

General Medicine Consult Service Orientation

Learning Objectives

Goal Develop competency and confidence in core consultative medicine topics

Content Objectives

1. Be familiar with perioperative risk stratification, including cardiac and pulmonary
2. Be familiar with perioperative medication management
3. Know how to evaluate altered mental status/delirium (in particular in the post-operative/hospitalized patient)
4. Know the evaluation of fever in the hospitalized patient
5. Develop a differential diagnosis for acute kidney injury in the postoperative setting
6. Manage hyperglycemia in the perioperative diabetic patient
7. Recommend appropriate perioperative anticoagulation guidance
8. Interpret EKG's and telemetry strips in perioperative patients

Process-based Objectives

1. Manage patients independently
2. Formulate methods that promote effective communication and professional conduct while in the role of a consultant
3. Recognize and respectfully incorporate contributions of all members of a medical team, including peers, consultants, nurses, and other staff.
4. Incorporate medical evidence into diagnostic and therapeutic plan
5. Uphold professional responsibilities, including completion of patient notes in a timely fashion, readily accept consult requests, complete assigned consult educational activities
6. Facilitate collaboration among all members of the health care team, including referring providers
7. Present accurate, organized and comprehensive information in the clinical health record
8. Review and update the problem list for consult patients

Resident Expectations

Inpatient consults

- There are no absolute limits to the number of patients followed on the service or the number of consultations performed by the residents. However, the average daily census is typically 5-8 patients with 1-3 new consults each weekday.

Communication

- Communication is particularly essential on the consult service.
- When consults are called, obtain service, attending name, call back number. Ask consultants to enter order in Epic for "Consult to Internal Medicine."
- Clarify with the consulting service whether they would like you to write orders.
- Clear written recommendations should be provided to all consulting services.

- Urgent issues require verbal communication.
- Residents should also coordinate the transition of care for consults that require transfer to a primary medicine service
- Check out consult patient that may require overnight attention patient to the resident to the long call resident with explicit instructions
- URGENT overnight medicine consults can be staffed with the night attending (p *****); notes can be co-signed to that attending
- NON-URGENT overnight medicine consults should be seen and checked out to the morning consult resident. Notes can be co-signed to the daytime consult attending.

Patient Lists

- Add any new consults, daytime or overnight, to the “Hospitalist Consult (Med M)” patient list.
- It is the responsibility of the consult resident to maintain the computer listing of actively followed patients

Notes

- Please use the template in Epic “.Imnoteconsult” “.Imnoteconsultfu” which can be found in Leo Marucci’s smartphrases
- Identify your attending as “cosigner” for all notes in Epic
- Complete notes on new consults as soon as possible after seeing the patient.
- Review and update the patient’s problem list

Schedule

7:45 – 8:30 AM	Morning Report
8:30 – 12:00 PM	Procedures and New Consult as possible
12:00 – 1:00 PM	Noon Conference/Grand Rounds
1:00 – 3:00 PM	Consult Rounds with service attending. Focus on new consult and interesting follow-up consults
3:00 – 5:00 PM	Procedures and Consults as necessary

Resident Educational Expectations

(1) Evidence Based Medicine Review:

- Choose two articles from the reading list to review with service faculty. The consult service reading list was attached to the Consult Service orientation email.
- Help the service keep the consult bibliography up to date. If you’d like to revise or add a new article to the reading list please email the citation to your consult attending

(2) Society of Hospital Medicine Learning Module:

- At the start of the block, create an account on SHM Learning Portal (instructions below)
- Complete two (2) modules pertaining to the objectives (you get certificates of completion, which can be added to your CV)
- Meet with the service faculty on the last Wednesday of the rotation to debrief on the two modules
- Email your certificates of completion to Dr. Allen Liles

- Instructions on how to register for SHM Learning Modules can be found at the end of this document

Attending Expectations

- Review orientation expectations with resident (new residents rotate on to the service on Wednesdays)
- Based on the census and schedule of the day, it will be the attending's responsibility to help prioritize high learning cases for the residents and assist in seeing the straightforward follow-up patients.
- Ensure clarity on which follow-up consults should be seen by the resident and which the attending will follow-up on independently
- Independently perform consults if procedure volume/urgency necessitates
- Procedure attending – perform all post-procedure follow up care, involving the resident for highly interesting issues
- Support resident's fulfillment of educational expectations