Medical Consult Service Resident Responsibilities 2026-01-08

Teaching Resident

- **Team leaders during Resuscitation Teams**, whether on the medical floors, ICUs or other services throughout the hospital. If the TR cannot respond to a code (eg if performing a sterile procedure) then the TR must assign someone else to act as code leader. The Primary team should attend as well -if they do not then ask that they be called or contact the Medical Consult Attending. Pulm Crit Attending and fellow will also respond.
- **Team leaders for RRT's** throughout the hospital. The primary team should attend as well -if they do not then ask that they be called or contact the Medical Consult Attending. Pulm Crit will respond to Medicine RRT's, and SICU Attending/Fellow will respond to Surgical RRT's.
- **Serving a consultant role to non-medicine services** for evaluation and management of non-Medicine patients for their medical problems as well as perioperative risk stratification and management ("POMA")**;**
    - **POMA's**. Depending on the situation, a POMA may entail either a one-time evaluation of a patient's perioperative risk and optimization recommendations, or ongoing consultation in the perioperative period. See section on POMA's at end for resources on how to approach the POMA consult. Please note that POMA consults are only done by the Medical Consult service for patients on non-Medical teams. (POMA's for Medicine patients are done by the primary team). **Note that if you get a Hip Alert page,** you should ordinarily expect a POMA consult from Orthopedics. If you do not get a call within 1-2 hours, you should call them to ask if they plan to place a consult (they often have forgotten!)
    - **Other medical consults:** depending on the situation, may be a one-time assessment and recommendation or ongoing consultation. It is reasonable to sign off when the issue is adequately addressed, at which time the consult resident should leave a note to that effect and remove the patient from the "EL Internal Medicine Ongoing Consult Team". It is good practice to write a sign-off note with recommendations if any (eg "please call Medicine Consult on DC to confirm discharge medical recommendations" (eg for DM or HTN consults) or "recommend check Renal/Mg q3 days while inpatient" (eg for the pt recently started on lasix)).
    - **Note that Trauma patients >=65yo (including traumatic fractures) are cared for by the Trauma Geri Hospitalist (Dr Hasan) who works M-F, 7-3pm except for Holidays**. If you receive a consult for a POMA or Medicine consult for one of these patients during these hours, you should ask the consulting resident to consult Dr Hasan. **If the Medical Consult service cares for one of these patients overnight or on the weekend, please hand off to Dr Hasan (eg via EPIC chat) the following morning.**
    - **for any calls to the TR from the PACU for non-admitted patients, our policy is that the TR role is limited to RRT's,** since Medicine Consults are reserved for admitted patients. If they think the pt needs further evaluation/stabilization, they can call an RRT, send the patient to the ED, or admit the patient to the surgical service that was doing the outpt procedure. Please let me know if any questions about this!

NB** When the Consult resident writes the first note for a consult**, the Consult resident must choose "Consult" as the note type and** (in the prompt that follows) **click the box to link it to the appropriate consult order!

- **The Consult service may recommend certain orders and consults but cannot write orders or make consults themselves**. **Make sure you answer the question, write a succinct note with clear and concrete recommendations, and verbally deliver your recommendations to the primary team.** In the interest of patient care, the Consult resident should **check back in EPIC to confirm that the recommendations were carried out** (unless the consulting provider expressed disagreement), and if not, again reach out to the consulting provider. ("Ten Commandments of Effective Consultation" , "Principles of Effective Consultation", and Paul Sax' "Consult Etiquette" in google drive for pointers on performing effective consults.)
    - Contacting other services has sometimes been challenging. The Director of **Neurosurgery** states that **urgent pages should be responded to within 5-10 minutes, and non-urgent pages should be answered within 30-60minutes**. If an urgent page is not responded to in this time frame, escalate (PA->resident on call->senior/chief on call-> Attending on call -> Assoc Director of Service -> Director of Service). If a nonurgent page is not responded to within 30 minutes, repeat, and if no again no response, then escalate.

- **All Consults should be discussed with the supervising attending (Medicine Consult Attending during daytime weekday hours, Bell or Night Hospitalist Attending during weekend and after hours)**. **Urgent consults after-hours (eg acute medical issues or POMA's for surgeries planned for the following day) should be seen promptly by the TR then presented to the Bell or Night Hospitalist Attending.** The Bell or Night Hospitalist Attending should see the patient and attest the TR note.
- **Beware/Avoid "curbside consults"**. Much loved by both sides of the consult equation, but potentially dangerous. Giving the "right answer" depends on the consultee giving accurate and relevant information (about areas in which they lack expertise), and the consultant being attuned to the case (eg when they have never seen the patient and while they are doing something else). **Try to review the record while the consulting provider is on the phone** to make sure no important info is being omitted, and **have a low threshold for asking for a formal consult**). (See Consults google drive for articles "Comparison of Curbside vs Formal Consultation" (Burden, JHM 2014) and "Curbside Consults, a Call for Further Investigation").

- **Assisting Medicine residents in performing procedures.** Ordinarily, procedures should be performed under the supervision of the Medicine team Resident. If the Medicine Resident cannot perform the procedure, then they should consult the TR. The Primary team should discuss risks/benefits with the patient or surrogate prior to calling the TR. Formal consent including risks/benefits must be obtained by the person performing the procedure. The TR should only attempt the procedure if the TR is certified, agrees with the indication, and feels the procedure is safe to perform (benefits outweigh risks). The TR should supervise uncertified residents (rather than simply perform the procedures themselves) to help residents become proficient and certified to perform procedures. The TR must write the procedure note.
- **Evaluating requests for transfer of patients to the Medicine Service,** whether from non-Medicine services within Elmhurst Hospital or from Medicine services in outside hospitals**.** Please see "Transfer Evaluation Policy" document for details, but in short:
  - **From non-Medicine services in Elmhurst Hospital**, transfer requests are evaluated from the perspective of "Is the patient's medical disease sufficiently complex or demanding that they cannot be adequately managed by the primary team with help from the excellent Medicine Consult service?" **All transfer requests should be discussed with the supervising Medicine Consult Attending or Night Hospitalist (Bell Attendings should defer decisions to transfer to the Consult Attending or Night Hospitalist). If you and your supervising attending decide a patient should be transferred, you should write a note and verbally hand off to the accepting team. Of note, "no further surgical procedures planned" is not a reason to accept a patient onto the Medicine service. If you decide that the patient should not be transferred, then you should write a note to that effect.**
    - **Note that transfer requests from Psychiatry and Obstetrics are to be considered as Urgent requests and should be seen and promptly reviewed with the Supervising attending. The threshold for transfer to Medicine from these services is lower than it is from other services**
    - **NB Psychiatry cannot have patients who need contact isolation or who need O2 therapy or ongoing IVF or IV therapy**
  - **From outside Hospitals:** Transfers from outside Hospitals are accepted in specific circumstances -eg pt was transferred from EHC to another hospital for a specific reason and they are now asking to transfer back. Transfer requests should typically be deferred to the daytime TR and require explicit acceptance by the Consult attending. Urgent transfers from outside hospitals should be evaluated without delay. Once confirmed that the patient is in a Medicine bed in the outside hospital, the Medicine Consult resident should contact the requesting team to discuss the case and review records that the requesting doctors must fax to Elmhurst (unless we have access to their records via EPIC). If the case requires specialty intervention (eg GI or IR) then the requesting team should discuss the case with the relevant Elmhurst specialty team, and the TR should confirm with the specialty team that they are aware of the patient and agree to perform the intervention requested. The timing of the transfer would ordinarily be no earlier than the day prior to the scheduled procedure. (NB: ICU transfers are decided by MICU not by us!)
- **Evaluating requests for direct admissions to the Medicine Service from outpatient clinics.** The Consult resident is sometimes called by an outpatient provider to "direct admit" a patient to Medicine.

- The Consult resident should discuss the case with the provider to understand why the patient needs to be admitted. Assuming that the request is reasonable, the next step is to **confirm that the patient's clinical status and syndrome are appropriate for direct admission.** Directly admitted patients may not be seen by their admitting doctors promptly, and the patient is often in an area where they are not being closely monitored (eg the clinic) and where resources are limited. Accordingly, **patients who are acutely ill (eg sepsis, chest pain, dyspnea) should be sent to the ER where they can be urgently evaluated, closely monitored, and treated.**
- Depending on the reason for admission, the Consult resident should request that appropriate labs be obtained while the patient is waiting for a bed.
- Next, the Consult resident should contact the Bedboard to ask the patient to be assigned to a team, then call the admitting resident and give a hand-off. The Bedboard will ask for an ICD-9 diagnosis code (use google!).
- Usually, there is no Medicine bed immediately available, and the patient will have to wait either in the clinic or (typically when the clinic is closing) "boarding" in the ER. In the latter case, the Consult resident should call the ER and notify the ER Attending.

Schedule of Work Hours

- Day TR shift 7 AM to 7:30 PM. Night TR roles at night are divided between Code Leader and Consult Resident
- Non-urgent consults ordered between 6 PM and 7 AM will be seen the following day.
  - TR/Night TR will determine urgency of consults that are ordered between 6 PM and 7AM and will discuss them with the bell attending/nocturnist. They will decide together which consults should be completed the next day and which should be completed by the night consult resident. **Note that *POMA's for hip fractures cases and other surgeries expected to be performed within 24hr should be considered 'urgent' and should be done without undue delay.***
- ***Transfers to Medicine should not be accepted overnight from within or outside the hospital unless there is an urgent clinical reason.***
- **Hand-off to the oncoming TR should include all Consults and Admissions that happened during that shift, as well as any patients on the "Hot Spot" list**. The Hand-off should include a verbal handoff as well as the Hand-off list with an updated "To Do" section for each patient.

Attending Supervision

- **The Consult Attending should contact the TR at 9am to hear about any pending consults from the night before as well as any active issues on the Consult service**. When the TR has finished rounding on patients in the morning, they will meet with the Consult Attending. During these rounds, new consults are formally presented and data is reviewed, followed by bedside rounds on new and ongoing consults.
- **The Consult Attending should meet with the TR at 4pm to review the status of outstanding business as well as supervise any new urgent consults that may have been made**.
- TR notes should ordinarily be written daily and are attested by the Consult attending.
- As discussed above, for consults obtained after the daytime Consult Atending has left, the Bell Attending should supervise and document their involvement by attesting the Consult resident note until 8pm when the night Hospitalist assumes these responsibilities**. New urgent consults after-hours (eg acute medical issues or urgent requests for preoperative evaluation) should be seen promptly by the TR then presented to the Bell Attending or night Hospitalist without delay**. Routine consults should be seen in a reasonable time frame but attending supervision can be deferred to the Night Hospitalist.
- On weekends and holidays, the Bell Attending supervises the Consult resident during the day, particularly for new consults or acutely ill old consults. The weekday Consult Attending will typically call in to review "old" consult patients who do not require bedside exam/assessment by the supervising attending. If the daytime Med consult attending is not able to run the list, then they should inform the resident to run the list with the Bell Attending.

Medicine Consult Lists:

The Medicine Consult service has two patient lists assigned to it (found in the **sidebar menu** under **"Available Lists" -> "Elmhurst" -> "Consults –Professional**" (**"EL Internal Medicine Consults"**) and "**Elmhurst Teams -Ongoing Professional Consult"** (**"EL Internal Medicine Ongoing Consult Team**").

Residents on the Consult Service should create their own patient list (eg "Consults") in EPIC and drag these two patient lists into it so that they can conveniently follow the patients on the Consult Service.

1. **Internal Medicine Consults** lists patients for which an Internal Medicine Consult has been entered in EPIC. **The Consult resident should refer to this list at the beginning of their shift and periodically thereafter during the shift to see new consults as they are entered into EPIC.** (though doctors are supposed to call their consults in as well as enter an EPIC order, they don't always do so!) If the Consult Resident is contacted by phone for a consult, they should direct the consulting team to **order an Internal Medicine Consult** in EPIC so that the patient shows up on this list. **The patient's name moves from this list to the Ongoing Consult list when you write a "Consult" note and link it with that consult order**. *(when you write the note with the note type "Consult", EPIC will prompt you to click the box for the corresponding consult order. Please **always** use the "Consult" note type, and **always** click on the corresponding consult order!)*
2. **Internal Medicine Ongoing Consult Team** lists patients that the Consult service is following. It includes all patients for whom the "Internal Medicine Consult Team" is listed as part of the Treatment Team. To remove a patient from the "Internal Medicine Ongoing Consult Team" list, you should right-click on the patient's record in a patient list and remove the "Internal Medicine Ongoing Consult Team" from the treatment team. If the patient continues to appear on the "Internal Medicine Consult" list, click on "Complete" in the "Pending Consults" list.)

Note that all important Consult Service materials are available on the Consult Service Google drive (as well as on the Library webpage for Internal Medicine), including:

- this document
- **policy statements** on Transfer Evaluation, Escalation, Consult and Bell or Night Hospitalist Attending Supervision, and Infection Control
- **POMA Guide**
- POMA resources
- Assorted Articles of Interest (please use the following link to upload your own good finds here!) Consult Literature (articles of interest)

EHC Consult Service folder

EHC Internal Medicine Library

Please let me know if any questions (email, text, or call) or feedback! It's very important that we make this Service the best that it can be, so your suggestions, insights, and feedback are most welcome.

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