ID Attending Physician and Fellow Expectations for the Inpatient Consult Services at UCSD Medical Center (2020-2021 Academic Year)

ATTENDING EXPECTATIONS
GENERAL
• Examine and write/cosign notes daily on new and follow up consults; notes should be completed within 24 hours of the patient encounter
• Bill for all patients seen daily within 24 hours
• When the number of new consults exceeds 5 and the total inpatient service census exceeds 17, it is expected that the workload for the new consults and/or follow up patients and notes will be divided between the fellow and attending physician to share responsibilities for seeing patients and writing notes. This will mean seeing and writing notes on some patients without fellow involvement.
• Assist the fellow regarding questions for antibiotic approval as needed
• Be available for urgent questions and support for the fellow 24/7
• Provide teaching and reading resources for the fellow
• Assume all roles of the fellow on his/her day off
• Round in person in the hospital and see patients on both weekend days
• Fellow work hour infringement (no more than 80 hours a week and no less than 10 hours out of the hospital between work days) is not acceptable
• It is an expectation of the fellowship that in general, fellows will be excused from formal inpatient rounding responsibilities by no later than 7 pm daily to allow sufficient time to contact consulting services to convey recommendations and to complete consult and progress notes.

BACK-UP
• When attending on General ID at Jacobs or Hillcrest and the list gets over 18-20 patients feel free to call in assistance; when over 20-25 (or > 8-10 new a day) PLEASE call for assistance
• For SOT or HemeOnc ID, consider calling in assistance at > 18-20 and/or >6-7 new patients a day. The number range has to do with complexity of patients and whether there is a fellow or not.
• Calling for assistance includes checking with attendings from other services at your site to see if some consults can be redistributed OR contacting Dr. Annie Cowell and Mayra Miller to call in a “back-up” attending to help see new consults.

CURBSIDE/OUTPATIENT QUESTIONS
• The attending physician is expected to handle curbside and outpatient questions. Curbside consults should be strongly discouraged. Outpatient questions on patients established in ID clinic should be referred to the appropriate outpatient ID attending during business hours.

ED CONSULTS
• Generally, these should be handled by the attending. For cases that are of educational value, and if the census allows, fellows may be involved in ED consults per attending discretion.

FELLOW CLINIC DAYS
• The inpatient attending should hold the pager or have the pages forwarded to his/her phone while the fellow is in clinic so that the fellow is not interrupted by pages during clinic.
• The inpatient consult attending should expect to be available for new urgent consults, urgent follow up issues, and is encouraged to start rounding on follow up patients while the fellow is in clinic.
• It is the expectation that the fellow leaves clinic no later than 12 noon.
If the fellow is assigned to clinic during the same time slot when the inpatient attending has clinic the fellow should check with the inpatient attending to confirm that he/she can be excused from clinic.

FELLOW EXPECTATIONS

- As stated in the ID Fellowship Handbook, fellows are expected to complete inpatient chart reviews, interviews, follow up visits and examine patients prior to formal attending rounds daily unless other workflow plans are made after discussion with the attending. This requires that fellows arrive for work in sufficient time each morning to complete these tasks.
- Complete notes in a timely fashion after rounds daily (preferably by 9pm)
- See and write notes on ~5 new consults per day (total of ~17 patients/day) with consideration given for patient complexity (e.g. these thresholds may be lower if the patients are extremely complex with a prolonged hospitalization, etc)
- See and write notes on ~15 follow up patients per day (total of ~17 patients/day) with consideration given for patient complexity (e.g. these thresholds may be lower if the patients are extremely complex with a prolonged hospitalization, etc)
- Discuss with the attending physician how to divide patients between fellow and attending when the total census is greater than 17
- Communicate recommendations to primary teams (preferably by phone or in person)
- Approve restricted antibiotics when appropriate
- Defer curbsides and outpatient consult questions to the attending physician.
- For cases that are of educational value, and if census allows, fellows may be involved in the ED consults per the attending discretion.
- Attend micro rounds, Tuesday morning didactics, and Thursday ID rounds on time and for the entire session
- Attend morning clinics as assigned. Some or all of the inpatient follow ups should be chart checked or seen prior to clinic, and acute issues signed out to the attending physician. If patients need to be seen (new or old), the consult attending should be notified. Arrive to clinic at least 10 minutes prior to the first patient. See patients and write notes on clinic patients within a timely manner (preferably before 9pm). The expectation is that the fellow leaves clinic no later than 12 noon. The priority for patients to be assigned to the fellow in clinic is for follow up patients that the fellow has seen in house; if no follow up patients are scheduled, then new patients can be assigned. If the fellow is assigned to clinic during the same time slot when the inpatient attending has clinic the fellow should check with the inpatient attending to confirm that he/she can be excused from clinic.
- It is an expectation of the fellowship that in general, fellows will be excused from formal inpatient rounding responsibilities by no later than 7 pm daily to allow sufficient time to contact consulting services to convey recommendations and to complete consult and progress notes. If work hour infringement (no more than 80 hours a week, with 10 hours out of the hospital daily) is incipient, either discuss with attending or contact Drs. Wooten, Benson, or Cowell