

11-17-17

Consultative Service for Hospitalized Patients at Shands – Jacksonville

A. Overview:

The infectious diseases in-patient consultative service is conducted at Shands Hospital - Jacksonville.

The Shands Hospital Jacksonville is both a primary and tertiary care hospital serving the inner-city Jacksonville communities primary care needs and as a major referral hospital for north-east Florida and south Georgia. This provides the infectious diseases consulting fellow with experience seeing a broad variety of infections. Newly diagnosed and previously diagnosed HIV/AIDS patients with a variety of community acquired and opportunistic infections are also encountered. In addition, as a tertiary care institution, more complicated and esoteric infections are encountered, including nosocomial infections, infections in the surgical and medical intensive care units, orthopedic and travel related infections..

The infectious diseases fellow is taught how to perform high quality consultations. This is a prime goal for our program, which focuses on training academically oriented clinical infectious diseases practitioners. Most consultations are completed and communicated within 8 hours of the consultative request (2 hours for urgent consultations) and all are completed within 24 hours of the request. The ID fellow performs the new consultations initially on his own, the consultation is then presented to the attending ID physician for discussion and review of the clinical and supportive findings. Following this thorough discussion and review, the patient is interviewed and examined by the attending in concert with the fellow and any additional salient features of the patients' disease are demonstrated at the bedside; Impressions and recommendations are then formulated for the completed consultation. Continuing follow-up of consulted patients is accomplished through daily infectious disease rounds with the attending, during which infectious diseases management and didactic discussions relevant to patient care occur.

Original hand written copies of the consult are placed in the medical record and an electronic version of the consult is dictated for the EMR. Copies of the consult along with a data log card are submitted to the Division administrative coordinator to be logged into a data base and compiled. Data base allows the program director and fellows to review the scope of their clinical experience and assure and document a broad clinical consultative exposure.

During their core lecture series, all fellows are instructed in the qualities of a good consultation. The fellows' case presentation conferences focus on patients seen in consultation at Shands Hospital. After thorough presentation and review of selected aspects of the case, the case is then open to discussion by all members of the faculty and the conference quality is critiqued in writing.

B. Goals and Objectives for effective consultation

The goal is to teach the fellows to become competent and effective infectious disease consultants. To that end the following objectives should be attained.

1. obtain a clear reason for the consultation request;
2. establish the urgency of the consultation;
3. introduce oneself to the patient and explain the consult diplomatically;
4. review the history pertinent to infectious diseases;
5. evaluate co-morbidity;
6. examine the patient thoughtfully with emphasis on the infected or potentially infected parts of the body;
7. obtain or help to obtain the necessary microbiological studies;
8. be brief, yet specific;
9. formulate clear recommendations and contingency plans in anticipation of complications;
10. explain to the patient and physician what the thinking is, and if necessary the need for follow-up;
11. teach the requesting team tactfully.

Ten Qualities of a Good Consultation

1. **Determine the question by the referring physician.**
If not obvious, make a phone call. Rewrite the question as a preamble.
2. **Establish the urgency.**
Discuss urgent consultations. Make immediate recommendations by phone.
3. **Look for yourself – Evaluate co-morbidity.**
Review old charts, X-rays, talk with doctors who saw patient in the past.
4. **Be as brief as appropriate.**
Recorded data need not be repeated, but referred to.
5. **Be specific.**
Be goal-oriented towards the diagnosis: avoid laundry lists. Be specific as to drug dose, frequency and route.
6. **Provide contingency plans.**
A patient's status is dynamic so that initial recommendations may be irrelevant the next day. Anticipate complications.
7. **Honor your turf and “Do not covet they neighbor’s patient”.**
Play a subsidiary role unless requested to take over. Never argue in the medical record. Be agreeable with the referring physician as much as possible: there is more than one way of doing things!

8. Teach ... with tact.

Referring physicians like consultants to share their expertise without condescension. When giving references, give them only from subspecialty journals and never more than two.

9. Increase your efficiency by talking to the requesting physician.

A consultation carries a tremendous amount of weight. If the referring physician decides not to follow advice, there must be a good reason which should be documented. Talk it over before writing it!

10. Follow up

Consultants should gracefully fade away, but not on the same day as the consultation. Most complications occur 3 to 5 days after surgery or a major event. Periodic follow-up notes with recommendations are likely to be translated into orders. Review the recommended lab data and incorporate them into future plans.

Reference: Goldman I, Lee T, Rudd P. Ten commandments for effective consultations. Arch Int Med 1983; 143: 1753-55.

C. Competency based objectives

PGY 4/5

Patient Care

- Communicate with patients and their families in an effective, appropriate and compassionate manner.
- Gather essential and accurate information about the patient, including travel history, history of exposure to infections, and history of allergic reactions to antibiotics.
- Perform thorough physical examination of the patient, including all areas appropriate to the patient's presentation.
- Obtain all necessary medical information by chart review, discussion with the requesting service and contact with the patient's primary care provider.
- Identify symptoms and signs consistent with an infectious process.
- Perform procedures correctly to obtain infectious material for staining and culture.
- Provide patient education about the treatment and prevention of infection.
- Establish outpatient clinic follow-up appointments as indicated.
- Become familiar with the diagnosis and treatment of common community-acquired and nosocomial infections.
- Learn to apply the syndrome approach to the diagnosis of infectious diseases.

Medical Knowledge

- Expand the your basic and clinical sciences underlying infectious diseases and microbiology;
- Access and critically evaluate current medical information and scientific evidence relevant to patients' illnesses;
- Be familiar with the syndrome approach to infectious diseases diagnosis;
- Explain the use of antigen detection, serology, and molecular methods in the diagnosis of infectious diseases;
- Explain the indications for radiological imaging in the diagnosis of infectious diseases;
- Discuss the basic principles of infectious diseases epidemiology as related to specific diseases;
- Describe basic principles of immunology and inflammation;
- Describe the presentations of infectious diseases in surgical, obstetrical, and critical-care patients; and
- Discuss spectrum of activity of antimicrobial agents.

Practice-Based Learning and Improvement

- Develop an organized approach to the evaluation and treatment of infectious diseases.
- Use information technology to assist in education and information management.
- Locate, evaluate and incorporate evidence from scientific databases, guidelines and studies related to infectious disease problems.
- Identify deficiencies in your knowledge, skill and attitudes in the care of the patient with an infectious disease.
- Develop strategies for correcting deficiencies in your knowledge, skills and attitudes in the care of the patient with an infectious disease.
- Review outcomes of patients cared for by the Infectious Diseases service.
- Evaluate the requesting physician's satisfaction with the services provided by the Infectious Diseases service.
- Facilitate the learning of students and other health care professionals.

Interpersonal Skills and Communication

- Communicate with patients and their families in a sensitive and effective manner;
- Communicate effectively with the consultant or consulting service to establish the reason for the consultation and the level of management desired;
- Communicate with the patient's primary care provider early and as often as necessary;
- Complete a legible and concise consultation note with clear recommendations in a timely fashion;
- Ensure that all questions asked by the consultant or consulting team have been answered satisfactorily;
- Communicate the plan of care with the nursing staff and other members of the health care team; and

Professionalism

- Demonstrate respect, compassion, and integrity in all interactions with patients, families, colleagues and members of the health care team;
- Demonstrate a commitment to excellence and ethical principles of care;
- Ensure patient understanding of their disease and consent to their treatment plans;
- Maintain confidentiality of patient information; and
- Be sensitive and respectful when discussing differences of opinion among the members of the health care team.

Systems-Based Practice

- Assist the consulting service in the coordination of the patient's care;
- Discuss cost-effective health care and resource allocation that does not compromise quality of care;
- Explain the relationships among the various elements of the health care system;
- Establish outpatient infectious diseases clinic follow-up for patients as indicated; and
- Explain the requirements and mechanisms of epidemiologic reporting of an infectious disease to the appropriate agency.

Knowledge to be assessed

The resident should have knowledge and understanding of the following medical illnesses, conditions, and principles (though not exclusively):

Practical approach to infectious disease consultation	Infections in transplant recipients
Community-acquired pneumonia	Neutropenic fever
Nosocomial pneumonia	Epidemiology and infection control
Tuberculosis	Hospital acquired infections
Sepsis and septic shock	Line-associated infections
Endocarditis	Post-partum infections
Fever of unknown origin	Infections in the ICU
Evaluation of patient with fever and rash	Candidiasis
Meningitis and encephalitis	HIV
Intraabdominal infections	Opportunistic infections in AIDS
Urinary tract infections	Sexually transmitted infections
Osteomyelitis	Principals of microbiological diagnosis
Septic joint and prosthetic joint infections	Principals of antimicrobial therapy
Skin and soft tissue infections	
Necrotizing fasciitis	

Methods of achieving objectives

- Direct inpatient consultation
- Teaching rounds with the attending physician on the ID service
- Presentation of new patient consultation, assessment and plan to the attending physician on the ID service
- Attendance and discussion at didactic core lectures (the ID “core curriculum”)
- Attendance and discussion at microbiology rounds (three mornings per week)
- Attendance and participation at division conferences including but not limited to: case conferences, board review conferences, journal clubs, Med-Peds conferences, HIV topical reviews, TB conferences, Research conferences, travel and tropical medicine conferences and transplant ID conferences.
- Reading in recommended texts and journals (Harrison’s Principles and Practice of Internal Medicine; Mandell, Douglas and Bennett’s Principles and Practice of Infectious Diseases, Clinical Infectious Diseases Journal)
- Electronic databases and computerized resources (UF databases, Up To Date, ID resource CD set)

Assessment tools

- Attending physician will monitor the quality of patient consultative evaluation.
- Attending physician will assess the quality of case presentations.
- Attending physician will critique the subspecialty resident’s assessment and plan.
- Attending physician will observe the resident’s interactions with patients and staff.
- Attending physician will determine evidence of the resident’s self-directed learning and reading (during rounds, microbiology rounds, case presentations and division conferences, didactic sessions, or MKSAP question reviews.)

Evaluation process

- Goals and Objectives will be reviewed with the subspecialty resident at the beginning of each rotation.
- The subspecialty resident will sign the attestation statement verifying receipt of goals and objectives.
- The attending physician will provide verbal feedback to the subspecialty resident throughout the rotation period.
- The attending physician will provide verbal feedback to the subspecialty resident at the completion of the rotation.
- The attending physician will complete the subspecialty resident evaluation form and review the form with the subspecialty resident at the conclusion of the rotation.
- The subspecialty resident will sign the attestation statement verifying review of the evaluation form.
- The evaluation will be submitted to the Administrative Office for review by the PD and monthly review of progress at the 3rd Tuesday monthly PD-subspecialty resident mentoring session.