

(continued) to bill for his/her services. Whether in an academic center or a private practice, having the opportunity to appropriately bill for one's expertise is essential to maintaining financial viability.

**Patient Trust & Satisfaction.** While patients in academic centers are often overwhelmed by the number of faculty, residents and students that attend to them, they always want to know who is in charge of their care. Few patients would be satisfied to hear that their physician has "run their case past the surgeon." Rather, despite their occasional proclamations to the contrary, patients are reassured by the personal attention that they receive from a consultant's visit; this, of course, does not occur when one resorts to curbside consults.

**Reverse Curbside Consults.** It is not uncommon that frenzied consultants might offer sidewalk advice (usually over the phone) even though a formal consult was requested. Though, once again, this practice is most common at the training level, those of us familiar with the private sector know that such bail-out attempts occur within all medical communities. For the reasons discussed above (billing considerations aside), it is advisable to insist on a formal consultation, including chart documentation of his/her recommendations. Should such a request meet with resistance, it is best to change consultants.

Young physicians, faced with the numerous demands and time constraints of their career, may dismiss these points as the trivial ramblings of an aging practitioner. While I plead guilty to the aging part, experience teaches all of us that shortcuts in the care of our patients often lead to unnecessary complications. The curbside consult is one of these shortcuts and, in my opinion, ought to be abandoned.

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