

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY
INPATIENT FLOAT CURRICULUM

Target: PGY 2-3
Updated June 2019

A. EDUCATIONAL OVERVIEW

The purpose of this rotation is to train residents to competently care for patients with a broad range of medical problems who require hospital admission. The rotation is designed to develop diagnostic skills, clinical reasoning, therapeutic acumen, objective knowledge, procedural competency, and team management skills.

B. ROTATION DESCRIPTION AND STRUCTURE

The inpatient float service is designed for PGY-2 or PGY-3 residents. Rotations will be 2 weeks in length and take place at OVMC. Trainees will be assigned to the intensive care unit (ICU), however may be reassigned to cover other inpatient services depending on inpatient clinical needs. In the ICU, trainees are responsible for providing assistance in clinical duties to the post-call team (particularly post-call intern (PGY-1) and/or interns transitioning from nights to days). Trainees will be an integral member of the care team and work closely with other housestaff, fellows and attending physicians. Duty hours are designed to be compliant with the Residency Review Committee (RRC) requirements. Attending physicians supervise all residents.

Orientation is provided to all housestaff in written form separately and on the first day of the rotation by the chief residents. Refer to the rotation orientation for details of daily activities and responsibilities.

C. GENERAL GOALS & OBJECTIVES

The goals of the inpatient float curriculum complement the common goals and objectives of inpatient clinical care, including competency in the care of critically ill patients (see Goals & Objectives for ICU and General Medicine Wards). The following goals focus on the assignment as resident float in the ICU.

1. Goal: Effectively manage hospitalized patients using a team-based approach.

- Organize and prioritize tasks to efficiently and effectively care for a hospitalized patient. (PC2, PROF2)
- Prioritize timely consultation for hospitalized patients and role model effective teamwork with consulting physicians (PC 5)
- Delegate tasks among team members to promote teamwork and time efficiency. (PC2/3, PROF2, ICS2, SBP1)
- Supervise the workflow and patient management decisions of the ICU intern with progressive independence. (PROF2, SBP1)
- Supervise and provide patient care transitions (sign-out) to peers using effective verbal and written communication. (ICS2, PROF1)
- Set appropriate expectations for team members based on role and level of training. (ICS2, PROF1)

- 2. Goal: Promote patient safety and professionalism in patient care while supervising the work of other providers.**
 - Identify and report medical errors and near-misses through the hospital's Safety Intelligence. (SBP2)
 - Reconcile medications and orders and clarify changes with all members of the care team. (SBP1/2, ICS2)
 - Communicate and collaborate with healthcare workers, including nurses, with clarity, respect, and integrity. (ICS2)

- 3. Goal: Promote an effective team-based learning environment.**
 - Be prepared and punctual for rounds. (PROF2/3)
 - Communicate in a coherent, concise and organized fashion when presenting cases during rounds. (ICS2)
 - Solicit and incorporate feedback to improve performance. (PBLI3)
 - Offer feedback to other team members in a constructive manner to improve performance. (PBLI3)
 - Share relevant learning with the team (e.g. medical knowledge, systems-based practice). (PBLI4, PROF4)
 - Engage the medical student (if part of the team) in patient care and learning activities. (PC3, PROF1, ICS2)
 - Role model responsible and ethical behavior (PGY 1-3). (PROF4)

- 4. Goal: Perform bedside procedures using sterile technique with minimal discomfort and complication**
 - Apply proper sterile technique including hand hygiene, gowning, and gloving when appropriate. (PC4)
 - Minimize risk of infection with skin preparation using scrubbing agents, wide sterile fields, and relevant patient education. (PC4, PROF1, ICS1)
 - Understand the basics of bedside ultrasound and its use in reducing bleeding and soft tissue complications. (MK1, MK2)
 - Perform pre-procedural requirements including consent, time-out, and site evaluation. (PC4)
 - Become familiar with different kits and equipment specific to different procedures. (MK2, PBLI4)
 - Quickly recognize and diagnose complications to prevent significant morbidity and mortality. (MK2, PC1/4)

D. TEACHING METHODS

Clinical education is provided through direct patient care and attending rounds with the supervising attending physician, which takes the form of teaching at the point-of-care and bedside. Additional didactic teaching is organized and led by the team attending or resident, and includes review and discussion of the Landmark Article series, ICU Ultrasound rounds and Radiology rounds. Housestaff are expected to supplement their learning with additional reading.

Housestaff are expected to attend ICU didactics when floating in the ICU and Morning report if floating on the ward services.

Housestaff are required to attend Noon Conference unless occupied by emergent patient care duties.

E. SUPERVISION AND EVALUATION

All housestaff and patient care will be supervised by the attending physician. Direct observation and feedback of interviewing, examination, and/or counseling skills may be documented with the Mini-CEX.

Residents will be evaluated by the supervising attending. Direct verbal feedback may be provided throughout the rotation, and written evaluation will be submitted electronically in MedHub at the end of the rotation.

Residents will also be evaluated by other residents (peer evaluations) and give direct verbal feedback during the rotation and submit written evaluations electronically at the end of the rotation.

Written evaluations can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee meeting.

F. EDUCATIONAL RESOURCES

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

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