All Resident Meeting 1/17/14 Minutes

* Outpatient Survey: Please fill it out before Tues of next week! Helps improve outpatient curriculum.
* Friday Grand Rounds during noon conference: Starting 1/24 with Dr. Hargrave. Please make an effort to attend, recommend speakers (talk to Joe or Dr. Siegal). One per month will be dedicated to global health.
* Calling for a volunteer for PDOCC resident
* Chief Election Process
  + Nominations due 1/31 (email to [chiefs@ccfamilymed.com](mailto:chiefs@ccfamilymed.com))
  + Nominee statements due 2/14
  + Nominee forum 3/7
  + Vote 3/7-3/9
  + Announce new chiefs 3/11
* Retreat planning: volunteer sign up for curriculum planning, meal planning, clean-up crew, transportation
* Feedback time
  + Concern regarding overflowing overflow throughout the hospital
  + Overflow docs sign out
  + Intrusive recruiters (paging!)
* Anna Roth, CEO:
  + Introduction, comments regarding FM and residency role in the system
* Kristin: Trial introduction
  + Major priorities: patient care/safety, teaching/education, sustainability
* Nocturnist Trial
  + 1/19-2/5
  + Role: Remain in the hospital, hear about all admissions, physically see all ICU/IMCU admissions, support ICU resident
  + Nocturnist will carry a 674 pager, but not return those pages
  + Resident will still hear sign out from ED attending for all admissions
  + To preserve resident learning: Residents still hear about admission first, R1 still encouraged to staff floor admits and ask questions of ICU resident first
  + To improve efficiency the ICU res can then staff those patients with the nocturnist
  + All admissions will be staffed with nocturnist
  + Physical location: nocturnist will be located where needed, likely spending a lot of time in the ED, but if the ICU is active he/she will spend time in ICU workroom.
* ICU Closure Trial
  + Comes from the same priorities: patient care/safety of all patients, teaching/education, sustainability for all (residents and attendings)
  + Blocks 10-11
  + ICU team members: ICU attending, an FMS or Med attending, FMS 3A/FMS 3B, Med 1A/Med 1B, the R2 on ICU rotation, and the NF resident
  + A staff service (“Inpt Staff Svc” as Provider Team in Epic) will cover overflow and those patients previously on the resident services taken away for the trial.
  + Formalized signout when patients move into our out of ICU – template for a “Transfer of Service” note coming.
  + Afternoon ICU lectures will be open to any residents available – including residents on regular inpatient services who want exposure to ICU topics.
  + Feedback regularly from all involved is encouraged!