Boston Children’s Hospital – Division of Infectious Diseases
Expectations for Attending Physicians on the Inpatient ID Clinical Services

General Expectations

• When on service, attendings should be available to answer clinical questions, attend family meetings, see patients who require timely evaluation outside of the usual time for rounds, etc. We all have other responsibilities (research, administrative, other clinical, etc.), but these responsibilities must be balanced and may need to be modified while on service to provide appropriate fellow supervision and care for patients.

Daily Workflow

Attending-Specific Procedures

• You are encouraged to apply your own teaching style and innovations during rounds (e.g., morning rounds, bedside rounds). However, if your practices differ substantially from the typical daily workflow as outlined in the document “Overview for Fellows on the Inpatient ID Clinical Services,” this can be a source of frustration and inefficiency for the fellows. You must explain the differences to fellows in advance so that they are aware and appropriately prepared.

• Explicitly discuss your expectations with fellows for the timing of rounds, note writing, and other aspects of patient care on the first day of the service block or at any time when a fellow switch occurs. To ensure that your expectations are conveyed clearly, consider emailing a written summary to the fellow and other team members before you start on service and reviewing it on the first day (see examples by Mari and Katherine). Remember that the FELLOW is expected to be the team leader, not the attending, so in general the fellow should be conducting an assessment of the needs of the patients for the day and ways to plan the day most efficiently.

Morning Procedures

• Establish a morning touch-base time (in person or by phone) with your fellow. Use this time to (1) address simple questions on existing patients so that the fellow can provide timely responses, (2) review interim issues on existing patients so that the fellow can begin notes for patients with new recommendations, (3) discuss curbsides as needed, including whether they should be converted to a consult, and (4) review the consult questions for new patients. Morning touch-base between 10 and 11am is required for the General ID service unless early/morning rounds are planned.

• Review the patient list in PowerChart before rounds to get a sense of the number of new consults and anticipate how to prioritize and focus discussions during rounds.

• Beginning rounds earlier in the day may be necessary when volume is especially high, or teams are awaiting recommendations from our team in order to move forward with the care of the patient. Attendings should be mindful of these needs and structure on-service time to be free of other obligations to be able to rounds as flexibly as possible.

Rounds

• Locations: ICH ID – 333 Longwood, 6th floor conference room; General ID – Enders 754 office. Rounding in attendings’ offices is not permitted.

• Rounds on the General ID service generally start at 1pm, and morning touch-base by phone between 10 and 11am is required, unless early rounds are planned. Rounds on the ICH ID service start at 11am. Be sensitive to the needs of the fellows/patients when there is high consult volume or morning conferences/clinic patients. Rounding times may need to be shifted earlier or later in these circumstances.

• The ID pharmacist will be available to participate in both general ID and ICH ID rounds on most days, and availability is greatly facilitated by consistent rounding times and locations.

• At the start of rounds, discuss questions on existing patients and curbsides that have arisen since the morning touch-base period. This allows for providing timely responses to quick questions and improves the efficiency of rounds.

• Rather than requiring your fellow to write down patient data from PowerChart before rounds, review the data together in PowerChart during rounds. This ensures that you both see the most recent information and frees up
the fellow's pre-rounding time for other valuable tasks, such as talking with families, nurses, and primary teams and starting notes.

- Walk rounds are a good strategy when feasible.
  - They facilitate immediately communicating with teams rather than waiting until after rounds and provide an opportunity to teach fellows how to articulate recommendations effectively to families and teams.
  - They also enable direct observation of fellows' taking a history and performing an exam, which is required for fellow evaluations.

- Fellows have been instructed that they are required to accompany you to examine and speak with families/teams for all new consults. In addition, fellows should in general also accompany you to see existing patients whom the team is following. When necessary for team efficiency (e.g. fellow is receiving multiple pages and needs to return them), you can examine existing patients on your own, particularly if your fellow has already completed his or her own exam and extensive discussion with the family is not anticipated. However, fellows should routinely accompany the attending to the patient's floor and participate in conversations with the primary teams.

- Fellows have been instructed that communication with the primary team must take place before they sign out to the overnight cross-covering team (generally prior to 4:30pm). This enables the primary team to start implementing our recommendations before they sign out and optimizes timely patient care. This is especially important because our notes are often not finalized until later in the evening. If our services are busy and rounds take longer than expected, a break must be planned so that team communication can occur before 4:30pm.

- At the end of rounds, anticipate which patients will likely have active overnight issues, such as new lab or imaging results, which should be signed out to the covering fellow. Decide on a plan for the next day, including the time for the morning touch-base. We do this planning routinely on Fridays when planning for the weekend but should also incorporate it into weekdays.

- Duty hours restrictions must be followed. There may be rare exceptions for an urgent patient care need, but in general, daily workflow should be structured such that fellows have sufficient time to complete notes, receive sufficient rest, and have at least 10 hours off between leaving the hospital and returning to work the next day.

**Notes**

- Consult notes on new patients:
  - Write a full consult note if our service has not seen the patient previously during the current hospitalization.
  - For patients whom our service has seen previously during the current hospitalization, write a full consult note if the new consult deals with a different issue than the previous consult. Otherwise, write a more targeted consult note focused on interim developments since the prior consult; the reader should be instructed to refer to the initial consult note (provide the authors and date of the consult) for full details of the patient's history and prior hospital course.

- Daily progress notes:
  - In general, we should write notes daily for patients whom we are following, even if we are not making interim changes to the management plan. This allows us to maintain communication with the team and document our ongoing recommendations, as well as bill for the care that we provide. Daily progress notes can be brief “SOAP” notes. On rare occasions, we may not write notes for all patients on the team, particularly if there are many new consults. The attending should help to guide this decision.
  - The fellows are instructed that a daily progress note MUST be written for existing patients if:
    - There are new recommendations, changes in status (e.g., transfer to the ICU), new data driving a change in diagnosis or management, or new data about which the primary team has questions for us to address, even if no changes in diagnosis or management are required.
    - A note has not been written for 3 or more days but we are continuing to follow the patient.
    - The team requests a note.
• The ID team participates in a team meeting, consults with outside experts, or is otherwise working to optimize the care of a patient, even if you were unable to examine the patient that day.

• Sign-off notes:
  o A separate sign-off note is not required for one-time consults, however the consult note should state that it is a one-time consult.
  o On the day the sign-off occurs, a daily progress note is not required in addition to the sign-off note.

• When the service is especially busy with new consults, attendings are expected to write daily progress notes on your own so that the fellow can complete new consult notes in a timely manner. SOAP notes are sufficient if you do not want to use the progress note template.

• If you do not know how to start and write notes in PowerChart, please schedule a training session (Mari would be delighted to meet with you). Aim to start and complete at least one note per week. This not only helps you to remain facile with the process so that you can help write notes on busy days and weekends, but also provides an opportunity to demonstrate to trainees how to appropriately word assessments and recommendations.

Consult Attending

• A Consult Attending is assigned to the inpatient ID consult services during weeks when there is only one fellow scheduled on service for a team. The Consult Attending provides support for the inpatient teams by helping to balance the workload for the fellow and Service Attending. He/she also optimizes patient care by minimizing curbsides and increasing written consultations with ongoing patient follow-up. The Consult Attending is considered to be an integral member of the team and is expected to participate actively each day in the care of patients followed by the team.

• The Consult Attending is typically on service for a week at a time, Monday – Friday.

• The Consult Attending should be a part of the morning touch-base between the fellow and Service Attending so that the team can jointly plan the needs for the day.

• The Consult Attending sees patients on his/her own, communicates with the primary team, writes the consult note, and completes billing.

• The Consult Attending will continue to follow patients daily until the time of sign off on the patient or until off service. The consult attending will write daily progress notes and sign-off notes for his/her own patients.

• The Consult Attending can be especially helpful for the team if the fellow is in clinic in the morning, if there are patients to be seen at BIDMC or BWH, and many other aspects of patient care. The role of the Consult Attending is not limited to only seeing new consults or one-time consults.

• Although the consult attending is seeing patients independently, he/she is welcome and encouraged to join the Service Attending and fellow for rounds to discuss the patients. If participating in rounds is not feasible within the workflow for the day, the Consult Attending should plan to meet up with the fellow and Service Attending to provide a brief summary of the patient(s) seen so that other members of the team are aware and fellows can respond to questions that may arise overnight.

• When going off service, the consult attending will sign out his or her patients to the weekend fellow and service attending.

• There may be occasions when the Consult Attending is assigned to one inpatient team, but the other inpatient team becomes especially busy. In such instances, the Consult Attending may also switch teams to support the busier fellow and Service Attending.

• The success of our Consult Attending structure depends on ongoing, active engagement and communication with the inpatient team as the team needs may change throughout the day. The fellow should not be expected to call the Consult Attending to request help, but instead should expect that the Consult Attending will be checking in frequently with the fellow to offer assistance proactively.

Teaching

• The primary goal for our fellows is to learn pediatric infectious diseases by caring for patients, not to meet a clinical service need for the division. Teaching and education should therefore be integral to the daily workflow and take precedence over task completion.
• Ask fellows about their specific educational goals at the start of each block, and try to address these goals throughout the block. Early in the year, fellows may lack the knowledge base to articulate specific goals, but as the year progresses, they will develop a better sense of their knowledge gaps and interests.

• Rather than teaching solely in formal didactic sessions, incorporate teaching pearls and teachable moments into rounds and communication with primary teams.

• Prioritize teaching not just clinical management but also other aspects of being a consultant, such as writing notes as a consultant and communicating effectively with teams. When there are disagreements or negotiations between you and the attending on the primary team regarding the optimal management for a patient, it is helpful to debrief with the fellow afterward and discuss the experience so that you can highlight ways to navigate complex discussions and provide teaching tips for maintaining collegiality in such situations. The fellows appreciate hearing how you make decisions about when to stand your ground for certain recommendations vs. when to compromise.

**Feedback**

• The service attending should provide informal feedback at the midpoint of the service block and throughout the block as needed, thus giving your fellow the chance to work together with you on developing and strengthening clinical skills and expertise. Feedback should be timely, specific, and constructive in response to behaviors – not personal characteristics of the fellow.

• At the end of the service block, the service attending should provide more formal verbal feedback that reflects what you will include in your written evaluation; comments in your written evaluation should not come as a surprise to the fellow.

• During the service block, the service attending should ask for feedback from your fellow about your teaching and daily workflow, including suggestions for improvement.