



Title: Day-Time Medical Consultation Service Unit in Farwaniya Hospital Internal Medicine Department	
Policy Owner: Medical Department	Policy Code: A-IM-002B
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Approvals	Signature /Date
Approved by: Head of Internal Medicine Department	
Approved by: Hospital Director	
Notes	

1.0 Purpose

- 1.1 The Medicine On Duty (MOD) Unit is a medical consultation service that gives the patients that are in need for a medical consultation the best and optimal medical management needed with the continuity of care.
- 1.2 It relieves the medical unit oncall team from consultation responsibilities to focus on the medical patients that are in need for medical attention in the emergency department, medical wards and critical care settings.

2.0 Relevant Departments

- 2.1 Service provider:
 - 2.1.1 Internal Medicine Department in Farwaniya Hospital
- 2.2 Service receivers:
 - 2.2.1 Surgical Department and its subspecialties
 - 2.2.2 Orthopedic Department
 - 2.2.3 ENT Department
 - 2.2.4 Ophthalmology Department
 - 2.2.5 Dermatology Department
 - 2.2.6 Cardiology Unit
 - 2.2.7 Nephrology Unit

3.0 Consultation Basics

- 3.1 Definition of a consultation: “a procedure whereby, on request by one physician, another physician reviews a patient's medical history, examines the patient, and makes recommendations as to care and treatment.”
- 3.2 The medical consultant often is a specialist with expertise in a particular field of medicine.
- 3.3 Consults cannot be refused once issued without patient assessment.
- 3.4 Tenants of a consults should be met and fulfilled before a consult is declared to be complete. These tenants include:
 - 3.4.1 Attendance of the consulted service to the source of consult and respective patient
 - 3.4.2 Assessment of the patient by the MOD consulted service. Assessment includes:
 - 3.4.2.1 History
 - 3.4.2.2 Physical examination
 - 3.4.2.3 File review
 - 3.4.2.4 Follow up on ordered investigations necessary to formulate the final diagnosis and management plan

- 3.4.3 Documentation by the consulted service of the impression, plan of management and disposition. Disposition includes:
 - 3.4.3.1 Sign-off
 - 3.4.3.1.1 It is a term used when the consulted service deems the patient consulted for is not for active management and or follow up at the time of the consult for the reason of the consult and may refer to follow up at a later date
 - 3.4.3.2 Transfers of care (Take-over)
 - 3.4.3.2.1 It is a term used when the consulted service deems the patient free of all medical issues except medical and is to transfer the patient under the medical subunit that was oncall on the day of the patient's admission to hospital
 - 3.4.3.2.2 The attending doctor assigned in the MOD consult service must evaluate the patient consulted for take-over
 - 3.4.3.2.3 The attending doctor assigned in the MOD consult service makes the final decision regarding patient take-over and the decision must be accepted by the receiving subunit
- 3.4.4 Cases being followed by the MOD consult service thereafter are expected to be provided with serial assessment, management plan and documentation by the MOD consulted service until takeover, signing off or discharge is done.

4.0 **Medicine On Duty (MOD) Unit**

4.1 **Team Structure**

- 4.1.1 Three registrars (and/or R3/R4) who rotate monthly
- 4.1.2 One senior registrar (or R5) who rotates monthly
- 4.1.3 One attending doctor (specialist or above) who rotates monthly

4.2 **Assets utilized to facilitate the work in the MOD unit**

- 4.2.1 All received medical consults appear in the HIS (consults button) on the main page
- 4.2.2 All the MOD Unit will be given access to all the hospital wards in HIS
- 4.2.3 An electronic form (e.g., google drive or Dropbox) can be used to prepare the follow-up list

4.3 **Daytime working schedule**

- 4.3.1 8:00 – 8:30am: oncall handover for all the oncall consults that have been seen by the medical senior registers/registrars and needs to be followed-up from the day before until 8am.
- 4.3.2 8:30am: the MOD senior registrar will be responsible for and included in the distribution of the follow up list and new consultations with the team. It is encouraged to keep the list as an electronic/soft copy to optimize use.
- 4.3.3 8:30 -10:00am: the MOD team will see the follow-up assigned cases (new and old cases received from the day before)
- 4.3.4 10-11am: the MOD senior registrar/ attending doctor will round with the MOD registrars on the entire follow-up patients list
- 4.3.5 New consultation distribution:
 - 4.3.5.1 This can be done based in the way the MOD subdivides its team (males/females wards, specific surgical/medical specialties, etc.)
 - 4.3.5.2 The senior registrar and attending should be aware about all complicated consults.

4.4 **Oncall working schedule (weekdays and weekends)**

- 4.4.1 After 1:00pm, the medical oncall team will see all consultations.
- 4.4.2 Only cases that need follow-up must be handed over to the MOD
- 4.5 OPD and other duties
 - 4.5.1 The team members can attend their scheduled clinics.

5.0 Evaluating the service

- 5.1 The service will be evaluated every 6 months based on the consultation team, medical teams, and other departments feedback.

6.0 Leaves and excuses.

- 6.1 The MOD consult service is a very crucial team and the absence of one team member will disturb the dynamics and flow of the teamwork.
- 6.2 Emergency/ Sick Leaves must be informed and approved by the MOD senior registrar/ attending doctor to ensure proper redistribution of the cases.
- 6.3 Official Sick Leaves must be submitted to the Medical Department secretary.

*** (Taken with permission and modified from the MOH Emergency Medicine policy, “consultation” section”).**