Welcome to UWMC Night Medicine! Here, you will have the opportunity to care for patients with a variety of basic medical conditions (soft tissue infections, DVT/PE, pneumonia, acute hepatitis, etc.), but will also see a significant amount of advanced/tertiary care (solid organ transplant) and specialized patient populations (cystic fibrosis, inflammatory bowel disease, liver disease). This rotation is an excellent opportunity to evaluate and manage de novo admissions overnight, practice cross-coverage of your colleague’s patients, practice oral presentations, and seek and receive feedback on clinical reasoning and communication skills. The Night Medicine team has the role of advancing patient care rather than just “getting patients through the night.” This means thinking critically about new or evolving issues, initiating appropriate evaluation, and changing management plans as necessary. Patients are not “theirs” (the daytime team’s), but instead, “ours.”

Team Rooms/Call Rooms
Team A+B: Room 6121 (code 3627*)
Team C: Room 6233 (code 3326*)
Team D: Room 6244 (code 2007*) (located across the hall from patient room 6254)
Crow’s Nest: 6th floor mezzanine level up from 5th floor on B wing (code 325) (scrubs, MS3 sleep rooms, lounge)

UWMC Night Medicine Team:
Nocturnist: supervises Night Medicine R1 admissions
1 Long-Call R2/3: supervises Night Medicine R1 cross-cover issues
1 Intern (that’s you!)

Schedule
- 7pm: Arrive and get signout from Day Medicine or members of Med A-D teams if still present
  - **You should be an active presence** with the goal of facilitating the ward teams to leave the hospital - ask to help with orders, evaluate new/evolving issues, call consults, etc
  - Encourage teams to sign out to you even if still writing notes (allows them to focus)
  - Make sure to sign yourself into CORES for each team as you receive signout
  - Long-Call R1 will pass off the Code Blue pager to you
- 11pm: Long-Call admit window ends and yours begins
  - You may be asked to admit starting at 8pm if the Long-Call team has capped
  - New admissions are supervised/staffed with the Nocturnist
- 12-12:30am: Night Report (6SA MICU Team Room)
  - Occasionally cancelled depending on service volume/acuity, *but please alert the chief resident if not happening the majority of the time*
- 6-7:30am: Ward teams arrive and signout occurs
  - Ward teams are asked to have a team member present no later than 7:15am to complete signout - please give direct feedback if tardy arrivals become a pattern
- 8 or 8:30am (depending on team start time): Present overnight admissions to the Accept team
  - Tuesdays: You will present at 8:15 when R2/3 arrives after Senior Report
  - Thursdays: Give verbal handoff on new admission to Accept R2/3 prior to 8am if the ward team plans to attend Grand Rounds
- 9am: Leave hospital
You may admit up to 2 patients per night, starting at 11pm or as soon as the long-call team meets their admitting cap (as early as 8pm). **Occasionally, interns are asked to admit 3 patients if there is exceptional admission need.** The Nocturnist admits all patients beyond this cap.

**Accept Presentations**

The expectation is that the Night Medicine intern will present new admissions to the Accept team on rounds with the daytime attending present at 8 or 8:30am (bedside preferred). While this can delay leaving the hospital, the residency sees 3 main values in this practice: interns receive direct feedback on their oral presentation and assessment/plan from an additional attending (overnight staffing is often quite informal), improved communication, and more seamless transitions of patient care (which can be very complex at the UW!). Please see “oral presentation tips” document.

**Admission & Discharge**

The Night Medicine intern serves an important function in facilitating timely and safe discharges, which begins on admission. Upon admission, **you must complete an accurate medication reconciliation.** Additionally, please submit orders to ancillary services as needed (PT, OT, nutrition, SW, etc). Please note an anticipated discharge date on the whiteboard in the patient room (which will be updated by the day team as needed).

**Documentation**

- H&P: You are expected to complete an admission H&P for each new patient, which should be submitted **before rounds:** seniors and attendings may review your H&P prior to rounds to facilitate transitions of care
- Event Notes: Please write a short (eg few sentences or paragraph, length to be determined by need) event note for any major events overnight. You do not need to write a note for every cross-cover issue (eg requests for bowel meds), but should document anything that necessitates further evaluation or clinical status changes (eg new chest pain, a fall, new hypoxemia, etc)

**ICU Handoffs**

There is now a standardized medicine floor to MICU handoff process, which includes a **bedside** handoff between the two teams.

1. CORES floor intern will be paged to patient bedside on 6SA after patient is moved
2. CORES intern + senior/attending should arrive at that room within 10 minutes to meet the MICU team
3. Medicine floor team will give a short presentation on patient to MICU Team (similar to rounds: 1-2 liner, recent problems, key events from past day)
4. ICU intern/resident will complete ICU handoff packet and checklist

**Code Blue**

The Long-Call senior is the code team leader. The long-call R1 is on the code team during the day, but will hand off the code pager to you on your arrival. Code Blue activation is no longer announced overhead; instead, your code pager will alert you to the location of the code (if this doesn’t happen, for whatever reason, call the operator to request the location) - leave whatever you are doing to get to the code expeditiously. The Long-Call R2/3 is expected to lead **all codes that occur in the hospital irrespective of location** and similarly you should respond to all codes. It is not your role to run codes as an R1, and if anyone asks you to do so, simply supervise high-quality chest compressions; a senior WILL arrive soon. Discuss with the Long-Call senior what your role should be during a Code Blue. You will hand off the Code Blue pager to the incoming Long-Call R1 at 8am.

**Students and Documentation Requirements**

Supervising sub-interns is the responsibility of the nocturnist, not the intern or senior resident.
**Conferences/Teaching**

**Intern Teaching Conference:** Thursday 7-8am first 8 weeks of summer. Required of all R1s.

While on Night Medicine, you are not expected to attend teaching conferences with the exception of ITC as noted above. The following is for your reference only.

**UWMC Weekly Conference Schedule**

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<td>Senior Report (7:30-8:15)</td>
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<td>Grand Rounds (8:00-9:00) T-625</td>
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<td>12:00-1:00</td>
<td>Core Teaching Conference (12:30-1:30)</td>
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* Once per month, Intern Core Conference will take place from 11:00-11:45 a.m. in place of the regularly scheduled Intern Report. The Chief Resident will remind you of this time change earlier in the week when this occurs.