

Crouse ICU Night Float Curriculum

Introduction

The use of night float systems and cross coverage is becoming an increasingly popular way to balance patient care issues with need for time off. Night float rotations offer both unique learning opportunities as well as pose challenges in providing appropriate supervision and evaluation. Night float does test a resident's skills in certain areas. Specifically, residents are asked to evaluate patients with whom they are unfamiliar for both acute medical issues as well as pharmacologic decision-making. Night float tests a resident's judgment. Night float also tests a resident's ability to prioritize patient care issues and to juggle multiple tasks concurrently. Because it occurs at night often residents feel additional stress related to change in the sleep-wake cycle. The following curriculum is intended to offer guidance and description of how the residents will be supervised and evaluated with the use of a resident portfolio.

I. Educational Purpose

The general internist should be competent to evaluate and assess a wide range of common and acute medical issues that arise in hospitalized patients. So often in modern complex inpatient medicine the resident's involvement in the care of patients is directed by multiple specialists and by large teams of physicians. Night float rotations offer the resident a higher degree of autonomy in clinical decision-making and patient care. Equally as important is the demonstration that the resident has the knowledge and desire to use evidence-based solutions in the approach to patient care.

II. Learning Venue

A. Rotation Description - The night float rotation is a 2-week block that primarily involves cross-covering the Crouse ICU. The PGY-2 will arrive at 10:00PM and receive sign-out from the long call team. The sign-out is expected to be complete and to be reviewed between the sign-out team and the covering night float done bed to bed walking the unit. Much of the 12-hour shift is going to be spent on evaluating new patient problems that come up, renewing medications or patient care orders, following through on tests that are ordered but not yet back at the time the long call team signs out and handling any new ICU admissions. The NF is expected to consult directly with the ICU attending regarding new admissions and for any management issues that require it.

Expectations of NF: The night float is expected to interview and examine all patients that they are called about on night float. They are also expected to document succinctly their findings and their plan of action. Any significant change in a patient's condition should prompt a phone call to the attending of record. The night float resident is also expected to document on the sign-up sheets any new admissions, any changes in patient care or things that have come up overnight. This is a very important quality assurance function for the NF and allows us to close the loop on patient care issues between different shifts and different groups of physicians. The NFs are expected to be timely in their evaluation of patient issues. If there will be a delay in evaluating a patient, there should be clearly conveyed information for the nurse who calls the night float resident.

Teaching Methods:

The education that occurs on night float is arises from the opportunity of evaluating acute complaints, assessing a patient and formulating a plan and then learning from that experience as the actions are reviewed on AM rounds with the attending and NF attendance on those rounds is expected. All night floats are expected to review the following day the outcomes of patients that they were significantly involved with the night before. This will be handled largely during AM ICU rounds with the Team. In addition, documentation for the resident's portfolio of cases that were involved in will be an important learning opportunity for the night float resident.

Mix of Diseases:

All inpatient acute and chronic medical issues are seen on the night float rotation. Common to night float is the opportunity to evaluate chest pain, arrhythmias, dyspnea, delirium, agitation, insomnia, psychosis, abdominal pain, nausea and vomiting, acute and chronic pain, GI bleeding, urinary retention, fever, and the care of acutely decompensated patients and running codes. Patient characteristics are age 18 and older of male and female gender, equal distribution of ethnicities and cultures on all the inpatient Medicine services. Procedures will include any invasive procedure that needs to be done during nighttime hours, including, but not limited to, central lines, thoracentesis, paracentesis, lumbar punctures, arterial punctures, venipunctures, placement of NG tubes, all supervised by senior residents when appropriate.

III. Method of Evaluation

- A. The learning and competence of the resident's performance during night float rotation will effectively be evaluated in 3 venues:
1. There is 360° evaluation that is filled out by the night ICU nursing staff. This is primarily intended to evaluate your timeliness in responding to pages and the way that you provide a thoughtful and empathetic care to patients during nighttime hours.
 2. Attendings and senior residents who interact with the night float are strongly encouraged to use concern or praise cards in the "on the fly" function in E-VALUE as a way of giving feedback for specific interactions during the night.
 3. Resident Portfolio. Each night float resident will be responsible for writing up and presenting to the Program Director the following for inclusion in the resident's file.
 - a. Documentation of 2 or more patient interactions with literature citation, where evidence-based methods were used to answer patient management related questions (this addresses the practice-based learning competency).
 - b. The resident is required to write a 1-page narrative of a particularly stressful event or area of conflict that occurred during the night float rotation (this helps assess competencies of interpersonal communication skills, professionalism).
 - c. Documentation of 5 patient care interventions that occurred during the 2-week night float rotation. This should include the evaluation, treatment, and outcome of 5 different chief complaints that occurred on the night float rotation where the PGY-1 night float intern had primary responsibility for assessment and management of a particular problem. Each encounter should be summarized in a 1-page document by the end of the night float rotation.
 - d. The night float resident must document one patient care clinical encounter where their initial assessment and therapeutic interventions of a patient seen on night float lead to either a bad outcome or was an example of a missed diagnosis. Patients' names should not be included in this, and this is only for instructional purposes not for any punitive or remediation activity. It is acknowledged that we all make errors in order writing, assessment of patients, or an inappropriate intervention strategy.

IV. Rotation Specific Competencies

- A. Patient care** – night float rotation allows a great deal of autonomy in patient care decision-making independent assessment. It also uniquely tests a resident's judgment in recognizing acutely decompensating and very sick patients. The patient care experience is best summed up by one recent intern's experience: "This is the first occasion that an intern has in applying his/her clinical skills without direct supervision and this builds confidence and improves his ability to handle most of the cases (both serious and trivial issues) with aplomb. This rotation also gives an opportunity to identify what the teams in the morning probably need to be doing and what a patient needs over a period of 24 hrs is.
- As a learning experience this rotation is second to none and at the end of it, even though you are exhausted, there is a great deal of satisfaction. Hopefully this rotation will have words like "learning experience", "interesting work" and such associated with it.
- B. Medical knowledge** – the broad nature of medical scenarios encountered on night float, in addition to the frequent downtime, affords the night float resident the opportunity to read on broad topics and improve their medical knowledge.
- A. Professionalism** – Often a sick patient at night will engender a great deal of anxiety with the nursing staff as well as the night float taking care of that patient. These opportunities offer our residents the chance to show good judgment, professionalism, and excellence in interpersonal communication skills with the staff, patients, families, many of whom they do not know.
- Practice-based learning** – As part of the resident portfolio, documentation of the use of evidence-based tools in the application of patient care is tested during this rotation.
- Systems-based practice** – this rotation requires the resident to work very closely with a large group of nurses of varying skill and level. Often night float residents will spend some time transferring patients between units and in and out of the ICU. Patients will decompensate quickly. Often this exposes problems within our system of cross-coverage, communication between nursing and physicians and answering services, including swat teams. Residents are strongly encouraged to look for opportunities to improve the systems in which we all work.

Reviewed and Revised by: D. Landsberg, MD
Date Revised: 04/03/2016