I. EDUCATIONAL PURPOSE

The Night Team rotation provides opportunities to work-up and evaluate new admissions to the internal medicine service. The Night Team Resident (who can be a PGY2 or a PGY3) will be expected to obtain the history, perform a physical exam, review prior laboratory and radiological data, and synthesize an assessment and plan. As with other inpatient rotations, the Night Team Resident may have the opportunity to do basic procedures such as thoracentesis or paracentesis.

This rotation allows residents to see a wide variety of patients individually which allows the resident to develop an advanced level of skill at diagnosis and decision making, while functioning semi-independently. This is a rotation where autonomy helps develop self-confidence.

The Night Team Resident will be involved in a wide variety of clinical situations during the 12-hour shift. S/he will gain experience with ACLS procedures, as s/he will be the senior member of the code team. The resident will also become proficient at evaluating and triaging urgent general medicine consults. As the night-time general medicine consultant, the Night Team resident will learn how to provide preoperative assessment for surgical patients. S/he will also be learn how to handle urgent, after-hours telephone calls from the general internal medicine clinic.

As the senior member of the Night Team, the resident will also provide supervision to the Night Team Intern who is primarily providing cross-cover care for the academic ward patients and hematology-oncology inpatient service.

II. PRINCIPAL TEACHING METHODS

A. Direct supervised patient care: residents will evaluate patients individually overnight both for admissions to internal medicine and for consultations that they perform. For consultations, residents are expected to contact their attending immediately after completion to discuss their evaluation and recommendations to the consulting team. For internal medicine patients, residents will pass the patients on to the ward teams in the morning. For patients going to the
Hematology-Oncology service in the morning, residents will contact the Hematology-Oncology Fellow (or attending in their absence) immediately after completing their evaluation.

III. EDUCATIONAL CONTENT

A. Types of clinical encounters/Mix of diseases/Procedures: For new admissions, there will be a wide variety of disease processes in the domains of cardiology, gastroenterology, infectious diseases, pulmonary, rheumatology, nephrology, etc (see General Medicine Ward Rotation curriculum for further details).

The Night Team Resident also serves as the General Medicine Consultant from 7 PM to 7 AM, under the supervision of the General Medicine Consult Attending. In this capacity, he/she will perform consultations for non-medicine specialties on medical problems and to provide preoperative risk assessments of medically ill patients, elderly patients, and patients with cardiopulmonary diseases (see the General Medicine Consult Rotation for further details). Emergent cardiology consults are preformed by the on-call CCU Resident.

The Night Team Resident is the senior medicine member of the code team.

The Night Team Resident serves as the covering physician for after-hours telephone calls for the General Medicine Clinic (excluding Faculty Practice, Geriatrics, IMPACT, and Primary Care Residents’ patients). As such, they develop proficiency at telephone medicine.

B. Clinical Venue: This curriculum covers the UC Davis Medical Center only.

C. Procedures: The Night Team Resident will have the opportunity to perform central line placement, arterial blood gas, thoracentesis, paracentesis, lumbar puncture, or arthrocentesis. If the resident has not had sufficient experience, these will be performed under the supervision of competent faculty (attending hospitalist, ER attending) or fellows.

IV. EDUCATIONAL GOALS AND OBJECTIVES

Both PGY2 and PGY3 residents do the Night Team Rotation. By the end of the PGY3 year, residents should be able to demonstrate the following competencies:

- Patient Care
  - Able to obtain a complete and accurate patient history using interviews of patients and families/friends, thorough review of the medical records, review of outside records when applicable.
  - For consultations, when appropriate, will include pertinent positives and negatives, particularly with respect to perioperative risks of bleeding, anesthetic reactions, ischemia, and death.
o will use appropriate nonpatient sources of data if patient cannot give a complete history (i.e. outside physicians, outside records, patient chart review).

o For consultations, will not rely solely on referring service for history.

o For telephone calls, demonstrates the ability to take a thorough history on the complaint (including past history, allergies, medications, where appropriate), communicates impression and recommendations to patients.

o Demonstrates appropriate judgment on level of care for telephone care patients.

o Able to demonstrate basic physical exam skills. Includes appropriate exam components depending upon clinical presentation. This includes performing a neurologic, mental status, rectal, and pelvic exams on appropriate patients.

o Able to synthesize case information to come up with a complete problem list and adequate differential diagnosis for common and uncommon medical complaints and conditions.

o Able to synthesize case information to come up with a complete problem list and adequate differential diagnosis for common medical complaints and conditions.

o Shows sound clinical judgment and asks questions or for help when clinical uncertainty exists.

o Incorporates patient preference into the care plan.

• Medical Knowledge
  o Demonstrates adequate fund of knowledge for basic and complex medical problems
  o Interest in learning and knowledge of the mechanism of disease
  o Looks up information on patients that he/she admits when questions arise.

• Practice-Based Learning and Teaching
  o Critiques own performance
  o Receptive to constructive criticism from resident, attending or fellow.
  o Learns from errors and uses errors to improve patient care on both a personal and system-wide level
  o Uses information sources effectively to support patient care decisions and to educate self, patients and other physicians
  o Looks up information on patients that he/she admits when questions arise.

• Interpersonal and Communication Skills
  o Develops a good working relationship and rapport and communicates clearly with other physicians, health professionals and patients.
  o Calls attending after all consultations to discuss assessment and plan.
  o Contacts consulting team to relay assessment and recommendations immediately after completing and staffing consultation.
  o Maintains comprehensive, timely and legible medical records in the EMR.
  o Able to presents cases concisely and in a well-thought out manner
  o Maintains comprehensive, timely and legible medical records in the EMR.
• **Professionalism**
  o Demonstrates respect, compassion and integrity in working with patients, families, colleagues and other health professionals regardless of their background
  o Adheres to principles of confidentiality, scientific and academic integrity and informed consent
  o Recognizes and identifies deficiencies in peer performance in a constructive manner
  o Takes responsibility for patient care; acknowledges mistakes

• **System-Based Practice**
  o Works within UCD system to ensure continuity of care between inpatient and outpatient arenas.
  o Uses EMR to communicate with PCPs on telephone calls and/or admissions regarding their patients
  o Timely completion of H&Ps (at time of admission) and signing of verbal orders.
  o Recognize how their patient care and professional practices affect other healthcare professionals and the healthcare system

V. **ANCILLARY EDUCATIONAL MATERIALS**

A. Residents on the Night Float rotation are encouraged to review and utilize the General Medicine Consultation Curriculum. This is available from the General Medicine Division Office (PSSB 2400) or a copy is available in the Mandelbaum library. This curriculum contains comprehensive source of articles; in particular the articles on the perioperative assessment of surgical patients will be useful for the Night Team Resident. The most recent guidelines for perioperative cardiac risk assessment are also available from any computer at www.aacc.org

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.

VI. **METHODS OF FEEDBACK AND EVALUATION**

Night Team Residents will get immediate feedback from attendings that receive new patients from them in the morning, or who staff consultations via the telephone overnight. General Medicine Consult Attending faculty will also provide feedback on telephone care issues, where appropriate.
Peer evaluations by the UC Ward team residents will be obtained at the end of each 2 week Night Float resident block. These will be done on E-Value.

VII. STRUCTURE OF THE ROTATION

A. PGY2 and PGY3 residents both do this rotation once per year for a 2 week block and will additionally do some weekend coverage while on other rotations.

B. **Shift Times:** The work hours are 7:00 p.m. to 7:00 a.m. Monday through Friday. A resident from another rotation will cover Saturday and Sunday. Continuity Clinics are cancelled during the Night Team rotation.

C. **Sign-In:** Upon arrival, the resident will page the on-call resident to obtain the code pager (if applicable).

D. **EXPECTATIONS FOR Internal Medicine and Hematology Oncology Admissions:** Admissions will begin at 7:00pm. The total number of admissions during the 12-hour shift is 4. Each admission must be accepted from the hospitalist without refusal. Each admission will be assigned to a team AT THE TIME OF INITIAL ORDER-WRITING (please designate the team and its members with pager numbers on the admission orders).

Overnight hematology-oncology patients will be preferentially assigned to the Night Team Resident for admission. On occasion, as work flow dictates, these admissions will be done by the hospitalists. The Night Team Resident will discuss overnight admissions with the on-call hematology-oncology fellow and/or attending as patients are admitted.

Hematology-oncology admissions done by Night Team Resident will go to inpatient Hematology-Oncology Service at 7 a.m. The Night Team Resident will directly contact the Hematology-oncology Ward Fellow for that day to inform on the name, location, condition, and outstanding issues on these patients.

E. **EXPECTATIONS FOR Consultations:** The Night Team Resident is responsible for medicine consults during the 12-hour shift. Each consult request should be evaluated as soon as possible after the consultation request is obtained. Rarely, absolutely stable, non-urgent issues can wait until the morning. If so, this information should be communicated with the primary team requesting the consult and the Night Team Resident must tell the appropriate consult service at 7 AM about the consult request. **Typically,** the consults requested at night require urgent evaluation.

All General Medicine Consultations should be staffed over the phone with the General Medicine Consult attending once the intial evaluation is completed. (see General Medicine Consultation Rotation Curriculum for more details).
The Night Team Resident is also responsible for emergent infectious diseases (not antibiotic approvals), rheumatology and endocrine consults, but these requests rarely happen. If these consults should occur, the Night Team Resident should staff the patient with the attending on call from those respective services once the initial evaluation is completed.

After ANY consultation that is completed, the resident must contact the requesting service to verbally relay the assessment and recommendations.

The appropriate consult teams should be informed at 7 AM in the morning of any overnight consults; communicating patient name, location, and any outstanding issues. Please record these consultants (with action taken, attending called, etc.) in the same binder where jeopardy patients are recorded. Please note this communication and associated information exchange with the consult team in the morning is vital for patient care.

F. **Sign-Out:** At 7:00 a.m. in the Davis 6 conference room, the Jeopardy teams will meet with the Night Team Resident in order to distribute the morning Jeopardy patients. All patients given to the Jeopardy team should be recorded in the binder located in the room. The CCU service may give one patient to the medicine teams per day at this time. These should also be recorded in the book.

Consult teams should be paged at 7 AM with any new consults (see above).

The Night Team Resident should deliver the code pager to the resident assigned to carry it that day. S/he should then sign any and all verbal orders and log her/his work hours in E-value.

G. **EXPECTATIONS FOR TELEPHONE CALLS:** During the 12-hour shift, the Night Team Resident may be called from the hospital operator requesting help with the concerns of a patient from the General Medicine Resident Clinic. The operator will contact the Night Team Resident for assistance with General Medicine clinic patients who have urgent questions. These patients have a resident provider; they are not part of the UC Davis Primary Care Network, Faculty Practice, or Primary Care Resident panels. For patients seen in the Internal Medicine subspecialty clinics who call with a question for their subspecialist, you should direct the operator to the fellow on-call for the specialty area they are calling about.

The operators are NOT trained in the medical field and CANNOT make a judgment call regarding what issues require physician attention. The assessment and appropriate triage of these patients requires the Night Team Resident to have an awareness of the complexities of urgent evaluation. For example, if the patient’s insurance will allow her/him to be seen at an urgent care center, this can be a reasonable choice in that it prevents the patient from waiting many hours in Sacramento’s over-crowded emergency rooms. The appropriate triage of these calls will require the resident to be cognizant of the larger context and delivery systems of health care.
The following list describes typical situations.

- If the patient is calling about an emergency situation, such as chest pain, difficulty breathing, gastrointestinal bleed, etc., the patient should call 911. If the patient is unable, the Night Team Resident may call 911 and send an ambulance to the patient’s house.

- If the patient is calling about an urgent matter, the patient may be directed to the ER. If it is before 9pm, there are local urgent care clinics on the attached handout that will be able to provide urgent care – please review their eligibility for such care based upon their insurance status. **Attachment A** below outlines this. This guide is also available on the CRC website on the IM Housestaff page.

- If the patient is calling about a minor issue, then the resident is directed to practice “telephone medicine.”

If there are questions regarding the management of these patients, the General Medicine Consult Attending is available for supervision.

All patient calls need to be documented in the EMR as a Telephone Encounter. For appropriate documentation, this should include the date, time, reason for the call, and the history, past medical history, medication list, and impressions and recommendations. A copy of this encounter should be CC:d to the patient’s resident provider. Route the note to the General Medicine Consult Attending for co-signature.

Sometimes the Night Resident is asked to call in prescriptions, however, do **not** call in a new prescription for narcotics and do **not** refill narcotics after hours. Have the patient contact the clinic in the morning.

Please also review the General Medicine Consultation Syllabus (in Mandelbaum Library) for further details, if you have any further questions.

**H. OVERFLOW MECHANISM:** In the rare event there are more admissions to the General Internal Medicine Service than can be handled by both the hospitalist service and the Night Team Resident, the following describes the procedures to handle these “overflow” patients. These rare hectic nights are hard for all involved and all the residents need to work together.

- The Night Team Resident can admit more than 4 admissions, if s/he is able to handle more admissions.
- The hospitalist will call the other medicine services (HONC, MICU, CCU) to see if one of these services can admit a patient.
- If ALL residents are busy, the Chief resident should be notified so that a Back-up Resident can be called to come to the hospital to admit patients.
- Regardless of which team/service/resident admits these overflow patient(s), the patients will be distributed at 7:00 a.m. along with all of the night admissions.
I. **SUPERVISION OF NIGHT TEAM INTERN**: The Night Float Resident will be available at all times for backup of the Night Team Intern. If the patient seems to be decompensating or there are any questions about the care, the Night Team Resident should go to the bedside and evaluate the patient with the intern. The Night Team Resident should do such an evaluation on any patient that is being evaluated for MICU or CCU transfer.

J. **MISCELLANEOUS**: The Night Team Resident will not be asked to admit patients to the non-teaching, hospitalist service, and will have no responsibilities to the patients on the non-teaching, hospitalist service.

K. **SUPERVISION**: For night-time admissions, the resident will rely on the in-house hospitalist for supervision with the initial assessment, development of the plan of care, performing procedures, etc. The hospitalist attending physician is in the hospital 24 hours/7 days a week and is available as a resource for any questions or concerns that arise regarding patient care including supervision of procedures.

For consultations, the Attending for the consult service is available at all times. They should be contacted whenever a consult is completed.

For patients being admitted to Hematology-Oncology, the resident can also use the Heme-Onc Attending or Fellow for any questions that may arise in such patients.

For patients being cross-covered by the Night Team Intern and Resident, the responsible Attending should be contacted for any questions and to notify them of significant changes in their patients’ clinical status.
ATTACHMENT A:

UCD GENERAL MEDICINE CLINIC AFTER HOURS CARE OPTIONS
Excerpted from the General Medicine Consult Rotation Curriculum

CAPITATED PATIENTS
Patients with insurance capitated to UCDMC may be referred to the following facilities for urgent care after hours. A good way to find out the patient’s insurance, if the patient is not sure, is to have them read off their blue patient ID card.
Common capitiated insurance plans include: PACIFIC CARE, HEALTH NET, HEALTHNET SR, WHA COMMERCIAL, CIGNA, AND ANY HEALTH INSURANCE CARD THAT HAS UCD/INSURANCE PLAN NAME.

Doctor’s Medical Center Group
4948 San Juan Avenue
Fair Oaks, CA
966-6287
9 am to 9 pm M-F
8 am to 11 pm Sat-Sun

MED 7 Urgent Care
3100 Douglas Boulevard
Roseville, CA
772-6337
9 am to 9 pm everyday

MEDCARE Medical Center
1907 Douglas Boulevard #70
Roseville, CA 783-0101
9 am to 9 pm M-F
9 am to 5 pm Sat-Sun

MED 7 Urgent Care
4156 Manzanita #100
Carmichael, CA
965-6337
9 am to 9 pm everyday
MEDI-CAL CAPITATED
We have patients who have Medi-Cal capitated to use via the WHA insurance program. Their card will have WHA/GMC or WHA/SACOn it. These patients can be referred to the following clinic after hours.

YOU MUST CALL IN ADVANCE TO AUTHORIZE THE VISIT

Sacramento Family Medical Group
3000 L Street
Sacramento, CA
737-7120
6 pm to 8 pm M-F
12 pm to 4 pm Sat-Sun

STRAIGHT MEDI-CAL
These cards just say MediCal on them.
WE HAVE NO CONTRACT FOR NON-CONTRACTED MEDI-CAL PATIENTS; IF THEY HAVE TO BE SEEN AFTER HOURS, THEY NEED TO BE SENT TO ER.

STRAIGHT MEDI-CARE
These patients have no supplemental insurance of HMO-Medi-Care coverage. We do not have any special contracts. Have the patients call the above clinics to see if there is appointment availability and if they can be seen. If that fails, or if they prefer, they can go to ER.