University of California, Irvine

Department of Medicine

Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: Night Float Rotations

Site	Faculty Supervisor	Administrator	Phone
UCIMC	Lloyd Rucker, MD		714-456-5691
VAMC	Robert Kaplan, MD		562-826-8000

II. The educational rationale for this rotation

The UCIMC night float rotation is a core rotation for internal medicine residency training. Residents on this rotation will learn to diagnose, treat, and manage various medical problems in patients who are admitted to internal medicine services. Residents will learn from hands-on experiences in taking care of their patients. Elements of effective transfer of care of patients will be covered through rounds with members of the hospitalist faculty.

III. The principal teaching methods for this rotation

The residents learn via direct patient care, morning report presentation, rounds with the attending physician, lectures during rounds, and recommended readings. They will also interact with a number of consultants during the course of their shifts.

IV. Responsibilities for PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation

PGY2 & PGY3 (senior residents in the final years of training) are responsible for inpatient cross coverage as well as any overnight admissions to the UCIMC internal medicine ward services during the night. The senior resident is responsible for writing a history and physical for each patient admitted to the ward service. Residents are also responsible for timely handoffs and communications back to the primary in the morning. Residents will comply with program policy for the handoff process.

Competency-based Objectives for the Float Rotation

Patient Care	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to the general internal medicine float rotation and good patient care overall	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Diagnostic decision making based upon the best evidence based upon the admission and triage of general medicine ward patients	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Involving patients in decisions about their care	Most of the time	All of the time and demonstrated this skill for junior colleagues.	
Working with other health care professionals	All of the time		

to ensure the best care			
Teaching patients and families	Most of the time	All of the time	
Patient triage and evaluation of severity	Reporter & Interpreter	Manager & Educator. Able to interpret the presentations of junior colleagues. Intervenes when necessary. Able to quickly and competently assess the level of severity and address common acute conditions.	Competent at the level of a well-trained internist
Response to emergencies	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Commitment to wellness, screening & prevention.	Most of the time	All of the time	
Identification & intervention in psycho-social issues, including domestic violence & depression	Most of the time	All of the time	

Medical Knowledge	PGY1	PGY2	PGY3
Medical illnesses especially relevant to admission and coverage on the general medicine inpatient services	Reporter & Interpreter	Manager & Educator	Competent to practice independently
Complete differential diagnoses	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
ICU Medicine	Reporter & Interpreter	Manager & Educator; able to manage patients in the ICU setting and keenly aware of personal limitations.	Competent at the level of a well-trained internist
Recognizing own limitations	All of the time		

Practice-based Learning	PGY1	PGY2	PGY3
Take advantage of patient care to read & learn	Consistently		
Use of medical information resources & search tools	Consistently		
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding	Consistently	

Interpersonal & Communication Skills	PGY1	PGY2	PGY3
Create personal relationships with each patient by appropriately engaging them at each encounter	Most of the time	All of the time	
Use of verbal & non-verbal facilitation	Most of the time	All of the time	
Consistently demonstrate appropriate empathy & **good listening skills**	All of the time		
Respectful communication with colleagues &	All of the time		

other professionals			
Involve patients & families in discussions about care. Patient education.	Most of the time	All of the time	
I go out of my way to ensure the best possible care.	All of the time		
Enlist patients & families in health care decisions, including their feedback	Most of the time		
My ability to accept & integrate feedback from faculty & peers	All of the time		

Professionalism	PGY1	PGY3	PGY3
Altruism: patients needs above their own	Most of the time	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time		
Ethical behavior	All of the time		
Commitment to excellence	All of the time		
Sensitivity to age, gender, gender-preference, ethnicity, culture & disability	Most of the time	All of the time	
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances	All of the time	Consistently assess in junior colleagues. Ensures compliance with duty hours in self and others. Uses alternative resources and calls for assistance when appropriate, especially when fatigue or excessive patient care responsibilities endanger patients or colleagues	
Commitment to education & to learning	All of the time		Accelerated
Personal insight & self-reflection	Most of the time	All of the time	
Completion of assignments	All of the time		
Timely response to pages	All of the time		
Timely completion of medical records	All of the time		
Conference attendance	Meets requirements		
Hand-offs and sign-outs	Consistently well presented. Consistently uses SAIF IR to accept and pass along care of patients.	Consistently of the highest quality. Consistently uses and teaches SAIF IR	
Leadership skills	Developing	Consistent	Consistent

Systems-based Practice	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	
Use of outside resources	Generally aware	Integrates into all plans	
Use of case-management	Generally aware	Integrates into all plans	
Attention to quality, safety, and process improvement	Generally aware	Integrates into all plans	Makes these a top priority in all areas
Identification of systems issues that affect patient care	Developing	Consistently	Consistently
Use of the incident reporting systems to identify systems issues	Developing	Consistently	Consistently
Understanding of the business of medicine, health care systems, & public policy	Developing	Generally aware	Sophisticated understanding

Teaching Skills	PGY1	PGY2	PGY3
Commitment to teaching	Generally aware; expresses importance	Strong commitment	
Use of the microskills of teaching	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Basic	Clearly competent	

Organization Skills	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems	Fully integrated; multi-tasks easily	
Ability to prioritize personal issues in accord with personal values & priorities (Get my life in order)	Basic understanding	Consistent focus	
Ability to help others get organized		Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	
Organizing teams to include & prioritize learning & teaching		Competent & committed	
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	

V. Core primary resource readings

Text Books

- Harrison's Internal Medicine
- Current Medical Diagnosis and Treatment
- Washington Manual
- Pocket Medicine, Mass. General Handbook & UCI IM Survival Guide

Important Articles

- These are a list of articles recommended by faculties and other residents. Please refer to Residency Program Website www.ucihs.uci.edu/intmed for more extensive list.

- Prevention of Venous Thromboembolism: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy, Chest.2004; 126 (3S); 338S
- Antithrombotic Therapy for CAD: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy - Chest.2004; 126 (3S); 513S.pdf(1MB)
- Guidelines For Management of Patients with A-Fib - ACC/AHA/ESC – Circulation 2001; 104; 2118
- New Therapeutic Options in Congestive Heart Failure: Part I and II; John McMurray, MD, FRCP, FESC; Marc A. Pfeffer, MD, PhD; (Circulation 2002;105:2099-2106, 2223-2228).
- Asthma Treatment Guideline: http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf
- Initial Management of Glycemia in Type 2 Diabetes Mellitus, Nathan DM, NEJM 2002 Oct 24;347(17):1342-9
- Diagnosis and treatment of diabetic ketoacidosis and the hyperglycemic hyperosmolar state; Jean-Louis Chiasson, et.al.; CMAJ; April 1, 2003; 168(7):859.

- Delirium in Older Persons Inouye S. K. NEJM 2006; 354:1157-1165, Mar 16, 2006. Review Articles
- Critical issues in hematology: Anemia, Thrombocytopenia, Coagulopathy, and Blood Product Transfusions in Critically ill Patients. Drews RE. Clin Chest Med. 2003 Dec;24(4):607-22.
- 2002 Guidelines for the use of antimicrobial agents in neutropenic patients with cancer. Hughes WT et al. Clin Infect Dis 34: 730 51 (2002)
- American Gastroenterological Association medical Position Statement: Evaluation of Liver Chemistry Tests. Gastroenterology. 2002 Oct;123(4):1364-6
- Acute Pancreatitis: Clinical practice. Whitcomb DC. NEJM 2006 May 18;354(20):2142-50
- Consensus Recommendations for Managing Patients with Nonvariceal Upper Gastrointestinal Bleeding. Barkun A, et al. Ann Intern Med. 2003 Nov 18;139(10):843-57
- Hyponatremia: Adrogué H. J., Madias N. E. NEJM 2000; 342:1581-1589, May 25, 2000. Review Articles
- Management of Acute Hypercalcemia: Drug therapy. Bilezikian, JP. NEJM 326:1196, 1992
- Management of Cirrhosis and Ascites. Ginès P., Cárdenas A., Arroyo V., Rodés J. NEJM 2004; 350:1646-1654, Apr 15, 2004. Review Articles
- Management of Community-Acquired Pneumonia Halm E. A., Teirstein A. S. NEJM 2002; 347:2039-2045, Dec 19, 2002. Clinical Practice
- Endocarditis: http://circ.ahajournals.org/cgi/content/full/111/23/e394
- Skin and soft tissue infections: http://www.journals.uchicago.edu/CID/journal/issues/v41n10/37519/37519.html
- Line Infections: http://www.journals.uchicago.edu/CID/journal/issues/v32n9/001689/001689.html
- Practice Guidelines for the Management of Bacterial Meningitis. Allan RT et al. Clinical Infectious Diseases 2004;39:1267-84
- Diagnosis and Treatment of Diabetic Foot Infections. Benjamin AL et al. Clinical Infectious Diseases 2004;39:885-910
- National Kidney Foundation Practice Guidelines for Chronic Kidney Disease - Evaluation, Classification, and Stratification - Ann int Med.2003; 139; 137
- Early Goal-Directed Therapy in the Treatment of Severe Sepsis and Septic Shock, NEJM 2001 Nov 8;345(19):1368-77 “Rivers article”
- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report, Aram V. Chobanian, JAMA, May 2003; 289: 2560 - 2571.

Key physical diagnosis skills

- Bates’ Physical Examination and History Taking.

Recommended Readings for this Rotation

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

http://www.accessmedicine.com/guidelines.aspx?type=1

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1

VI. Key procedures that the resident should be able to *perform*

Paracentesis, thoracentesis, lumbar puncture, central line placement, arthrocentesis, ABG, venipuncture, NG tube insertion, evaluation and interpretation of EKG.

VII. Key topics

Refer to Residency Program website, www.ucihs.uci.edu/intmed for more details. Some examples of the important topics that need to be covered during the rotation include:

Effective Transfer of Care (see form below)
Medication Reconciliation
Acute Shortness of Breath
Chest Pain
Low Urine Output
Fever

VIII. Evaluation Methods

Faculty will evaluate each resident's performance in several different areas of professional competencies as mentioned below. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation.

Resident Name	Faculty Name	Date

Complete one column for each patient presented. Put an "x" in the space if the resident completes that behavior. Put an "o" in the space (or leave it blank) if the resident fails to do so.

x = completed o = not completed

Comments

Patient Number	**1**	**2**	**3**	**4**
Competence Category	**X or O for each patient for each behavior**			
Patient Care				

Names Attendings & Consultants				
States Concise, Relevant History				
States Concise, Relevant Physical Exam				
States Relevant Social Problems				
Knows & States Medications & Allergies				
Provides Test Results & Tests Pending				
Provides Concise, Thoughtful Assessment & Plan				
Anticipates Problems & Correctly Identifies the Urgency of Care Issues				
Knows & States Code Status				
Medical Knowledge				
Clinical Knowledge Appropriate to Case				
Communication & Interpersonal Skills				
Provides Concise, Pertinent & Relevant Information				
Provides an Opportunity for Questions				
Collegial and Supportive				
Professionalism				
Arrives on Time & Respectful of Time				
Demonstrates Respect & Empathy for Patients				
Excellent Overall Commitment to the Transfer Process				
Systems-based Practice				
Anticipates discharge issues				

<u>Characteristics of Effective Transfer of Care (Handoffs)</u>

1. Every Transfer of Care episode, even if care is accepted only for a short time, should be considered by the receiving physician as transferring full care and responsibility.

2. Effective Transfer of Care

    a. Occurs face-to-face with the opportunity for questions and clarifications.

    b. Occurs for each patient, regardless of severity or complexity of illness.

    c. Clearly states responsible attending physicians and consultants with contact information.

d. Provides a CONCISE statement of all active problems with pertinent detail.

e. Provides details of active medications.

f. Provides a CONCISE statement of physical findings with pertinent detail.

g. Describes active, relevant social problems.

h. Lists pertinent testing results and pending results.

i. Provides an thoughtful, CONCISE assessment

j. Defines the severity, scope, and urgency of the problem.

k. States code status.

l. Anticipates clinical trends and problems.

m. Anticipates discharge issues.

n. Ends with an opportunity for CONCISE, RELEVANT & APPROPRIATE questions.

o. Complements the more comprehensive written record.

3. Effective Transfer of Care is NOT

   a. Long and drawn out.

   b. Pimping.

   c. A chance to show how smart you are.

   d. A stand-in for performing one's own evaluation when accepting care.

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