

Typical Day for Sierra View Medical Center Internal Medicine Residency

6:45 AM – 7:00 AM –

Residents on floors and ICU receive handoff from night float team (note – in first two years, ICU team will not get handoff from ICU night float as there will not be one. Arrangements will be made to get sign out from overnight ICU coverage)

7:00 AM – 8:00 AM –

Morning Report (protected didactic time) – case presentations, resident / intern driven. Presenter will give admitting / chief complaint, remainder of residents will elicit history, PMH, FMH, Social Hx, etc. Group will develop differential Dx, and request labs/x-rays etc. to narrow differential. Presentation will conclude with short talk regarding management of patient / discussion of diagnosis. Attending physician to be present to give additional input.

8:00 AM – 8:20 AM

Case Management Rounds – currently a conference call. Participants discuss patient flow issues – admissions, pending discharges, patients awaiting placement, transfers, etc. In subsequent years, this will be more for senior residents on floors and ICU, but in year 1, interns may be involved

8:20 AM – 12:00 PM -

Work and teaching rounds on floors with attending physician, or patient care duties as per rotation

12:00 PM – 1:00 PM –

Noon Conference (protected didactic time) – vary daily. Standard subspecialty lectures, MKSAP Board Review sessions (twice monthly with audience response system), Quality Improvement curriculum, Journal Club, Evidence Based Medicine, Case of the Month, Current Medical Research, Small group sessions.

1:00 PM – 4:00 PM – (may be 5:00 PM on subspecialty rotations)

Work and teaching rounds or rotation duties

4:00 PM – 4:15 PM

Handoff to bridge team (team of few residents/interns who stay and cover hospital floors/admissions until the night float team comes in – remainder of residents may leave). Bridge team duties will alternate amongst residents/interns on floors and ICU

6:45 PM –

Bridge team hands off to night float team