

Inpatient Float Orientation for Housestaff

GOALS

The Inpatient Float (IP) rotation is designed for PGY-2 or PGY-3 residents. The goals of this rotation are to:

- 1) Train residents to competently care for patients with acute medical problems in the inpatient hospital setting, including critically-ill patients.
- 2) Provide assistance in clinical duties to the inpatient service in order to promote effective and efficient patient care and ensure duty hour compliance in accordance with the Residency Review Committee (RCC) requirements.
- 3) Provide an opportunity to develop procedural competency in ABIM required/recommended procedures including but not limited to central line placement, arterial blood draws (i.e. ABGs), peripheral IV placement

HIGHLIGHTS

- Inpatient Float residents will be primarily assigned to the ICU, however may be utilized to cover other inpatient services depending on workflow needs. The Chief Residents will assist in evaluating inpatient needs on a daily basis and arranging coverage as required.
- **Generally, IP residents are expected to be active participants of the inpatient care team and provide direct supervision to the post-call interns (PGY-1) to ensure safe, efficient, and effective patient care.**
- While in the ICU, IP residents are responsible for providing assistance in clinical duties to the post-call team, with an emphasis on assisting post-call interns, particularly during night → day transitions. Assistance in clinical duties includes placing orders, updating sign out, placing consults, and triaging patient care needs as they arise.
- The rotation also provides the IP resident the opportunity to complete procedures when available.

NUTS & BOLTS

Rotation Structure:

- As an inpatient rotation, residents are expected to work six days each week (Monday through Saturday) and are designated to have Sunday off.
- Residents are expected to be present in the ICU by 8 AM each morning

- If an inpatient need arises elsewhere, the chiefs will contact the rotator to inform them
- On days where the post-call intern is transitioning from nights to days, IP residents will remain in the ICU and will not be expected to float elsewhere.

Rotation Details:

- As inpatient float, your goal is to help the post-call team complete tasks. This includes placing orders on newly admitted patients from overnight, keeping track of tasks/"to-do's", updating sign outs, and running the list with interns to ensure patient care needs are addressed.
- In situations where clinical decision making is required, residents should actively participate in patient decision-making, however are always encouraged to escalate care to the fellow or attending physician if necessary.

EDUCATION

- IP residents are encouraged to actively participate in all ICU didactic/educational sessions, including fellow teaching which occurs daily at 8 AM except on Tuesdays (General Surgery Conference) and Thursdays (switch day)
- IP residents are not expected to attend morning report as this is during ICU rounding time
- IP residents are expected to attend noon conference. Attendance is mandatory
- IP residents are expected to provide one evidenced based article presentation to the ICU teams while on service.

PROFESSIONALISM

Illness:

- Please notify the Chief Resident on call (can be found on AMION) if you are ill or have an emergency preventing you from coming to work.

Deficiencies:

- You must complete evaluations of your rotation in a timely manner. This is done through MedHub.

Work Hour Documentation

- Please complete your work hour documentation on MedHub. For outside rotators, you will need to complete this on your own program's site