SUPervision of fellows, residents, and medical students during patient care and procedures

In-Patient Care

There are two in-patient infectious diseases services, general and immunocompromised hosts. Each service is staffed separately by one clinical Boston Children’s Hospital infectious disease fellow and one attending. On weekends and holidays, both teams are covered by one fellow and attending.

On each service, the infectious diseases attending will physically make rounds with the infectious diseases fellow at least once daily to see inpatients followed by the service and to discuss and supervise aspects of patient care. In circumstances where there may be acute clinical issues, further face-to-face meetings will be available as needed. An attending infectious diseases physician is always available for consultation with the infectious diseases fellow 24 hours a day.

Both infectious diseases services are entirely consultative and no patients are admitted under the direct care of either infectious diseases service. Routine in-patient consultations must be seen by the fellow and staffed with an attending with appropriate recommendations written in the chart in a timely fashion as specified in the medical policies of Boston Children's Hospital. In the case of a consult deemed medically urgent, the fellow should see the patient, discuss the issues with the infectious diseases attending physician, and leave at least preliminary written recommendations as expeditiously as possible, as well as verbally reviewing these preliminary recommendations with the requesting service.

Out-Patient Care

Ambulatory Programs
All patients seen by an infectious diseases fellow in an ambulatory program will be discussed with the infectious diseases attending staffing the ambulatory clinic and any diagnostic or therapeutic plans reviewed. The attending infectious diseases physician will also physically see each patient with the fellow prior to the conclusion of the appointment.

Emergency Department
Consultations requested by the Emergency Department will be seen initially by the infectious diseases fellow. Patients seen in the Emergency Department must be discussed with an infectious diseases attending and any diagnostic or therapeutic recommendations must be reviewed during these discussions.

Telephone calls/advice
a) Advice calls from outside Children's Hospital

During weekdays, outside telephone calls will be referred to the infectious diseases attending scheduled to handle these calls. If a fellow receives one of these calls, the caller should be referred to call the main infectious diseases office. During the evenings and weekends, fellows will receive outside calls. Initial advice may be given, with the caveat that all calls should be discussed with the infectious diseases attending within 24 hours, and any calls for which the fellow does not feel able to provide the requested advice should be discussed with the infectious disease attending. The nature of advice provided should be limited, and not involve detailed patient management, because neither the fellow nor the attending is able to directly assess the patient.

b) Calls for informal advice regarding inpatients at Children's Hospital

Infectious disease fellows receive a large volume of telephone calls requesting informal advice (“curbside advice”) from residents and fellows regarding inpatients at Children's Hospital for whom an infectious disease consult has not been performed. It is appropriate for the fellow to attempt to be helpful, and to provide simple advice to straightforward questions. Detailed patient management advice should not be provided by telephone. If such advice is sought, the fellow should decline to provide such advice, and offer to do a formal consult.
c) Calls regarding infection control issues

All calls regarding infection control issues should be directed to the infection control team. A member of the infection control team is available by page 24 hours a day, 7 days a week.

d) STIK calls

Infectious disease fellows do not handle STIK (potential infectious exposures of employees) calls. During weekdays, these calls should be referred to the Children's Hospital occupational health service. During evenings and weekends, these calls should be referred to the STIK staff physician.

Residents and Medical Students

Although residents and medical students will be fully integrated into the care teams on the Infectious Disease Services, they will require additional supervision. Residents and students will be allowed to take initial histories and perform initial physical examinations and document these findings in the patient chart. Recommendations will be reviewed at least daily with the attending physician. The attending physician will confirm the key features of the history and the physical examination, and will provide independent written documentation of his/her findings. Residents and medical students will be expected to follow hospitalized patients with serial exams and daily notes. The key findings will be confirmed and documented by the attending physician.