

UW Medical Center, Night Float SERVICE

Location: UW Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

1. To learn to recognize and treat the major clinical syndromes and diseases encountered in acute adult critical care and cardiology inpatient setting.
2. To gain experience in cross-coverage of acute adult critical care and cardiology inpatients at night.
3. To provide relief for the on-call inpatient critical care and cardiology team at night
4. To develop improved skills in the initial evaluation and management of adults admitted to an acute critical care and cardiology service.

TEAM STRUCTURE

Intern (R1), Senior resident (R3)

Critical care and Cardiology fellows

Attending in critical care or cardiology available by pager, with teaching and management rounds each morning at the end of the Night Float shift

PRINCIPAL TEACHING METHODS

Case discussion and review

Each morning the R1 and R3 meet to discuss new patients admitted overnight, whose care is then assumed by the critical care and cardiology team.

Rounds & Didactics

In addition, the attending provides bedside teaching on new patients and didactics on topics of relevance to the existing patients on the critical care and cardiology service.

EDUCATIONAL CONTENT

Mix of Diseases

Assorted conditions common to medical inpatients, including but not limited to:

Acute myocardial infarction

Exacerbation of congestive heart failure

Gastrointestinal bleeding

Acute hepatic failure

Acute respiratory failure

Patient Characteristics

Mixture of men and women, age distribution includes young and old, racial and ethnic diversity present

Types of Clinical Encounters

All of the patients encountered by residents on this service are inpatients. The resident see every new patient admitted and write an admission note. They see selected cross-cover patients and write a note reflecting important clinical interventions made.

Procedures

As needed, typically including but not limited to:

Paracentesis

Thoracentesis

Lumbar puncture

Arthrocentesis

Central line placement

Services

The UW Medical Center is a tertiary referral center with full support of specialty care including a full diagnostic laboratory, radiology imaging services, consultation available from medical and surgical specialties, anesthesiology in-house coverage, ICU/CCU, liaison psychiatry consultation.

Rotation Specific Schedule**Monday - Friday**

Begin shift at 8:00 pm, pick up sign-out from on-call team. Thereafter available for cross cover calls and ED admissions

Call and Weekend Responsibilities

None

Principle Educational Materials Used**Recommended Readings**

Internal medicine and medicine subspecialty texts are available in the Medicine Library, open 24 hours a day, and on-line via full-text from our medical library.

Pathologic materials

N/A

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending and fellow with whom s/he has interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

Each patient is discussed with the attending physician on rounds, made at the bedside to promote transition of care responsibilities and for bedside teaching.

The attending physician sees, examines, and discusses all new patients with the resident. The attending physician is responsible for every inpatient seen by the resident. That attending physician will interview, examine and discuss with the resident every new patient. Ongoing care will be provided by the attending and critical care and cardiology team. All major changes in status will have documented involvement by the attending faculty member.