CURRICULUM FOR THE UCDMC NIGHT TEAM INTERN
UC Davis Internal Medicine Residency Program

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I. EDUCATIONAL PURPOSE AND CONTENT

The primary responsibility of the Intern on the Night Team rotation will be cross-covering academic UC Ward and Hematology-Oncology patients. The on-call, overnight UC Ward teams will cross-cover their own patients. The Night Team rotation provides opportunities for the Intern to gain experience evaluating and managing acute inpatient medical issues including altered mental status, chest pain, fever, neutropenic fever, shortness of breath, decreased urine output, anemia, thrombocytopenia, agitation, etc. The night team rotation also allows PGY1 learners to increase their autonomy, as they are the first call for many patients. They do this, however, with close backup from more senior residents, fellows, and faculty.

The Night Team Intern will also be a member of the code team and gain experience with Advanced Cardiac Life Support (ACLS) procedures.

II. PRINCIPAL TEACHING METHODS

A. Supervised Direct Patient Care: the interns cross-cover for a wide variety of medical and hematology/oncology patients. They independently address nursing questions and evaluate patients with ongoing or new clinical issues. If they have questions, they contact the Night Team Resident for direct backup. They also are encouraged to contact the attending for the patient (on Medicine teams) or the Hematology-Oncology Fellow and/or Attending (on Heme-Onco patients) for any questions.

III. EDUCATIONAL CONTENT

A. Mix of Diseases/Types of Clinical Encounters/Procedures: patients seen will represent a wide variety of disease processes in the domains of Cardiology, Gastroenterology, Infectious Diseases, Pulmonary, Endocrinology, Hematology-Oncology, Rheumatology, etc. Many of the encounters will be acute issues, including, but not limited to: chest pain, shortness of breath, altered mental status, anemia, gastrointestinal bleeding, fluid and electrolyte balance, fever, and pain.

Interns may gain experience in the following procedures: arterial blood gases, paracentesis, thoracentesis, central venous catheters, and rarely IV lines or blood draws if nursing staff cannot gain venous access. The Night Team Resident will supervise these procedures when necessary.
B. Clinical Venue: this curriculum covers the UCDMC Night Float rotation only at the University of California, Davis Medical Center.

IV. EDUCATIONAL GOALS AND OBJECTIVES

During the night float rotation, interns are expected to be able to demonstrate the following competencies by the end of the intern year:

- **Patient Care**
  - Able to complete a focused problem-based history and exam.
  - Reviews medical chart whenever necessary to make cross-cover decisions
  - Evaluates patients with new complaints or exacerbations of ongoing problems in person at the bedside.
  - Asks for backup from residents, fellows, or attendings when unsure on course of action.
  - Follows up in a timely manner on tests ordered on patients being evaluated.
  - Follows up on items requested by primary team at sign-out.

- **Medical Knowledge**
  - Demonstrates adequate fund of knowledge for basic medical problems seen on night float, including chest pain, shortness of breath, altered mental status, hypokalemia, hyperkalemia, abdominal pain, gastrointestinal bleeding, constipation, fever in hospitalized patients, and insomnia.
  - Looks up information on patients that he/she admits when questions arise.

- **Practice-Based Learning and Teaching**
  - Critiques own performance
  - Receptive to constructive criticism from residents, attendings or fellows.
  - Learns from errors and uses errors to improve patient care on both a personal and system-wide level
  - Uses information sources effectively to support patient care decisions and to educate self, patients and other physicians

- **Interpersonal and Communication Skills**
  - Communicates major changes in clinical status to attending responsible for the care of the patient.
  - Always writes notes in medical record for clinical issues that they evaluated during their shift.
  - Communicates changes in patient status in person to each physician as they resume care each morning.

- **Professionalism**
  - Demonstrates respect, compassion and integrity in working with patients, families, colleagues and other health professionals regardless of their background
  - Adheres to principles of confidentiality, scientific and academic integrity and informed consent
  - Recognizes and identifies deficiencies in peer performance in a constructive manner
- Takes responsibility for patient care; acknowledges mistakes

- **System-Based Practice**
  - Works within UCD Ward and Hem-Onc rotation structure to provide care and ensure communication between shifts of workers.
  - Uses IM Sign-out and medical chart for effective communication in the system.
  - Timely completion of notes and verbal orders.

V. **ANCILLARY EDUCATIONAL MATERIALS**

There are a variety of computer-based resources that are available for use by the Night Team intern. MD Consult, Harrison’s On-line, Micromedex, eMedicine, and Scientific American are available through the Clinical Resources Center (CRC) via the intranet. Up-to-Date is available on every computer (with internet access). For questions about bacteria susceptibility, the UCDHS antibiogram is also available on the CRC.

Interns are provided with a lecture series in the beginning of the year on approaches to commonly encountered cross-cover issues and hematology-oncology emergencies. Such topics are covered in the Intern Survival Guide as well.

VI. **METHODS OF EVALUATION**

The Night Team Intern will be evaluated by the General Medicine and Hematology Oncology team interns (peer evaluation) using E-value.

VII. **STRUCTURE OF ROTATION.**

A. **Shift Times:** The Night Team Intern works Monday through Friday from 5:00 p.m. to 6:30 a.m. There is no dedicated Night Team Intern on Saturday and Sunday nights. Interns on their Ambulatory block will provide coverage on Saturdays and Sundays. Continuity clinics are cancelled during the Night Team rotation.

B. **Sign-In:** At 5:00p.m., the Night Team Intern will meet with the general medicine and Heme-Onc teams in the Davis 6 conference room to discuss acute overnight issues on the UC Wards and Hematology-Oncology services. This direct communication and information exchange with the primary team is critical for optimal patient care. All residents will use the online IM sign-out program for formal sign-out. The Night Team Intern will receive the code pager at this time as well.

C. **Sign-Out:** Before leaving the hospital at the end of their shift, the Intern should sign all verbal orders and the code pager should be delivered to the appropriate Intern (this schedule can also be found on CRC and AMION). Work hours and procedures should be recorded in E-value. Sign-out will be given face-to-face with interns and residents as they arrive to start their shift in the Davis 6 conference room.
D. Nursing Calls: Most issues come to interns via calls from the nursing staff. For most issues, this will mean that the intern will need to go to the bedside to evaluate that patient and review the chart. Interns should rarely make any decisions without such bedside evaluation (e.g. go to the bedside to see fever, AMS, pain, diarrhea, SOB, chest pain). The Night Team Intern must always write a brief note including date, time, reason called, and action taken. Inclusion of a history, exam, study results, and an assessment and plan are often needed. There are no exceptions to this rule on documentation. Sometimes, there will be more than one acute patient situation, and it becomes impossible for the Night Team Intern to be at multiple places at once. In those situations, the Night Team Intern may always ask for help from the Night Team Resident or any other on-call resident/intern from UC Wards, CCU, or MICU. If the intern thinks that a patient may need ICU or CCU care, they should call the MICU or CCU resident immediately for assistance.

E. Hematology-Oncology patients: Many of the hematology-oncology patients are acutely ill and a significant number are neutropenic. The Night Team Intern should always be vigilant regarding fevers or acute changes in these patients. Often, broad spectrum antibiotics need to be started. The whiteboard in the Hematology-oncology conference room (Davis 8) has helpful resources, as well as the Intern Survival Guide, which includes information on Heme-Onc emergencies. Additionally, the Night Team Intern may always ask for help from the Night Team Resident, or the on-call Hematology-oncology fellow and/or attending. Interns should contact the fellow or attending for any cases where he/she has questions.

F. Decompensating patients: Patients who are actively decompensating must be seen immediately and may require transfer to the MICU or CCU, depending on the etiology. Interns should have the Night Team Resident assist them in the evaluation of any such patient. If they determine that the patient needs MICU or CCU transfer, they should contact those teams as soon as that determination is made.

Whenever a patient decompensates or dies unexpectedly, the ward attending responsible for that patient should be contacted.

G. Supervision: The Night Team Intern has a variety of resources for supervision. S/he should call primarily on the Night Team Resident for assistance, but may also call the admitting Hospitalist, CCU, UC Ward, and MICU residents for any questions or issues. The Hematology-Oncology Fellow, Subspecialty Attendings, UC Ward Attendings, and Chief Residents are all also available by pager. It is much better to ask for help when you are unsure--than to confidently make a poor decision that adversely affects patient care. If you are uncomfortable about anything, please consult your colleagues for help.

H. Miscellaneous: The Night Team Intern will not be asked to admit patients to the non-academic, Hospitalist service, and will have no responsibilities for the patients on the non-academic, Hospitalist service.

The Night Team Intern call room is located on the sixth floor of the hospital in the CCU. The key labeled T405 will open the door.