Attending Physician Expectations

- 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.
- 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. The number range has to do with complexity of patients (generally a bit more complex at Jacobs), whether there is a fellow or not. For SOT or HemeOnc ID, consider calling in assistance at > 18-20 and/or >6-7 new patients a day. Calling for assistance can include checking with attendings from other services at your site to see if some consults can be redistributed OR, for the time being, calling in a “back-up” attending. These are attendings who have offered to help out by seeing 2-5 patients for a few days when the census is extraordinarily high as outlined above.
- The attending physician is expected to handle ER consults, curbside questions, and outpatient consult questions (to ensure the fellow is not involved or spends time/energy on these). Of note, ER consults for patients not being admitted to an inpatient service should generally be referred to outpatient ID clinics; curbside consults should be discouraged; and outpatient consult questions should be referred to the appropriate outpatient ID attending.
- 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.
- On fellow clinic days, it is the expectation that the fellow leaves clinic no later than 12 noon. 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.
- On fellow clinic days, the inpatient consult attending should expect to be available for new urgent consults, urgent issues of follow up, and is encouraged to start rounding on follow up patients while the fellow is in clinic. **The attending should also 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.**
- If the fellow is assigned to clinic during the same time slot when the inpatient attending has clinic (i.e. on Monday mornings with Drs. Bharti and Ritter at Hillcrest and on Friday mornings with Drs. Taplitz, Law, and Abeles in La Jolla) the fellow should check with the inpatient attending to confirm that he/she can be excused from clinic.
- 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.
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 ER consults, curbsides, and outpatient consult questions to the attending physician
• Attend micro rounds, Tuesday morning didactics, and Thursday ID rounds on time and stay 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 7:50 in order to be ready to see patients at 8. 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 (i.e. on Monday mornings with Drs. Bharti and Ritter at Hillcrest and on Friday mornings with Drs. Taplitz, Law, and Abeles in La Jolla) 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. Taplitz, Benson, or Wooten, or their representatives