

## Rotation Description

### Night Medicine, VAMC

#### A. General Information

- a. **Rotation Length:** 2 weeks. Categorical residents in internal medicine can expect to spend two to four weeks in total, resulting in one to two rotations, on the night medicine service during the academic year.
- b. **Rotation Director:** William J. Yost, MD
- c. **Attending Physicians:** VA 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 Residents' Office on the 3<sup>rd</sup> floor of the VA. The senior medical resident assigned to the teaching service at the VA 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 inpatient care on an inpatient internal medicine ward and critical care service. Furthermore, residents will have the opportunity to develop and demonstrate supervisory skills in working with first year residents, and teaching skills in small group setting. Residents will admit patients to the inpatient services on general internal medicine, telemetry, and the intensive care unit.
- b. **Principal Teaching Methods** – The principal teaching method will be clinical experience and teaching provided by the general internal medicine and hospitalist faculty who 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 night medicine service at the VA will be part of the general internal medicine service, and will cover the teaching patients on the inpatient wards, telemetry, and the ICU. 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 inpatient wards, telemetry, and/or ICU. Each admission will be staffed with the attending physician responsible for the admission. The resident will also see internal medicine consults as

necessary when requested by other services. The resident and the attending will discuss each admission, agree upon a diagnostic and therapeutic plan, and the resident will complete any necessary admission notes, consults, and cross-cover notes as necessary. The resident will enter any orders necessary. The resident will staff each admission without exception, according to policy, and will staff cross-cover patients when necessary and according to the program policy on faculty notification. The resident will teach at sign out each morning, and provide focused clinical teaching on an issue addressed the preceding night. Finally, residents will complete the assigned objectives in the on-line curriculum and are to engage in case-based learning using core resources.

- d. Educational Content** – The resident will encounter a wide variety of conditions commonly encountered on an inpatient internal medicine service, consultation service, and critical care service. This will typically include, but not be limited to, acute infections, congestive heart failure, COPD, diabetes mellitus, venous thromboembolic disease, renal and electrolyte disorders, malignancies, acute cardiovascular emergencies, acute respiratory failure, alterations in mental status, stroke, 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 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 appropriate history and physical examination; 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 on an inpatient internal medicine service, in the intensive care unit, and as a consultant in internal medicine.
- b. Medical Knowledge** – The resident will acquire and demonstrate knowledge of medical problems commonly encountered on an internal medicine service, in the intensive care unit, and as a consultant in internal medicine. 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. The resident will demonstrate the ability to provide limited, clinically focused teaching during the sign-out in the morning.

- 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 gaps or deficiencies in patient care will be reported completely and in a respectful manner to the attending physician, service line chief, site director, or program director. 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 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, 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 general medicine inpatient service, telemetry, and the intensive care unit. You are also responsible for consultations requested by other services, and for cross-coverage of patients assigned to the internal medicine teaching service. Your next line of supervision for any admission or clinical issue on the general medicine ward or telemetry is the general internist or hospitalist on duty that night. Your next line of supervision for any admission to the ICU or clinical issues involving ICU patients is the intensivist on duty that night. An additional resource (if available) is the intensivist on duty in the e-ICU; although technically not in your direct line of supervision, that physician is available to answer questions or provide you with advice. If, for any reason, the internist or intensivist on call is unavailable, you are directed to contact the program director, the Director of Primary Care, and/or the Chief of Staff at the VA.

- b. Admissions and Transfers:** Residents may accept up to fourteen (14) admissions during a single shift on night medicine. Residents may accept admissions from the Emergency Department according to the standing policy, and may accept admissions from outside facilities.
- c. Cross Coverage:** Residents on night medicine will provide cross coverage for patients on the general medicine inpatient service, telemetry, and the intensive care unit. In general, this may include up to forty patients. The night medicine resident is to contact the internist or intensivist on call with any concerns, and in accordance with the policy on faculty notification. The night medicine resident will respond to and direct codes in any part of the hospital and the CLC.
- 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 at 7:00 AM and return no sooner than 5:00 PM, therefore having 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, R2 or 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 will identify a single clinical issue related to the patient care provided while on duty and teach something related to that clinical issue the following morning at sign-out. Ideally, the teaching point should be something that is focused, brief, and of interest to the residents and students at sign-out. This should be something that can be taught in a few minutes, and may include supporting evidence in the 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 in competency-specific language and reflect the objectives listed for the core competencies above.