

Night Float Adult Inpatient Medicine (PGY2)

This mandatory rotation occurs over 6 weeks of the PGY2 year. It is divided into 3 2-week blocks. It is not a series of “calls” but is a rotation designed to cover the overnight responsibilities of the Tiger Team at Ochsner LSUHealth Monroe Medical Center. The resident will manage the inpatient service, and will supervise and assist the night admit PGY1 for ED consults and admissions. While FM faculty provide indirect supervision and oversight from home, the Night Float resident has significant autonomy in making management decisions regarding inpatients, new admissions and transfers. The goals and objectives are very similar to the other medicine rotations.

Goals:

At the end of this longitudinal experience, the resident will be competent in caring for the seriously ill adult patient hospitalized with complex medical conditions. This requires the application of their knowledge and skills in ascertaining the signs, symptoms and laboratory abnormalities of the ill adult patient along with the communication and leadership skills to outline and coordinate the chronological flow of an appropriate diagnosis and treatment plan through the hospital stay (from admission to discharge). PGY2 residents will supervise and mentor junior learners.

Knowledge:

Objective: Upon completion of the experience the resident will demonstrate the following competencies.

1. The underlying physiologic changes in the various body systems, including diminished homeostatic abilities, altered metabolism, effects of drugs and other changes relating to the critically ill patient. (MK, PC)
2. The conditions encountered in the hospital setting that are significantly life threatening or likely to have significant impact in changing care processes leading to quality improvement and efficiency. (MK, PC)
3. The unique modes of presentation of critically ill patients, including altered and nonspecific presentations of diseases. (MK, PC)
4. The financial aspects of critical care and the mechanisms by which medical innovations influence health care patterns and decisions. (MK, PC, SBP)
5. The processes and systems of care that span multiple disease entities and require multidisciplinary input to create quality care and efficiency. (MK, PC, PBLI, ICS)
6. The processes and communication required for the safe transition of patients from one clinical setting to another. (PBLI, ICS, SBP, PC)
7. The evaluation of benefits, harms and financial costs of drug therapies for individual patients as well as recognition of risks of adverse drug events at the time of transfer of care. Reconciliation of documentation of medications at the time of discharge. (SBP, PC)
8. The relationship between value, quality, cost and incorporating patient wishes into optimal health care. (ICS, PC, MK, SBP)
9. The access and interpretation of data, images and other information from available clinical information systems. (SBP, PC, ICS)
10. The clinical practices and interventions that improve patient safety and the effects of recommended interventions across the continuum of care.

11. The following clinical areas that are relevant to management of the ill adult:

- a. Cardiology:
 - i. Acute coronary syndrome
 - ii. Cardiac dysrhythmias and cardiac arrest
 - iii. Hypertensive urgency and emergency
 - iv. Congestive heart failure
 - v. Valvular heart disease
- b. Critical Care:
 - i. Shock
 - ii. Hypothermia & Hyperthermia
 - iii. Rhabdomyolysis
 - iv. Multisystem organ failure
 - v. Accidental poisoning and attempted suicide
 - vi. Alcohol and drug withdrawal
- c. Endocrinology:
 - i. DKA
 - ii. Thyroid storm
 - iii. Hyperosmolar non-ketotic acidosis
 - iv. Other endocrine emergencies
- d. Gastroenterology:
 - i. Acute biliary disease
 - ii. Gastrointestinal bleeding
 - iii. Hepatic failure
 - iv. Pancreatitis
- e. Hematology and Oncology:
 - i. Bleeding disorders and coagulopathies
 - ii. Cancer screening, staging and treatment
 - iii. Transfusion therapy and reactions
 - iv. Venous thromboembolic disease
- f. Infectious disease:
 - i. Sepsis
 - ii. Antimicrobial therapy
 - iii. Immunology and the compromised patient
 - iv. HIV and antiviral therapy
- g. Medical management of the surgical patient:
 - i. Preoperative risk assessment
 - ii. Preoperative risk reduction interventions
 - iii. Postoperative management (pain, glycemic control, antibiotics)
- h. Nephrology:
 - i. Hypertension
 - ii. Renal Failure
 - iii. Acid-base disorders
 - iv. Electrolyte abnormalities
- i. Neurology:
 - i. Cerebral vascular accidents and coma
 - ii. Meningitis and encephalitis
 - iii. Brain and spinal cord trauma and disease
 - iv. Seizures and other neurological emergencies

- v. Degenerative brain disease
- j. Palliative Care and Hospice:
 - i. Advance directives and code status
 - ii. Pain and Symptom Management
 - iii. Organ donation and transplantation
 - iv. Pronouncement of death
- k. Preventative Practices and Public Health:
 - i. Adult Immunization
 - ii. Infection control
 - iii. Venous thromboembolism
 - iv. Decubitus ulcers
 - v. Nutritional assessment and support
- l. Pulmonary:
 - i. Respiratory failure and ARDS
 - ii. Pulmonary embolism
 - iii. Pneumonia
 - iv. Pulmonary hypertension
 - v. Severe airflow obstruction

Skills:

Objective: Upon completion of the training the resident will demonstrate the following competencies both by performance and ability to teach others.

1. Obtain comprehensive history and physical examination in the hospital setting. (MK, PC)
2. Select and interpret appropriate laboratory and imaging tests for the ill adult patient. (MK, PC)
3. Develop a practical problem list in, clinical, functional, psychological and social terms. (MK, PC)
4. Identify appropriate priorities and limitations for investigation and treatment. (MK, PC)
5. Perform the basic elements of the ACLS protocol and procedures: (MK, PC)
 - a. Electrical and chemical Cardioversion
 - b. External temporary pacemaker application
 - c. Electrocardiogram interpretation
 - d. Obtaining vascular access
6. Ventilator management, including: (MK, PC)
 - a. X-ray interpretation
 - b. Non-invasive and invasive ventilation
 - c. Issues in sedation, paralytic agents and airway management
 - d. Weaning from ventilator support
7. Diagnostic and therapeutic procedures: (MK, PC)
 - a. Lumbar puncture
 - b. Thoracentesis
 - c. Arthrocentesis
 - d. Paracentesis
 - e. Catheter placement (arterial line or central venous access)
8. Perform a Glasgow Coma Scale assessment, CIWA scale (alcohol withdrawal) (MK, PC)

9. Access and manage pertinent patient related electronic information and technology. (MK, PC)
10. Utilize a multidisciplinary approach to patient education, quality improvement and for transition of care including directing the coordinated efforts of all team members. (P, MK, PC)
11. Coordinate a range of services appropriate to the patient's needs and support systems. (MK, PC)
12. Communicate with patients and/or caregivers regarding the proposed treatment plans in such a way as to promote understanding, empathy and compliance. (MK, PC)
13. Discuss common ethical issues with the terminally ill adult and their decision makers: (MK, PC, ICS)
 - a. Decision-making capacity
 - b. Advance care planning
 - c. Palliative and end-of-life care

Attitudes:

Objective: Upon completion of the training the resident will demonstrate the following competencies.

- An ability to balance working quickly and effectively in acute care situations as well as maintaining vigilant care oversight of patients needing longer term care in the inpatient setting. (P, PC, MK, SBP)
- The cognition that appropriate subspecialist physician consultation is important in the care of the seriously ill adult. (ICS, PC)
- Awareness of the importance of patient safety issues in the inpatient environment and the ability to recognize and mitigate these issues. (P, SBP, PC, MC, PBLI)-
- The capacity to communicate effectively and work well with all members of the health care team including coordinating all team members efforts. . This will specifically include assisting with telephone communication with faculty to ensure clear accurate exchange of information (P, PC, ICS)
- Compassionate sensitivity to and appropriate support of the needs of the family members of the ill adult. (P, ICS)
- An ability to share clinical decision making with the chronically ill adult patient and their identified surrogate decision makers. (P, ICS)
- Demonstrate mature leadership skills and mentorship of same for junior learners. (P, ICS, PC)
- Demonstrate appropriate supervision and support of junior learners as they improve their knowledge base and procedural competency.(PBLI, P, ICS, PC, MK)

Key

- a) Professionalism (P)
- b) System Base Practices (SBP)
- c) Interpersonal Communication Skills (ICS)
- d) Patient Care (PC)
- e) Medical Knowledge (MK)
- f) Practice Base Learning & Improvement (PBLI)

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