Overview of Consult Attending Role
The consult attending provides vital support for the inpatient teams by helping to share the workload with the fellow and service attending. He/she also optimizes patient care by minimizing curbsides and increasing written consultations and ongoing patient follow-up. The consult attending is NOT an overflow attending who is only activated during times when the team is busy. The consult attending is instead an integral member of the team and is expected to participate actively each day in patient care.
- The consult attending is typically on service for one week at a time, Monday – Friday.
- The consult attending is expected to touch base with the fellow every morning to discuss new consults and any other patient care needs for the team for the day. The consult attending can be especially helpful for the team if the fellow is in clinic in the morning, if the fellow and service attending are seeing patients at BIDMC or BWH, if the fellow and service attending are involved in time-consuming family/team meetings, and in many other situations.
- The consult attending sees new consults on his/her own, communicates with the primary team, writes the consult note, and completes billing.
- However, the role of the consult attending is not limited to only seeing new consults or one-time consults. The consult attending continues to follow patients daily until he/she sign off on the patient or until he/she rotates off service. This includes writing daily progress notes and sign-off notes for his/her own patients.
- Although the consult attending sees patients independently, he/she is welcome and encouraged to join the fellow and service attending on rounds to discuss patients.
- When going off service, the consult attending signs out his or her patients to the weekend fellow and service attending.

Fellow Guidelines on When to Enlist Help from the Consult Attending
The following guidelines are meant to standardize practices for enlisting the consult attending’s assistance while promoting a balance between (1) ensuring reasonable duty hours for the fellow and (2) providing opportunities for the fellow to learn and develop expertise from numerous and varied patient cases.

<table>
<thead>
<tr>
<th>Number of Active Old Patients Followed by Fellow/Service Attending</th>
<th>Assign New Consults to the Consult Attending Starting with Consult Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 8</td>
<td>3</td>
</tr>
<tr>
<td>9-12</td>
<td>2</td>
</tr>
<tr>
<td>&gt;12</td>
<td>1</td>
</tr>
</tbody>
</table>

1 Additional consults beyond the number indicated should alternate between the fellow and consult attending, with the fellow taking the next consult, then the consult attending, and so on.

Additional Guidance
- The criteria in the table above are meant to serve as general guidelines; factors such as the intensity of management required for old patients or for a given new consult may necessitate involvement of the consult attending even below the thresholds indicated.
- In applying the criteria above, count each family/team meeting in which the ID service is a major participant as equivalent to a consult for that day.
- If the fellow has ≥2 clinic patients scheduled in a morning, assign the first consult of the day to the consult attending. Use the criteria above to assign further consults, counting each clinic patient after the first one as equivalent to a consult for that day. (For example, suppose a fellow is following 7 old patients and has 2 clinic patients scheduled. The first consult of the day should go to the consult}
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attending. The fellow should take the second and third consults of the day. Using only the table above, the fourth consult would also go to the fellow. However, because one of the fellow’s clinic patients counts as a consult, the consult attending should take the fourth consult, the fellow should take the fifth, and so on.)

- If an urgent consult is requested during rounds → Give the consult to the consult attending. Use the criteria above to assign other consults.
- If an urgent consult is requested outside of rounds, but the fellow is not immediately available → The fellow should ask the service attending to start the consult, give preliminary recommendations, and update the fellow so that he/she can follow and learn from the patient case, as well.
- Avoid giving consults to the consult attending after 4:00. If a late consult is not urgent, give preliminary recommendations and perform the formal consult the next day. Depending on whether above criteria are met, either the fellow or consult attending may be the person to perform the consult the next day.
- Try to avoid assigning consults to the consult attending if the patient case seems likely to later require outpatient ID follow-up.
- If the criteria in the tables above are met, the fellow may also ask the consult attending to respond to curbside questions. Keep in mind the criteria for appropriate curbsides (i.e., they should only address general questions for which specific knowledge of the patient is not needed). Also keep in mind the goal that, when feasible, a full consult should be performed instead of a curbside. An intended benefit of the consult attending role is to optimize patient care by minimizing curbsides and increasing written consultations and ongoing follow-up.
- In general, the consult attending should be available for full days to participate in patient care and should limit scheduling other commitments, as feasible, just as is expected for service attending blocks. However, if the consult attending must be out of the hospital relatively early on a given day, he/she may ask to be given the first consult of the day. Use the criteria above to assign further consults. (For example, suppose a fellow is following 7 old patients and the consult attending asks to take the first consult of the day. The fellow should take the second through fourth consults, the consult attending should take the fifth, and so on.)