

CONSULT SERVICE

There are two General Consult services at Washington University/Barnes-Jewish Hospital: Consult A and Consult B. Consult A consists of the 1st year fellow, attending faculty member, and nurse practitioner. Consult B consists of the 2nd year fellow, attending faculty member, and nurse practitioner. Residents and medical students may rotate on these services as well. Note that Consult B is taking the place of the FIS service. Responsibilities are discussed below.

The Consult services provide consultative CV care for patients seen throughout the hospital. In addition, these services may provide in-patient care (that is as the primary team) for established patients of the General Cardiology Faculty). This will be discussed in greater detail below.

Expectations for Consult Service (both 1st and 2nd year)

1. Fellow and attending should meet on the first day to discuss the patients, the expectations, and rounding preferences.
2. Consult teams will be notified by the office staff (extensions 2-7986 and 7-3676) of consults that have been requested and faculty patients who require evaluation. Decisions regarding distribution of patients will be at the discretion of faculty and fellows, but will generally be distributed evenly throughout the day.
3. Notification will be done by pager or phone from the office staff. Not uncommonly, fellows may be called directly by an individual service for consults. Please notify the office staff of any new consults called directly to you so that these may be recorded appropriately.
4. Please contact the physician requesting the consult to identify the specific question asked and the urgency with which the consult needs to be seen. As appropriate, fellows will "assign" the patient to the resident or medical students rotating on the service. Medical students may present the consults to the attending, including Assessment and Plan, but are unable to complete computer based note. A separate note should be written by fellow comply with billing requirements.
5. The Fellow should provide teaching to the medical residents and students on the Consult rotation.
6. The Fellows on the Consult rotation will round on patients one day of each weekend, mutually agreeable to the fellow and the attending.
7. Teams will accept new consults/admission until 4:30 PM daily.
8. Consults from the oncology service will typically be seen by the Onco-Cardiology team. However, occasionally an urgent consult on these patients may come to the Consult Service and should be seen promptly.
9. There are no new consults for the Consult service after 4:30 Friday PM for the remainder of the weekend. Those consults will be seen by the on call fellow and on call attending (see below).
10. In-patient care for established patients of General Cardiology faculty may be provided by the consult service (this is the former FIS service, now distributed between both consult services). Fellow participation in this service is intended to provide fellows with exposure to inpatient management of patients with a primary cardiac diagnosis as well as reinforce consulting skills on established cardiology patients.
11. These patients may be admitted to any floor (such as 8100, 2100, 9100, 9200) or service (such as CREU, Gold, Hospitalist) in the hospital. Faculty patients admitted to the Cardiology Firm may be seen either by the Consult attending or the FIRM attending at the discretion of the faculty.
12. Fellows are expected to round one weekend day each weekend. This should be arranged with the attending on service. Fellows should not schedule vacation during this rotation.

Responsibilities on call at night and on weekends (1st year fellows):

1. The first year Fellow on call will see all cardiology consults at night and on the weekends at both the South and North campuses. After evaluating the patient, the Fellow should discuss the consult with the attending on call. There is only one attending on call for the North and South campuses. Any patients not discussed overnight with the attending on call should be called the designated daytime Consult attending (either A or B) per the following schedule (TBD).
2. The first year Fellow on call may be notified of admissions of patients of any of the cardiology faculty. All patients that the Fellow is notified about in this manner should be reviewed in enough detail with the physician admitting the patient to ensure that the patient is stable and appropriate treatment is instituted. A written note is not necessary unless the patient is seriously ill or the patient becomes unstable.
3. The next morning at 8AM, the post call fellow should notify the office (via [secure] email CardConsults@dom.wustl.edu) of consults and/or admissions to the attending staff. The email should be sent to faculty whose patients were admitted, the consult attendings for the week, and the on-call attending and the fellows on the consult services. This may be combined with CCU admissions, outpatient calls, and echoes performed in a single email copied to all appropriate faculty.
4. The first year Fellow on call may be asked to evaluate a hospitalized patient already being followed by a Cardiology attending or service if that patient becomes unstable. In these instances, a written note is expected.
5. The first year Fellow on call will also receive some out-patient calls. Questions should be answered as best as possible. In this capacity, fellows are representing Washington University Cardiology Consultants in interactions with patients and their families. These communications should be included in the post call email.
6. All outside calls from a physician should be routed directly to the attending on call by the answering service. If a call from an outside physician is routed to you, please attempt to answer any questions. **However, all requests from outside physicians for patient transfers should be redirected to the attending on call. Fellows are not able to accept patients for admission as outside hospital transfers.**
7. Fellows should maintain a list the names and pager numbers of the attendings with who they are on call for easy resources. Note that a different attending is on call for the CCU, Consults, Interventional, Heart Failure/Transplant, EP, TEE and Congenital Heart Disease.
8. The weekend consult attending is on call from Friday thru Saturday 6 PM and a different attending may be on call from Saturday night thru Monday morning. This may not be the same faculty who are currently attending on the consult service.
9. The **Doctors Access Line (747-3255)** is an invaluable resource for attending information. They will have a list of all on-call attendings, their pagers, and cell phone numbers.

Educational Goals of the Consult Rotation:

The goal of the training in Cardiac Consultation is to develop expertise in the evaluation and management of cardiac conditions in patients on the medical, surgical, psychiatric, neurologic, and obstetrics/gynecology services. Even though the scope of problems that the cardiac consultant sees is quite extensive, we expect that the fellows will develop clinical competence in the following areas:

1. Preoperative assessment of patients undergoing major noncardiac surgery (particularly vascular and thoracic surgery).
2. Evaluation and management of hemodynamic and electrical instability of the postoperative patient (recognition of acute coronary syndromes and atrial and ventricular arrhythmias).

3. Evaluation and management of patients with acute coronary syndromes presenting to the general medical services (unstable angina, NSTEMI).
4. Evaluation and management of patients with valvular heart disease (particularly aortic and mitral valve diseases).
5. Evaluation and management of patients with congestive heart failure (advanced training on the Transplant rotation).
6. Evaluation and management of high risk obstetric patients with cardiac conditions.
7. Evaluation and management of patients with suspected endocarditis
8. Evaluation and management of patients with pericardial diseases (constrictive pericarditis, pericardial tamponade).
9. Evaluation and management of patients with cardiac conditions secondary to pulmonary diseases.
10. Evaluation and management of patients with suspected cardiac source of embolism.

Reference material: the fellows are expected to familiarize themselves with the following guidelines that are available on the ACC (www.acc.org) and AHA (www.americanheart.org) web sites.

1. AHA/ACC Guidelines for Secondary Prevention for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2006 Update
2. [2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation](#)
3. 2009 ACCF/AHA Focused Update on Perioperative Beta Blockade Incorporated Into the ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery
4. 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease
5. [2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk](#)
6. [2012 ACCF/AHA Focused Update Incorporated Into the ACCF/AHA 2007 Guidelines for the Management of Patients With Unstable Angina/Non–ST-Elevation Myocardial Infarction](#)
7. 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction
8. 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease

Competencies:

- **Patient Care:** The fellow is expected to gain expertise in the management of complex cardiac cases. These patients frequently are on non-cardiology services. As such, the fellow has to learn the role of a consultant. The fellow may interact with other cardiology attendings, internal medicine attendings, surgeons, and other non-medical specialists. Learning the expectations of a consultant can often be difficult, but it is one of the primary goals of the rotation.
- **Medical Knowledge:** The fellow will be expected to research the clinical trials that support the therapy of these patients. It is expected that the fellow will present the results of trials which are germane to the care of their patients at teaching rounds.
- **Practice-based Learning and Improvement:** All fellows must understand the limitations of their knowledge. As consultants, the fellow must understand their limitations. We are asked to address specific questions. It is rarely appropriate to address non-cardiac issues. The fellow must accept feedback. In addition, the fellow must understand the variability of patient care styles of different attendings. The fellows are expected to facilitate quality improvement initiatives.
- **Interpersonal and Communication Skills:** The fellow must demonstrate caring and respect for all patients and families, including those who are angry and frustrated. The fellow must conduct supportive

and respectful discussions of code status and appropriateness of care. The fellows will facilitate the learning of students and residents.

- **Professionalism:** The fellows will demonstrate respect and compassion. The fellows will understand that they are the representatives of the Cardiovascular Division and will be expected to perform in a professional manner. The fellows will appreciate the diversity of ethical, religious, and socioeconomic factors which impact patients and their families and their response to healthcare professionals.
- **System-based Practice:** The fellow must work well in a complex system of nurses, social workers, and other healthcare professionals. The fellow will try to facilitate the transition from inpatient to outpatient and will utilize appropriate resources to continue high quality care as an outpatient.
- **Teaching Methods:** The primary mode of learning will be through teaching rounds with the attendings. Teaching rounds will occur 5 or 6 days a week. The fellow is expected to assure that the residents and students are prepared to present the appropriate data at teaching rounds.
- **Conferences:** The fellows are required to attend all conferences. The attendings are expected to allow fellows to attend these conferences.
- **Evaluation Methods:** At the end of each two-week block, the fellow will meet with the attending for feedback. One attending will be asked to complete the evaluation in *MyEvaluations.com* after consulting the other attendings.

GENERAL CARDIOLOGY CONSULT TEAM NOTES

Contact: Anita Johnson
Direct Line: 747-3606
Consult Line: 747-3676
Desk Location 13th floor Northwest Tower
Back-up Contacts Cheryl Marshall, Marge Leaders and Maribel Chebuske – Please use consult line to contact.

TEXT PAGES

While you are on the Consult Team, you will receive consult pages from one of the secretaries listed above. You do not have to call us back after each consult you receive. We will always tag a page with a call-back number, but you only need to call if you have questions. If it has been hours and you have not received any pages, please feel free to call to make sure the paging system is working. It does occasionally go down.

Consult Page Format is as follows:

CONSULT/PATIENT NAME/PATIENT DOB/ROOM NUMBER OR LOCATION/REASON FOR CONSULT/ATTENDING PHYSICIAN (CALLER'S NAME AND PAGER NUMBER)...ANITA 7-3606

STAT: This means the caller actually said that it was STAT or URGENT that the fellow come immediately.

ASAP: This just means that the caller asked that the fellow call or come as soon as they can. It may be used because they are trying to get the patient into a procedure or test as soon as possible. It does not mean you have to drop what you are doing and run.