

Rotation Description

Night Medicine, IMMC ICU

A. General Information

- a. **Rotation Length:** 2 weeks. Categorical residents in internal medicine can expect to spend two to four weeks in total, distributed in one or two rotations, on the night medicine service during the academic year.
- b. **Rotation Director:** William J. Yost, MD
- c. **Attending Physicians:** IMMC Pulmonary/Critical Care Teaching Faculty and Hospitalists

B. Orientation

- a. The resident will receive a packet of materials that explain the rotation and curriculum before the start of the rotation. The packet will be prepared and distributed by the Medical Education Office.
- b. The resident will report for sign-out at 5:00 PM on the first Monday of the rotation in the Residents' Office in the ICU at IMMC. The senior medical resident assigned to the ICU and Dr. Yost will complete the orientation.

C. Rotation Description

- a. **Educational Purpose** – The purpose of this rotation is to provide resident physicians with the opportunity to learn and demonstrate the skills necessary to provide care on a critical care service. Furthermore, residents will have the opportunity to develop and demonstrate supervisory skills in teaching procedures to first year residents. Residents will admit patients to the ICU at IMMC, and provide coverage for patients in the medical ICU at night.
- b. **Principal Teaching Methods** – The principal teaching method will be clinical experience and teaching provided by the pulmonary/critical care faculty who will provide direct and indirect supervision. In addition, residents will complete the assigned didactic curriculum, including assigned readings that emphasize critical care medicine and cardiovascular medicine.
- c. **Educational Format** – The resident assigned to the ICU night medicine service at IMMC will be part of the critical care service, and will cover the teaching patients in the intensive care unit. The night medicine resident will work Monday through Friday night for two consecutive weeks. The night medicine resident will arrive for sign-out no later than 5:00 PM each night, and sign-out will be completed by 5:30 PM. The night medicine resident will admit patients to the ICU. Each admission will be staffed with the attending physician responsible for the admission to the ICU. This will usually be the attending intensivist, but may include any teaching faculty physician. The resident will also see critical care consults as requested by other services. The resident and the attending will discuss each admission and/or consult, agree upon a diagnostic or therapeutic plan, and the resident will complete any necessary admission notes, consults, or cross-cover notes as necessary. The resident will enter any orders

necessary. The resident will staff each admission and consult without exception, according to policy, and will staff cross-cover patients when necessary and according to the program policy on faculty notification. Finally, residents will complete the assigned objectives in the on-line curriculum.

- d. Educational Content** – The resident will encounter a wide variety of conditions commonly encountered on a critical care service at a tertiary level medical center. This will typically include, but not be limited to, acute ventilatory failure, malignancies, sepsis, drug overdoses, pneumonia and other acute infections, venous thromboembolic disease, congestive heart failure, COPD, acute renal failure, electrolyte and fluid balance disorders, acute cardiovascular emergencies, stroke, alterations in mental status, issues related to nutrition, and issues related to death and dying. The resident will complete a series of assigned readings selected for their relevance to providing care for this population, and will be expected to complete the readings and answer a series of assigned questions through the on-line format selected by the residency program. Residents may have the opportunity to perform a variety of procedures under the direct or indirect supervision of attending faculty physicians or another senior resident if appropriate.
- e. Educational Materials** – Educational materials will include the clinical teaching provided by attending physicians and other health care providers, recorded lectures on our website, and the on-line curriculum that is required for this rotation.

D. Competency Specific Learning Objectives

- a. Patient Care** – The resident will develop and demonstrate the ability to obtain an accurate, complete, and clinically relevant history and physical examination in a critical care environment; develop an appropriate differential diagnosis; and a patient-centered, effective diagnostic and therapeutic plan. The resident will demonstrate the ability to admit, evaluate and manage patients with commonly encountered problems in an intensive care unit.
- b. Medical Knowledge** – The resident will acquire and demonstrate knowledge of medical problems commonly encountered on a critical care service. In addition, the resident will demonstrate the ability to apply that knowledge at the bedside.
- c. Practice Based Learning and Improvement** – The resident will complete the assigned curriculum (see attached) in night medicine. The resident will develop and demonstrate the ability to engage in thoughtful reflection on the medical care he or she provides, and identify gaps in his or her knowledge base or in the care provided, and offer a strategy to improve those deficiencies.
- d. Interpersonal Skills and Communication** – The resident will demonstrate effective, respectful, and timely communication skills. The resident will demonstrate the ability to sign patients out each morning according to the format used by the residency program, and do so in a clear, organized, and concise fashion. The resident will demonstrate effective communication skills with the nursing staff, attending physicians, other health care providers, patients and their families. The resident will complete all documentation in a timely, complete, and accurate fashion, including admission notes, consult notes, transfer notes, discharge summaries, death notes, and cross-cover notes.

- e. **Professionalism** – The resident will demonstrate reliability, punctuality, and responsibility at all times. All issues involving gaps or deficiencies in patient care will be reported completely, and in a timely and respectful manner to the attending physician, service line chief, site director, or program director. Residents will arrive on time at sign-out at 5:00 PM and 6:30 AM daily. The resident will conduct himself or herself at all times in a manner that is respectful, honest, and in a way that demonstrates dedication to his or her patients.
- f. **Systems Based Practice** – The resident will develop and demonstrate the ability to cooperate effectively with nursing, respiratory therapy, pharmacy, dietary, and other health care professionals essential to effective patient care. The resident will demonstrate competence in use of the Electronic Medical Record (EMR) in documenting his or her patient care and ordering necessary treatments, labs, imaging studies, referrals, and any other orders essential to patient care. The resident will order laboratory and imaging studies, in consultation with his or her attending physician when indicated, with both quality of care provided and effective management of resources in mind.

E. Operations of the Rotation (What you Need To Know)

- a. **Lines of Supervision and Responsibility** – On this service, you are responsible for admissions to the intensive care unit at Iowa Methodist Medical Center. Any faculty physician with admitting privileges to the ICU at IMMC may request resident involvement. However, after 24 hours, there must be a formal consult requested for critical care service involvement if the resident is to remain involved with the patient. You are also responsible for consultations requested by other services, and for cross-coverage of patients assigned to the critical care service. Your next line of supervision for any admission, consult, or clinical issue in the ICU is the intensivist on duty that night. If, for any reason, the intensivist on call is unavailable, you are directed to contact the service line chief, the program director, or the vice president of medical affairs.
- b. **Admissions and Transfers** – Residents may accept up to fourteen (14) admissions and four (4) transfers during a single shift on night medicine. Residents may accept admissions from the emergency department, other facilities, or transfers from within the hospital.
- c. **Cross Coverage** – Residents on night medicine will provide cross coverage for patients assigned to a teaching service and in the ICU at IMMC. The night medicine residents will also serve as a resource for the night medicine residents covering the ward services, and be available for consultation and assistance if duties allow. The night medicine resident will contact the intensivist or faculty physician on call with any concerns, and in accordance with the policy on faculty notification. The night medicine resident will respond to and direct codes anywhere in the hospital.
- d. **ACGME Duty Hours** – It is the policy of the program and the institution to adhere strictly to the ACGME Duty Hours. On this rotation, the resident will work 70 hours each week for two consecutive weeks. The resident will be off each day by 7:00 AM and return no sooner than 5:00 PM, therefore having ten (10) hours off between each period of

clinical duty. In addition, the resident is off from 7:00 AM Saturday to 5:00 PM Monday, 58 hours in total, before resuming duty the following week. It is imperative that the resident complete sign-out and leave the hospital no later than 7:00 AM each day.

- e. **Weekend Coverage** – Weekend coverage will be provided by an assigned senior resident, either an R2 or an R3. The night medicine resident has no weekend responsibilities.
- f. **Continuity of Care Clinic** – There will be no Continuity of Care Clinic during this assignment.
- g. **Teaching Responsibilities** – The night medicine resident may provide focused teaching during sign-out to the oncoming team, identifying and discussing a clinical issue of educational value. The teaching point should be focused and brief, require no more than a few minutes, and may include citation of supporting evidence in the relevant medical literature.

F. Evaluation

- a. Evaluations will be completed electronically by the assigned attending physician, and will be coordinated and reviewed by the program director before they are released to the resident.
- b. Evaluations will be completed in competency-specific language and reflect the objectives listed for the core competencies above.

WJY

2/7/2012