

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY
NIGHT HOSPITALIST CURRICULUM

Target: PGY 2-3
Updated June 2022

A. EDUCATIONAL OVERVIEW

The goal of the Night Hospitalist rotation is to train residents to triage, evaluate, and manage patients with a wide variety of medical diagnoses during the initial hospital admission. The emphasized skills involve triaging of patients and medical problems, provision of initial medical evaluation and management, and progressive autonomy in clinical practice.

B. ROTATION DESCRIPTION AND STRUCTURE

The training site for the Night Hospitalist rotation is Olive View-UCLA Medical Center. This rotation is designed for residents (PGY 2-3), and rotations will be 1-2 weeks in length, for a total of up to 8 weeks per year. During the rotation, the resident (Night Resident or Night Admitting Resident, NAR) are assigned a series of night shifts in compliance with duty-hour regulations. Residents are primarily responsible for admitting patients to the hospital during the shift and then transitioning care to the primary medical teams (e.g. General Medicine Ward team) during morning sign-out. Additionally, the Night Residents supervise the Night Float interns and gain experience managing the Medicine triage pager, which involves fielding new consultations and cross-cover issues on Hospitalist service patients. The Night Residents are supervised by the attending Hospitalist physician. Additional education to meet the medical knowledge objectives is facilitated by the Hospitalist attending.

C. GOALS & OBJECTIVES

Residents are expected to be proficient with the goals by the completion of the third-year of training. Core medical knowledge topics are identical to and can be reviewed in the General Medicine Wards Curriculum.

1. Goal: Provide the initial assessment and management for patients requiring hospitalization.

- Gather existing and seek additional pertinent history and lab/study results. (PC1-2)
- Synthesize the patient's findings into a prioritized, organized diagnosis and problem list, without excessive reliance (anchoring) on other people's clinical judgments. (PC3, PBLI2)
- Identify patients with medical emergencies, and triage them accordingly. (PC3, PROF3)
- Implement appropriate management plans for the acute problems while managing chronic problems with progressive independence and sophistication. (PC3-4, PROF3)
- Complete requirements for admission to the hospital in a timely manner, including admission orders and medication reconciliation. (PC3-4, SBP3, PROF1/3)
- Seek guidance from the supervising attending when appropriate. (PC3, PROF3)

2. Goal: Triage pages/calls to the inpatient General Medicine service and make appropriate recommendations to manage patients.

- For new admission requests: (PC3-4)
 - Assess for acute inpatient needs
 - Assess and advocate for the appropriate medical service (e.g. General Medicine, Critical Care, General Surgery) based on the patient's most acute need and complexity
 - Advocate for the appropriate level of care, including medical observation, step-down, critical care, or higher level of care if indicated
- For consultation requests, assess the priority of the consultation, and if urgent, evaluate the patient and provide appropriate recommendations to the primary team in a timely manner. (PC1-4, ICS2, PROF1)
- Respond to pages in a timely and professional manner. (PROF1/3, ICS2)

3. Goal: Provide cross-coverage to continue patient care at night.

- Demonstrate responsibility and duty to patient care by responding appropriately to new patient concerns or requests and following up on assigned tasks. (PROF1/3, ICS1)
- Supervise other providers (Night Float interns) in providing safe, appropriate patient care. (PC3-4, PROF1/3)
- Respond to unanticipated in-hospital emergencies, including Code Blue and Rapid Response. (PC4, PROF1)
- Identify and report actual or potential errors in patient care, and report them through the hospital's Safety Intelligence (SI). (SBP1)
- Provide feedback to the primary team in a professional manner to improve patient care and safety. (PBLI2, ICS2, PROF1)

4. Goal: Effectively transition care (sign-out) to and from the primary medical team.

- Meet at the appropriate time and place to give sign-out (see orientation materials). (PROF1)
- Verbally communicate to the primary team the initial diagnostic impression, results/actions completed by the time of sign-out, and remaining tasks to follow-up. (ICS2, SBP3)
- Complete sufficient, timely documentation (Medical Resident Admission Note, MRAN) that communicates medical decision-making. (ICS2/3, SBP3)

D. TEACHING METHODS

Clinical education is provided through direct patient care with discussion of cases and/or bedside rounds with the supervising attending. The supervising hospitalist attending may coordinate additional didactics during the night shift based on identified learning needs.

E. SUPERVISION AND EVALUATION

Residents on this rotation will be supervised by the Swing and Night attending physicians. The attending is listed on the AMION call schedule.

F. EDUCATIONAL RESOURCES

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Harrison's Principles of Internal Medicine
- PubMed
- Visual Diagnosis (VisualDx)