2012-2013 DUKE GENERAL MEDICINE NIGHT RESIDENT ORIENTATION

Your responsibilities and goals as the night resident on Duke General Medicine have shifted to focus on fostering teamwork, maintaining clear and open lines of communication, and making sound clinical decisions. Each night resident serves an integral function to their team, and leads the critical task of ensuring that our patients have safe and effective transitions of care in the mornings and evenings. This requires precise, concise, and timely exchanges of information and a culture of teamwork and communication. The rotation also provides opportunity to continue to expand clinical skills and efficiency of care and work closely with hospital medicine faculty and assistant chief resident in the triaging of patients and management of inpatient census and patient flow.

NIGHT RESIDENT SCHEDULE:
The Duke Night Resident Schedule is generally centered on a cycle of 4 nights of duty followed by night off over a 2-3 week rotation. Transitions of care and responsibility have become decentralized and have a focus on bedside encounters for patients who are new or sick.

Day #1: NR Early

5:00 PM
Meet your day team at designated handoff area. This will often be day when either the resident or interns are in clinic and will rarely have new admissions. Assist team in completion of patient care duties and receive handoff on current patients on service. Expected to have brief bedside encounter alongside day team for patients that are new to service or who are sick and anticipated to have issues overnight. Will begin admitting patients early in the evening to assist in the late afternoon/early evening peak hours (please touch base with the ACR when you arrive as often there will be an admission for you upon arrival). On many evenings, you will have a medical student with you. The student should admit the first patient with you, and that patient should go to the team (A or B) that the student is working with. Please assist the student in his workup in preparation for attending rounds in the morning and know that the student will leave by midnight.

6:00 AM
Scheduled meeting with overnight Hospital Medicine Faculty and Night Residents to finalize team assignments.

7:00 AM
Meet your team at designated handoff area. Provide update on overnight events of patients previously known to day team. Expected to have brief bedside encounter alongside day team for patients who are new to service or who had significant events overnight.

Days #2 & #3: NR On

6:30 PM
Meet your day team at designated handoff area. As above, facilitate completion of patient care duties and receive handoff on current patients on service with brief bedside encounters for patients who are either new to service or who are sick. Following handoffs, you will begin admitting new patients.

6:00 AM
Scheduled meeting with overnight Hospital Medicine Faculty and Night Residents to finalize team assignments.

7:00 AM
Morning handoff meeting with your team at designated area as above

Day #4: NR 1010

6:30 PM
Meet Duke ACR for handoff on 1010 General Medicine Admissions Triage pager and distribution sheet. Then meet day team at designated handoff area. As above, facilitate completion of patient care duties and receive handoff on current patients on service with brief bedside encounters for patients who are new to service or who are sick. The GM12 intern will also find you in this timeframe to provide handoff on their service for overnight.
7:30-8:00 PM   Meet the “Late” Day team – their NR is off that night – for handoff on their team. Facilitate interns’ completion of patient care duties. Day resident will meet with Chief Resident and/or Assistant Chief Resident on weekdays for evening signout teaching rounds. Again, brief bedside encounters are encouraged for patients who are new or sick. Facilitate the “Late” team completion of clinical duties by no later than 9pm. Overnight, the 1010 Night Resident will cover their own team, the “Late” team whose NR is off, GM12, and assume responsibility for 1010 admissions triage, but will do few if any admissions (exception would be if there is a high volume of patients or bounceback admissions to those teams being covered)

6:00 AM   Scheduled meeting with overnight Hospital Medicine Faculty and Night Residents to finalize team assignments.

7:00 AM   Morning handoff meeting with your team and the other GM team and GM12 intern at your designated handoff area.

**DESIGNATED HANDOFF AREAS:**
GM1   8100 Workroom  
GM2   8300 behind HUC  
GM3   8100 behind HUC  
GM4   Med Res Library  
GM5   8300 Workroom

**RESIDENT RESPONSIBILITIES:**
- Each night resident is paired with one of the five day resident general medicine services GM1-5.
- On any given night, four residents are on duty.
- Three of the four night residents are covering their service at night and admit new patients to general medicine
- The fourth night resident covers their own service, the service of night resident who is off for the night, GM12, and helps triage and assign admissions as the 1010 resident.
- Several of the patients admitted overnight will likely remain on your resident GM team; however, the overnight Hospital Medicine faculty member will review admissions appropriate for distribution to hospitalist teams and often staff those admissions deemed appropriate for GM6-10 early in the evening. Final team assignments will be made at the morning meeting with all night residents and the Night Hospital Medicine faculty – THIS MEETING IS EXTREMELY IMPORTANT TO ENSURE EFFECTIVE TRANSITION OF CARE BETWEEN NIGHT AND DAY TEAMS, particularly on busy nights with many admissions.
- **Diligent transitions of responsibility for patient care (handoff/signout) are of utmost importance.** In addition to importance of verbal communication at handoff (see below for suggested technique), please check that the following tasks are completed at each day/night transition with new admissions
  - Patients have correct team, attending, resident, intern in CPOE orders
  - New patients have been added to eBrowser patient handoff list
  - New admission H&Ps assigned to correct attending

**OVERNIGHT SUPPORT FROM HOSPITAL MEDICINE FACULTY:**
**Goals**
1. The primary responsibility of the hospitalists working at night is to supervise and help educate the junior residents doing admissions. This includes incorporation of current literature into clinical practice and supervision for overnight procedures
2. Teaching the junior residents at night is most likely to be successful if it is based on the current patients that they are admitting. Some of the patient presentations should occur in the work rooms but we also encourage the attending and the resident to go to the bedside for some patients. Also strongly suggested is planning with the residents at the beginning of the shift how and when patients will be seen and discussed. Bedside discussion cannot happen with every admission but the group should make some effort to do this on a certain number each night. The bedside presentations could be of particularly interesting patients, significantly ill patients, and those that are going to the hospitalist service the next day. The “pace” of the night will dictate how much bedside presentations can occur.
3. The night hospitalist will work with the night 1010 resident to determine which patients should go to resident versus hospitalist teams the next morning at the 6AM meeting with all night resident.
4. The hospital medicine faculty and residents working at night should attempt to review patients admitted the previous night and address any unexpected changes or interesting cases as teaching opportunities (e.g. "follow-up rounds").

5. In case of high volume of admissions or if the night resident's "cap" in their total number of admissions the nighttime hospital medicine faculty are available to help with admissions.

6. **Scheduled meeting at 6:00am every day (this can be done in the common workroom or library)**
   a. Finalize plans for distribution of patients to resident and hospital medicine teams
   b. Following this meeting, Night Residents will be responsible for transitioning care to the resident day teams at 7am morning handoff. Any patients that are to be transitioned to the hospital medicine GM6-10 teams in the morning will be the responsibility of the night hospitalist to ensure effective transition of care at hospital medicine morning handoff. A useful way to keep track of these admissions is to print out your Admission H&P
   c. It is critical that the team census numbers are reconciled and reported on daily basis at this meeting
   d. On weekdays, the Hospital Medicine faculty member will assume responsibility of 1010 Admissions triage at completion of this meeting
   e. On weekends, the 1010 Night Resident will continue to cover 1010 admissions triage until passing off to day resident at 7am morning handoff.

**DUTY HOURS:**
- Residents are scheduled for less than 80 hours a week on average of service
- Duty hours should be reported at least on a weekly basis in Medhub

**DAYS OFF:**
- Days off are scheduled and listed on general medicine block census.
- In general, the night following time as 1010/Crosscover night resident is the day off
- On Sunday nights, residents from the 7800/9100 subspecialty night service will cover role of 1010/Crosscover resident to provide additional day off
- Adjustments in days off may occasionally be possible, but require discussion and approval by chief resident well in advance for location reporting and to ensure compliance with duty hour standards

**CONFERENCES:**
- There are no required conferences for the night resident rotation.
- Tell ACR about good cases, EKGs, CT’s, physical findings etc., for gallops, EKG conference, Chair’s, M&M.
- Medicine Noon Conferences are recorded and available on MedHub for night resident review

**CRITICAL DOCUMENTATION REQUIREMENTS:**
- An initial Universal Admission Data Form (electronic H&P) must be completed (and be complete) by the resident for every admission. The electronic document will need to be cosigned, and edited/amended by the attending physician before it is officially complete.
- The H&P database form must be complete (including pain score, functional status, review of symptoms)
- All verbal orders must be signed by a physician before a patient is discharged

**INPATIENT PROCEDURE SERVICE:**
- A trained Hospital Medicine attending will be available to supervise bedside procedures performed on patients hospitalized at Duke from 8am-6pm, 7 days per week. Night coverage is often available as well, so please contact them as needed. Please note that this is available when the service is running at capacity.
- Bedside procedures include central line placement, thoracentesis of uncomplicated effusions, paracentesis (both diagnostic and therapeutic), arthrocentesis, and lumbar puncture.
- For some of these procedures (central line placement, thoracentesis and paracentesis) the attending will be able to assist with ultrasound guidance.
- The intern/resident will still perform the procedure under the supervision of the attending.
- To contact the procedure attending, please page **970-7409**; at night the night hospital medicine faculty member may be able to assist with bedside procedures using the ultrasound
PROCEDURES:
- Must be done with supervision unless resident is certified (i.e., has met the program requirements)
- Be sure to write a procedure note (template available)
- Please use appropriate protection (including eye protection!) and sterile technique
- Any procedure involving a body fluid or needle has potential to cause an exposure
- Any procedure involving a body fluid or needle has potential to cause an exposure. If exposure occurs, please notify your supervisor and call 115 for guidance from occupational health
- Must perform time out and document in chart (two people confirm person, site, procedure)

GENERAL MEDICINE ADMISSIONS TRIAGE RESPONSIBILITIES (970-1010):
- Please see separate 1010 policy and reference form
- In brief, please realize that all parties contacting the 1010 physician are seeking assistance in some form or another, and that we are committed to providing service in a timely, professional, and collegial manner.
- Hospital medicine faculty are present around the clock to help negotiate resolutions and assist in triaging patients if questions or conflicts arise.

TRANSITIONS OF RESPONSIBILITY:
- Safe and effective handoffs are important to our patients’ care.
- Handoffs are scheduled to commence at designated handoff areas at the beginning and end of every day, and with decentralization and reduction in the number of teams being covered, an emphasis is now placed on brief bedside encounter for new or sick patients.
- Model good handoff behavior
  - Use consistent system and structure to handoffs.
  - Be on time and at appropriately designated location
  - Minimize interruptions and distractions during the handoff process
  - Have the person who is accepting handoff repeat critical tasks or information (readback technique)
  - Use clear, explicit, and unambiguous language
  - Allow the person who is accepting handoff ask questions (interactivity)
  - Identify sick and new patients and strongly consider joint evaluation at bedside
- Suggested Technique – SIGNOUT?
  - S: Is this patient particularly Sick or DNR
  - I: Identifying data and demographic info about patient
  - G: General hospital course for the patient
  - N: New events or occurrences of the day
  - O: Overall Health status
  - U: Upcoming possibilities and things to watch for
  - T: Tasks that need to be completed prior to next handoff
  - ?: Any questions?