

ORIENTATION, LEARNING GOALS AND OBJECTIVES AMBULATORY/NIGHT FLOAT ROTATIONS

General Information/Responsibilities Ambulatory (ALL HOUSESTAFF):

1. Clinics start at 8:00am and 1:00pm unless otherwise specified by the sub-specialty attendings.
2. If you are going to be late or not attend clinic, please notify the chief residents immediately via google voice. You must speak directly with one of the chief residents.
3. Before leaving a scheduled clinic, please check out with the attending.
4. All scheduled clinics are in your amion schedule. If there are any issues please contact the chief residents.
5. You will be contacted by the residency program regarding an appointment to obtain your VA badge if you do not currently have one.
6. You are expected to attend all clinics, residency program educational conferences and afternoon didactic sessions.
7. You may be scheduled for a **day float** shift in the afternoon (note – this only applies to senior residents for July and August). You are expected to arrive at the hospital at 3:00pm. You will admit patients for the medicine teams from 3:00pm to 5:30pm. You will have a cap of 5 admissions. Please sign out the admissions to the night float resident who is covering the specified team. Your supervising attending is the attending of the day on amion.

General Information/Responsibilities Night Float (SENIOR RESIDENTS ONLY):

8. There are five night float residents and one Med consult resident in-house. The night float resident is responsible for admissions to the general medicine ward teams, cross-cover issues throughout the night, and performing any procedures required for patients on the general medicine ward teams. Admitting Hours are from 5:00 pm to 5:30 am. Admissions are covered by daytime teams and Day float residents from 5:31 am to 4:59 pm. Signout occurs at 5:30 pm and 6:30 am.
9. Night float residents and ward residents work with the interns as a team to provide continuity of care to the patients on the service. The night float resident receives direct supervision from the in-hospital attending and that attending is directly available to the night float residents at all times.
10. Sign out to the night float resident will occur at 5:30 PM. Devise a plan with the ward resident for any outstanding procedures.
11. Sign out by the night float resident to the day shift interns/residents occurs at 6:30 AM.
12. The night float resident is responsible for updating the ward teams' lists with all new admissions and cross-cover issues handled during their shift.
13. The in-hospital attending is directly available to the night float residents at all times.
14. Any urgent or emergent medicine consults will be completed by Night floats #1 through #6 in rotating fashion in addition to any admissions.
15. Forward admission orders and H&P's in ORCHID to appropriate attending.
16. Complete Medication Reconciliation for every admission and transfer.
17. You amion.com schedule will designate when you are on Night float shifts. Please contact the chiefs with any questions.
18. The Hospitalist Attending on-call is available to you at all times during your shift.
19. The signout you receive from the day teams will be observed and evaluated by the in-house Hospitalist according to the schedule given to the Hospitalists each month.
20. Forward admission orders and H&P's in ORCHID to appropriate attending.
21. Direct all consults and diagnostic studies back to team pagers, not your personal pager, so carry the team pagers. This will avoid your being paged when your shift is complete.

22. Any urgent or emergent medicine consults will be completed by Night floats #1 through #6 in rotating fashion in addition to any admissions. Routine medicine consults will be handled by daytime Med Consult.

The ER and Bed Control will contact the team VOIPs directly to give signout and assignments. Team VOIPs should be forwarded to the following VOIPs for use overnight:

Night Float 1: Red A VOIP: x9-4145
Night Float 2: Red C VOIP: x9-4147
Night Float 3: Gold A VOIP: x9-4013
Night Float 4: Gold C VOIP: x9-4150
Night Float 5: White A VOIP: x9-4109
Night Float 6: Med Consult VOIP: x9-1644

Cross-coverage is as follows:

Night float 1 covers Red A and B
Night float 2 covers Red C and D
Night float 3 covers Gold A and B
Night float 4 covers Gold C and D
Night float 5 covers White A and B
Night float 6/Med Consult covers White C and D

GOALS AND OBJECTIVES – AMBULATORY/NIGHT FLOAT

AIDS

Competencies for Acquired Immune Deficiency Syndrome

The resident is expected to:

- 1) Order Labs/screening tests in a newly diagnosed HIV/AIDS patient.
- 2) Identify the different classes of anti-virals.
- 3) Know the correct approach to an HIV patient with fever.
- 4) Manage the screening and treatment of latent tuberculosis infection in an HIV patient.
- 5) Identify the AIDS defining diseases.
- 6) Distinguish ethical and legal issues—informing sexual partners of patients with HIV and AIDS.

ALLERGY

Competencies for Allergy

The resident is expected to:

- 1) Distinguish the indications for allergy testing.
- 2) Identify the treatment strategies for seasonal allergic rhinitis.
- 3) Recognize asthma—establishing diagnosis and treatment.
- 4) Distinguish how and when to treat hypogammaglobulinemia.
- 5) Identify pre-treatment regimens for patients who have documented or suspected allergy to contrast.
- 6) Manage penicillin allergy testing and the desensitization process.

BREAST

Competencies for Women's Health

The resident is expected to:

- 1) Perform breast examination including axillary lymph node assessment.
- 2) Manage the work-up for unilateral mastalgia in a patient with a recent negative mammogram and a normal physical exam.

- 3) Perform breast cancer screening in a patient with breast implants.
- 4) Recognize the different skin changes associated with breast malignancies.
- 5) Manage the evaluation and treatment of mastitis.
- 6) Perform breast cancer surveillance in a patient who has undergone mastectomy for breast cancer.

CARDIOLOGY

Competencies for Cardiovascular Medicine

The resident is expected to:

- 1) Recognize the New York Heart Association's classification of congestive heart failure.
- 2) Understand the role of beta blockers in the treatment of CHF.
- 3) Understand the difference between systolic and diastolic dysfunction.
- 4) Recognize the treatment modalities for congestive heart failure secondary to diastolic and systolic dysfunction.
- 5) Identify the major clinical and laboratory signs of endocarditis.
- 6) Dispense antibiotic prophylaxis for endocarditis in patients undergoing dental procedures.
- 7) Approach to the patient with newly diagnosed atrial fibrillation.
- 8) Recognize the different anti-anginal medication and their mechanisms of action (beta-blockers, nitrates, calcium channel blockers).
- 9) Indications for coronary artery bypass graft.
- 10) Recognize the different modalities to diagnose coronary artery disease.

DERMATOLOGY

Competencies for Dermatology

The resident is expected to:

- 1) Recognize the major steroid responsive dermatoses seen in outpatient medicine. (allergic contact, atopic, insect bites, irritant, lichen simplex chronicus, nummular eczema, rhus dermatitis, seborrheic, stasis, dyshidrotic eczema, psoriasis.
- 2) Ascertain the characterization of and treatment modalities for acne.
- 3) Perform a punch biopsy, shave biopsy and excisional biopsy.
- 4) Recognize the clinical features of melanoma, actinic keratosis, basal cell carcinoma, and squamous cell carcinoma.
- 5) Diagnose and treat of seborrheic dermatitis.
- 6) Perform a potassium hydroxide (KOH) prep of a skin scraping.
- 7) Distinguish between eczematous and fungal dermatitis.

ENDOCRINOLOGY

Competencies for Endocrinology

The resident is expected to:

- 1) Recognize the different insulin analogs with respect to their peak onset of action, dosing schedules, compatibility with other agents.
- 2) Identify the clinical presentations of pituitary tumors.
- 3) Manage the treatment of prolactinomas.
- 4) Perform a Cosyntropin stimulation test.
- 5) Manage out-patient screening of adrenal insufficiency in patients who are on steroids.
- 6) Ascertain the work-up for hirsutism.
- 7) Diagnose and manage the treatment of polycystic ovarian syndrome.
- 8) Identify the screening process for Cushing's syndrome.
- 9) Identify the screening process for pheochromocytoma.
- 10) Effectively approach the patient with Galactorrhoea.

GENERAL MEDICINE

Competencies for General Medicine

The resident is expected to:

- 1) Perform age appropriate cancer screening.
- 2) Administer age appropriate immunizations.
- 3) Diagnose obesity and the metabolic syndrome. Be able to calculate BMI. Identify treatment strategies including approaches to diet control and indications for bariatric surgery.
- 4) Identify domestic violence screening/intervention.
- 5) Perform alcohol/substance abuse screening.
- 6) Identify JNC VII guidelines for diagnosis and treatment of hypertension.
- 7) Identify NCEP guidelines for treating hyperlipidemia.
- 8) Identify and administer vaccines for traveling outside the United States.

GERIATRIC MEDICINE

Competencies for Geriatric Medicine

The resident is expected to:

- 1) Diagnose and manage the treatment of dementia, pseudodementia, and depression.
- 2) Identify the screening signs for elder mistreatment, neglect, and abuse.
- 3) Identify how to prevent falls in the elderly.
- 4) Obtain and document an advanced directive.
- 5) Recognize the common causes of delirium in elderly patients who are hospitalized.
- 6) Diagnose and manage the treatment of insomnia and anorexia in the elderly.
- 7) Diagnose and manage the treatment of incontinence.
- 8) Evaluate and treat decubitus ulcers in various stages.
- 9) Identify the signs and symptoms of depression in the elderly.
- 10) Perform a thorough medical assessment including thorough history, physical examination, and specific assessment for common geriatric syndromes (including falls, incontinence, dementia, depression, osteoporosis, polypharmacy and sensory impairment).
- 11) Perform a functional assessment: activities of daily living (ADL), instrumental activities of daily living (IADL).
- 12) Identify assessment of social support of the elderly patient as well as an understanding of available community resources for elders.
- 13) Recognize cognitive assessment, including proficiency with the Mini-Mental status exam (MMSE) and evaluation of dementia in elderly patients.
- 14) Manage psychological assessment of elders, including proficiency with the Geriatric Depression Scale.
- 15) Perform gait and balance assessment, including proficiency with the Tinetti Gait and Balance Assessment.
- 16) Evaluate nutritional assessment—pharmacological considerations in elderly patients, including changes in dosage required with age, drug-drug interactions, and drug-disease

HEMATOLOGY

Competencies for Hematology

The resident is expected to:

- 1) Manage the evaluation of a patient with thrombocytopenia.
- 2) Distinguish between normal and abnormal red blood cells on a peripheral smear.
- 3) Diagnose and manage treatment of anti-phospholipid syndrome.
- 4) Identify the major factor/co-factor deficiencies and their associated risks for bleeding and thrombus formation.
- 5) Manage the treatment of a patient with a prolonged protime or prothrombin time.

- 6) Diagnose and manage the treatment of pernicious anemia.
- 7) Distinguish between primary and secondary polycythemia.
- 8) Identify the diagnostic criteria for myelodysplastic syndrome and the subtypes of this condition.

HEPATITIS

Competencies for Hepatitis

The resident is expected to:

- 1) Manage the appropriate work-up for a patient who tests HCV antibody positive.
- 2) Identify the risk factors for hepatitis B and C.
- 3) Identify the major side effects of alpha-interferon and ribavirin.
- 4) Understand the factors that are taken into consideration before considering someone a candidate for interferon based antiviral therapy.
- 5) Administer appropriate lifestyle counseling for a patient who is newly diagnosed with chronic viral hepatitis.
- 6) Identify the indicated immunization schedule for a patient who tests positive for hepatitis B and C.
- 7) Interpret the different serologic tests for hepatitis B and C.

LIVER

Competencies for Liver Diseases

The resident is expected to:

- 1) Identify the screening tests available to establish the diagnosis of hemochromatosis.
- 2) Ascertain how to diagnose and treat non-alcoholic fatty liver disease.
- 3) Distinguish the basic approach to a patient who is referred for evaluation of elevated liver enzymes.
- 4) Identify the Child's-Pugh classification of liver cirrhosis.
- 5) Recognize the indications and for liver transplantation including fulminant hepatitis.
- 6) Identify the risk factors and treatment of hepatic encephalopathy in a cirrhotic patient.
- 7) Understand the significance of the serum-ascites albumin gradient (SAAG).
- 8) Ascertain the major causes of high and low SAAG ascites.
- 9) Identify how to diagnose and treat spontaneous bacterial peritonitis.
- 10) Classify the indications for antibiotic prophylaxis in a patient with ascites.
- 11) Classify the indications for TIPS procedure.

NEUROLOGY

Competencies for Neurology:

The resident is expected to:

- 1) Diagnose and identify the treatment of Bell's palsy.
- 2) Perform a rapid, comprehensive neurologic exam and stroke risk assessment.
- 3) Identify risks and benefits of different anti-platelet agents in primary and secondary stroke prevention.
- 4) Diagnose and identify the treatment of carpal tunnel syndrome.
- 5) Identify the presenting signs and symptoms of Multiple Sclerosis.
- 6) Diagnose and identify the management of restless leg syndrome (periodic limb movement disorder).
- 7) Recognize the presenting signs and symptoms of Parkinson's disease.

ONCOLOGY

Competencies for Oncology

The resident is expected to:

- 1) Recognize the significance of the BRCA1 and BRCA2 gene mutations.
- 2) Identify pain management in cancer patients.
- 3) Assess performance status.
- 4) Identify neutropenic precautions.
- 5) Manage the treatment of anemia and leukopenia in patients undergoing chemotherapy.
- 6) Identify treatment options for nausea in patients undergoing chemotherapy.
- 7) Recognize and manage oncologic urgencies/emergencies including tumor lysis, hypercalcemia, neutropenic fever, cord compression, and brain metastases.

OTOLARYNGOLOGY

Competencies for Otolaryngology:

The resident is expected to:

- 1) Perform cerumen removal by curette extraction and water lavage.
- 2) Identify and differentiate anterior versus posterior epistaxis and manage anterior bleeds with use of suction, intra-mucosal anesthetics containing epinephrine, nasal tampons, anti-hypertensives, analgesics and antibiotics.
- 3) Evaluate and identify the management of a patient with chronic cough.
- 4) Approach the patient with subjective hearing loss.
- 5) Evaluate and manage the treatment of tinnitus.
- 6) Recognize and identify the treatment of benign positional vertigo—Epley maneuver.
- 7) Identify and manage treatment of nasal polyps.
- 8) Approach the patient with rhinosinusitis.
- 9) Diagnose and manage periorbital cellulitis.

PULMONARY/SLEEP MEDICINE

Competencies for Pulmonary

The resident is expected to:

- 1) Classify the work-up of a patient with newly diagnosed restrictive lung disease.
- 2) Recognize the indications for inhaled steroids and beta agonists in patients with chronic obstructive pulmonary disease (COPD.)
- 3) Identify the classifications of asthma and the appropriate treatment modalities.
- 4) Recognize the signs, symptoms, and management of central/obstructive sleep apnea.
- 5) Distinguish the indications for home oxygen.
- 6) Identify the radiographic signs of interstitial lung disease and chronic obstructive pulmonary disease (COPD.)
- 7) Diagnose and manage a patient with a solitary pulmonary nodule.

RHEUMATOLOGY

Competencies for Rheumatology

The resident is expected to:

- 1) Recognize the radiographic features of rheumatoid arthritis.
- 2) Be familiar with the diagnostic criteria for systemic lupus erythematosus (SLE.)
- 3) Diagnose and manage the treatment of Gout.
- 4) Recognize the different disease modifying anti-inflammatory medications for treatment of rheumatoid arthritis and their major side effects.
- 5) Identify the characteristics of synovial fluid from degenerative, traumatic, inflammatory and infectious joints.
- 6) Understand the significance of various auto-antibodies in the ANA panel used in the diagnosis of connective tissue disorders.