



EAST CAROLINA
HEART INSTITUTE

AT VIDANT MEDICAL CENTER

East Carolina Heart Institute

Cardiovascular Disease Fellowship

CARDIOLOGY CONSULTS STAFFING POLICY

PURPOSE

To delineate policies and procedures for the timely attending staffing of consultations. To provide guidelines for the interaction between attending physicians and fellows in training to ensure quality patient care.

POLICY STATEMENT

Cardiology receives consultation request from other providers to see their patients by a fellow in training. These consult patients must be staffed with an attending physician.

PROCEDURE

- The consult fellow will hold the consult pager (1445) between the hours of 8 am until 5 pm weekdays.
- The on call fellow will hold the consult pager between the hours of 5 pm until 8 am and weekends.
- Handoff time is 4:30 pm and 6:30 am.
 - The consult fellow will be responsible to see all consults which are placed from 6:30 am until 4:30 pm. Consults after 4:30 pm will be handoff to the on call fellow, and consults after 6:30 am will be handoff to the consult fellow.
- During months with a junior and senior fellow working together, both fellows will be present daily and field consults in a 2:1 ratio (1st year fellow to 3rd year fellow).
 - Senior fellow are expected to work with the residents and supervise the residents' history, physical exam, note, critical thinking (assessment and plan) and their presentation to the attending.
- The fellow will assign training level appropriate consults to the residents as well as field consults him or herself. The first/second year fellow to the resident ratio should be 2:1. When the third year fellow are not present, the fellow is expected to serve in a supervisory role of the residents: review the cases in detail and be comfortable with the assessment and plan prior presentation to the attending.

Fellows may not take vacation during the consult month. Conference leave during the consult month will be at the discretion of the program director.

Fellows will be courteous and respectful to team members consulting our service. The team asking for a consult is responsible for stating a specific consultation question and providing the appropriate associated clinical information. Fellows **will not dispute the validity of the consult**, nor will they engage in any unprofessional behavior. The consult fellow will gather and synthesize essential and accurate information to define each patient's clinical problem. Using this information the fellow will develop a comprehensive management plan for each patient and follow through on delivery of the plan of care. The consult fellow will work effectively and communicate professionally within the care team, which includes the consultant, ancillary staff, fellow trainees, and the consult attending. The fellow will exhibit integrity and ethical behavior in professional conduct.

Assigned vs unassigned: This only applies to patients in the ED and transfers from outside hospital. If you are called about patients in house and they do not have an established relationship with another local cardiology practice then they are our consult. When doing chart review, reading an echocardiography or a nuclear study does not count as an established relationship. If patients have had a cath, transesophageal, office visit, etc at another local cardiologist they are not our consult. Additionally, if the patient has never seen a cardiologist and are a patient of ECU internal medicine or ECU family medicine they are automatically assigned to ECU Cardiology and should be seen by us.

After hours: consults seen by the on-call fellow need to be staffed with the consult attending physician the following morning. This should be as early as possible. The general consult attending is expected to be in house by 8:00 am. When there is an emergent consult overnight or a sick patient that needs attending physician's immediate input, contact the on call attending and staff the consult with them.

Weekend: consults seen by a fellow over the weekend should be staffed with the on-call attending physician. The on-call attending physician is listed on the "Master Schedule" that is distributed each month and updated as needed. As a backup, the attending on service that weekend can be asked if they are also staffing general consults.

In general the consults from Friday night should be seen Saturday morning; consults from Saturday night to be seen Sunday morning, with the on call attending.

Any weekend Urgent/Emergent consults should be dealt with promptly and appropriately and as policy, any non-urgent consult should be staffed with an attending within 24 hours. Non-urgent/emergent consults from Sunday evening (after the on call attending leaves) may be seen by the General consult attending on Monday morning.

The on call attending may make appropriate changes as to when they will staff a consult after discussing this with the fellows involved.

Failure to follow the above procedures can result in the following: verbal warning, written disciplinary actions that could include dismissal.

Policy Owner: Cardiovascular Disease Fellowship Policy Committee

Policy Approved by: Cardiovascular Disease Fellowship Policy Committee
Rajasekhar Nekkanti, MD, Program Director

Policy Effective Date: July 1, 2015

Policy Review Date: June 27, 2017