

## Rotation Description

### Night Medicine, R1, IMMC

#### A. General Information

- a. **Rotation Length:** 2 weeks. Categorical residents in internal medicine can expect to complete 4 weeks total during their first year of residency broken down into 2 week blocks, and preliminary medicine and transitional year residents can expect to complete 2 weeks total.
- b. **Rotation Director:** William J. Yost, MD
- c. **Attending Physicians:** General Internal Medicine 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 Younker 7 Residents' Conference Room. The senior medical resident assigned to the internal medicine teaching service 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 patient care on an internal medicine inpatient service. Residents will admit patients to the inpatient services on general internal medicine, pulmonary medicine, and gastroenterology, and will learn how to develop and implement an effective diagnostic and therapeutic plan. Residents will learn the skills necessary to provide effective cross coverage at night for adult medical patients on an inpatient service and how to interact effectively with nursing staff and other health care professionals.
- b. **Principal Teaching Methods** – The principal teaching method will be clinical teaching provided in a real time fashion by the internal medicine faculty and senior residents during the course of patient care, discussion at formal sign-in and sign-out daily, and completion of the assigned didactic curriculum.
- c. **Educational Format** – The resident assigned to the night medicine service will be part of the general internal medicine teaching service. The night medicine resident will work Monday through Friday night for two consecutive weeks; the two week rotation in night medicine will take place in conjunction with a 2 week rotation in emergency medicine or another 2 week rotation. The night medicine resident will arrive for sign-out no later than 5:00 PM on each night, and sign-out will be completed by 5:30 PM. The night medicine resident will admit patients to the general internal medicine, pulmonary, and gastroenterology inpatient service. Each admission will be staffed with the attending physician responsible for the admission. The resident and the attending physician will

discuss each admission, agree upon a diagnostic and therapeutic plan, and the resident will complete an admission note and the admission orders after staffing the patient. In addition, the resident will see and accept ICU transfers as needed, and provide cross coverage for patients assigned to the general internal medicine, pulmonary and gastroenterology services. The resident will staff each admission without exception, and will staff cross cover patients as needed and according to the residency program policy on faculty notification. In addition to the clinical teaching provided with each admission, residents will complete the assigned objectives in the on-line curriculum and are encouraged to engage in case-based learning through reading core textbooks.

- d. Educational Content** – The resident will encounter a wide variety of conditions typically encountered on an inpatient internal medicine service, including the acute problems that commonly arise at night in this patient population. This will typically include, but not be limited to, acute infections, congestive heart failure, COPD, venous thromboembolic disease, renal and electrolyte disorders, malignancies, alterations in mental status, and end of life issues. 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 supervision of attending faculty physicians or senior resident physicians.
- 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 and complete history and physical examination, develop an appropriate differential diagnosis, and a patient-centered and effective diagnostic and therapeutic plan. The resident will demonstrate the ability to provide care for commonly encountered problems on an inpatient internal medicine service, including admissions to the general internal medicine service, pulmonary service and gastroenterology service.
- b. Medical Knowledge** – The resident will acquire and demonstrate knowledge of medical problems commonly encountered on an internal medicine service (see attached curriculum) and the ability to apply that knowledge at the bedside.
- c. Practice Based Learning and Improvement** – The resident will complete the assigned curriculum in night medicine. The resident will develop and demonstrate the ability to

engage in thoughtful reflection on the medical care provided, 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, patients and their families. The resident will complete all documentation in a timely, complete and accurate fashion, including admission notes, consult 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 patient care will be reported completely, including any concerns, and in a respectful manner. Residents will arrive on time for 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, and other health care professionals essential to patient care. The resident will order laboratory and imaging studies, in consultation with his or her attending 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 formally assigned to the internal medicine inpatient teaching service. The senior medical resident is in your line of supervision, and will be at sign-out every morning and afternoon to provide any necessary direction or consultation. At night, your line of supervision includes the internal medicine physician on duty and assigned to IMMC that night and the senior medical residents assigned to the ICU night medicine team. If for any reason, the internal medicine attending physician and the senior medical resident are unavailable, you are directed to contact the program director, the service line chief, and/or the vice president of medical affairs.

Your responsibilities include admitting patients to the internal medicine, pulmonary, and gastroenterology inpatient services, accepting transfers from the ICU to those services, providing cross coverage for patients assigned to those three services, and responding to all codes (except pediatric codes). Note: you do not respond to trauma alerts.

- b. Admissions and Transfers:** Residents may accept up to 5 admissions during a single shift on night medicine and up to 2 additional transfers from the ICU at IMMC.
- c. Cross Coverage:** Residents on night medicine will provide cross coverage for patients on the general internal medicine, pulmonary, and gastroenterology services. In general, this will include up to 25 to 30 patients. The night medicine residents should contact the attending physician on call for each of those respective issues with any concerns or questions. The senior medical resident assigned to the ICU night medicine team is also available for advice, support, and assistance.
- d. ACGME Duty Hours:** It is the policy of the program and 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 is off from 7:00 AM Saturday to 5:00 PM Monday, 58 hours in total, before resuming duty. 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 of the three services will be provided by the first year residents assigned to each of those three services in a schedule established by the chief medical resident(s). The night medicine resident has no weekend duties.
- f. Continuity of Care Clinic:** There will be no Continuity of Care Clinic during this assignment.

#### **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 in competency-specific language and reflect the objectives listed for the core competencies above.

William J. Yost, MD FACP