

Report from The University of Chicago

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Denial is a beautiful thing until it is not!! I was in denial on Monday March 16 rounding with my usual long tail of team members. That changed overnight first with the loss of the Pritzker medical students and rapidly followed by changes in work flow for basically everybody!!

Attendings:

In the Adult Clinical section, we moved to an “Attending of the Day” model. That person is required to be present in the Department on the designated day. He/she is responsible for the C-L service, the ER consults and any outpatient “walk-ins”. All outpatient work was switched to a virtual model (telephone for now) but it has been challenging to inform 100 % of patients. For example, I discovered that “young folks” don’t do voicemail

Residents:

Our chief residents worked overtime to come up with a schedule of rotating residents with two residents in-house and two working from home

Performing the Consultation:

- A. We have moved from an “all comers (consults welcome) model to seriously triaging requests
- B. Residents do chart review and perform telephonic evaluation where possible
- C. If it is absolutely impossible (e.g. the patient communicates only by writing or is agitated and psychotic) the resident goes in person careful to observe all precautions around PPE
- D. Table rounds are done with the Attending on Zoom (sad to say to include those WFH Zoom is better than in person ☺)
- E. If absolutely necessary the attending goes alone to interview the patient.

Documentation:

We are documenting consults as usual and specifying very clearly if the work was done virtually. We are encouraged to keep a spreadsheet of all of our work to present to the RVU folks at some distant point

Pandemic Recovery Services:

It is not all doom and gloom and our QA/QI Chair working with colleagues is developing a really exciting Pandemic Recovery Program which is being rolled out across the enterprise. It is rare for psychiatry to be able to shine but this really is a shining example

What I miss:

IN PERSON work. C-L psychiatrists are very SOCIAL beings
A clear work destination and schedule
My mornings without a 7.30 Zoom meeting

What I like

Witnessing collegiality and caring in my colleagues.
Seeing C-L colleagues from around the country on Zoom calls
I now actually take a lunch break (granted it is a move from my dining room to my kitchen)☺