

In the oft-neglected world of nocturnal medicine, Dr. Anh Phu Nguyen's ten years of clinical excellence and contributions to quality care at Tampa General Hospital demand recognition. Through ten years of the growth of the hospital and of the USF MAIN Hospitalist Group, Dr. Nguyen has been the steady hand that ensures patients get high-quality, compassionate care, regardless of the hour. Not only does he excel in clinical decision-making during the crucial period of early hospital admission, but he has long shown interest in improving the processes of the hospital, which can be quite different at night. Within the USF MAIN group, Dr. Nguyen serves many roles, including the thankless task of scheduling but also weighing in on recruitment decisions and quality improvement. No one is better positioned to understand how plans get executed at night, since Dr. Nguyen works more than full-time hours of clinical practice as a nocturnist. His long institutional knowledge has allowed him to contribute to Tampa General Hospital as a whole. Dr. Nguyen served on the Covid-19 task force and helped guide decisions during the unpredictable surges of Covid-19. As the USF MAIN Hospitalists cared for most of the Covid-19 patients during the bulk of the pandemic, Dr. Nguyen not only put himself at personal risk caring for patients overnight but also gave crucial advice about triaging and the process of working with Covid-19 patients on the night shift. His constant interactions at night with the Pulmonary Critical Care teams also made him an excellent resource for troubleshooting some of the issues that would develop at night during the transition to closed ICUs. His expertise at clinical care overnight is well-known enough that the AOCs understand that he is the physician to call to when a patient needs immediate, thoughtful care. This brief recounting hardly encapsulates Dr. Nguyen's contributions to Tampa General Hospital, so allow me to elaborate below.

Imagine working a night shift at Tampa General Hospital as Dr. Anh Phu Nguyen. You report in at 7pm. Over the next twelve hours, you will talk with the Emergency Department 30-40 times, reviewing that number of patient charts. You will spend some of your time doing triage work. In a flash, you will often deduce from the chart alone that a patient requires additional care, whether that be specialist consultation, more diagnostic testing, or a different level of care. You will re-direct patients to other services or assign them to your colleagues to begin the admission process. In between this deluge of calls, you will care for patients, initiating some of the most crucial diagnostics and therapeutics. You will call SNFs and ALFs in the middle of the night to discover more about what brought the patient to the hospital and to ensure they do not miss their home medications. You will pore through outside hospital records of patients too complicated to be treated at other hospitals. You will call and wake up family members in the wee hours of the morning to obtain a cardiac history to determine if an elderly patient with a fractured hip is safe to undergo surgical intervention in the morning. You will sit bedside and discuss code status with patients for whom this is suddenly a concrete and crucial decision. Sometimes you will negotiate the conditions under which a patient will die and work with both your medical knowledge and your compassion to match the patient's goals at the end of life. You will be present as the attending doctor, the bedside doctor for these patients all night. Then, you will assign these patients to your colleagues and provide a warm handoff that details not only lab and physical findings, but the family dynamics, the quirks of the patients, some distillation of their humanity. You will work with other services all night to provide the necessary care and knowing that you have advanced a patient's care during the night, you will go home to your family at 7:30am. You will only have a brief time to recuperate, as you will have meetings at noon or 2pm or 5pm, where you will help your hospitalist group improve quality, draw up schedules, and recruit new members. Your input will be filtered through to the

leadership to give a boots-on-the-ground reckoning of the hospital's functioning at night. You will provide valuable information about how the hospital can adapt to changes, to a pandemic, to expansion. Perhaps you will then get a brief nap before doing it all again. You will repeat the above sequence 16, 18, 20 times per month. You will somehow manage this level of intensity and accomplishment for 10 years because you are Dr. Anh Phu Nguyen, one of Tampa General Hospital's most dedicated physicians.

As for personal and professional impact of Dr. Nguyen, I can say that I am a hospitalist at Tampa General Hospital due to Dr. Nguyen. After seven years as a hospitalist at Massachusetts General Hospital, I needed to return to the Tampa Bay area to care for family. I was concerned that I would not be able to find a suitable hospital in the area that combined a strong academic program, excellent breadth of specialists and support, and a patient population that reflected the community. Luckily for me, I reached out to my old medical school classmate, Dr. Nguyen, and he swiftly recruited me to USF MAIN. Here I have seen how his work improves USF MAIN and the hospital. First, he models excellence to his colleagues, which is crucial in the field of hospital medicine, which experiences natural turnover and has a high proportion of younger attendings. By his tireless example, the night team recognizes the need to be present for patient to advance their care, to be the first representative of the group that the patient encounters, and to set the tone for the rest of the hospitalization. Dr. Nguyen will advocate, forcefully if necessary, for his patients, even at 3am. There is never a sense that he is placeholder for the day team. Because he has intimate knowledge of the way the hospital truly works at night, his input is a necessary component for any quality work. During the most difficult moments of Covid-19, Dr. Nguyen was accepting deteriorating patients from other services. He had to have just as much expertise in the care of these patients as his daytime compatriots, with a fraction of the support. I have also seen him work with the Pulmonary Critical Care physicians at night before and during the recent transition to closed ICUs. With his long experience, Dr. Nguyen has impacted the quality of care patients receive during the nighttime hours, to ensure that the quality of that care does not drop as staffing does. Everyone can feel better leaving at night, knowing that their patients are in such good hands.

Tampa General Hospital would be hard pressed to find a physician that represents their core values more than Dr. Anh Phu Nguyen. The moment that he accepts a patient for admission or observation from the emergency departments, Dr. Nguyen dedicates himself to his or her care. He is first and foremost present for the patient, regardless of the hour. He is a patient, openhearted physician who will deduce from their history and presentation their medical needs and then work immediately to alleviate their suffering. Dr. Nguyen is accountable for the patient from moment one. There is no deferral to the day team—what needs to get done, gets done and patients recognize that. Despite not having a longitudinal relationship with his patients, his patients recognize his dedication and concern. Also knowing that he is unlikely to be thanked by patients who may never see him again, it demonstrates his integrity as a physician and as a human being that he is willing to do so much work for these patients during hours that make that work even more difficult. I have personally overheard Dr. Nguyen have difficult conversations with family members at 4am, rather than simply placing orders and awaiting the arrival of the day team or Palliative Care. I have also witnessed him display the utmost compassion to exhausted, frightened patients. Of course, little of this would matter if Dr. Nguyen were not also an excellent clinical physician. The admitting physician not only has the responsibility of the early diagnostic and therapeutic approaches,

but his impressions also carry weight going forward. It is such a pleasure accepting patients in the morning from Dr. Nguyen, knowing that their care was advanced overnight and also that I need not worry about anchoring on a misdiagnosis made by a colleague. The entire hospitalist group trusts that Dr. Nguyen has done as much as possible for the patient. Dr. Nguyen frequently shies from attention and seems to prefer the relative anonymity of the night shift. But he and his cohort provide half of the patient care at the hospital. Even when he should be sleeping, he is providing insights into areas of improvement in meetings. The nature of his work makes it difficult for Dr. Nguyen to be visible to broader leadership, but everyone in our group knows that a new process cannot be in place until it has been vetted for its feasibility at night by Dr. Nguyen. The nocturnal teams of all varieties do not receive the attention they deserve. If Tampa General Hospital wants to recognize those dedicated to the work of keeping the hospital running around the clock, those who exemplify the hospital's core values, regardless of the hour, then Tampa General Hospital should have the courage to name Dr. Anh Phu Nguyen the Physician of the Year.