July 10, 2006.
- c. The website for the consult service is <http://www.hopkinsmedicine.org/gim/training/consult.html>. You will find the curriculum, the schedule, and orientation information for the interns there.
- d. The attending schedule will also be placed on the website.
- e. You should have access to EPR. Please let me know if you do not.
- f. 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/>.
- g. To make long distance calls, call the HAL Line (5-9444).
- h. Every floor should have consult forms available. Please ask the unit coordinator if you cannot find the form.
- 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>

6. **Consult Service Director**

- a. Dr. Lenny Feldman. If there are questions or concerns, please feel free to page him at 410-283-4199.