

Crouse ICU Night Float Curriculum

Introduction

The use of night float systems and cross coverage is an established method 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 night float rotation at Crouse Hospital additionally provides an opportunity for residents to work in a multidisciplinary environment as they work hand-in-hand with experienced dedicated night-time Advance Practice Providers (APPs). 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 while maintaining an interest in learning variations in care.

II. Learning Venue

A. Rotation Description: The night float rotation is a 1-week block that primarily involves cross-covering the Crouse ICU. The PGY-2 will arrive at 9:00 PM and receive sign-out from the long call team along with the nighttime APP. 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 timely advice or intervention.

As demonstrated in the included infographic (Figure 1), the night float resident will work in real time with the APP to address new and ongoing issues, especially issues that are time sensitive. The night float resident should present all new admissions with the Pulmonary and Critical Care Medicine Fellow who is on shift at University Hospital. The night float will also coordinate with the long call resident in case of multiple acute issues that arise in a short period of time to ensure effective and timely delivery of care (eg. Multiple ongoing RRT/codes, admissions, or decompensating patients). Ultimately, in case of any significant concerns, especially with decompensating patients or in situations where consensus of care is not reached, the on-call attending must be involved overnight.

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 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, and available support structure (APP, on-call resident, Upstate PCCM fellow, and the on-call attending) must be engaged by the resident depending on clinical scenario.

B. 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.

C. 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 or performed with guidance from the nighttime APPs when appropriate.

III. Methods 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 may be 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 Med Hub as a way of giving feedback for specific interactions during the night. Additionally, the rounding attending will provide structured feedback in Med Hub.
3. Real time feedback on patient care, documentation, quality measures, communication, and other component competencies will be provided by the rounding attending the following morning. This is perhaps the most effective avenue for growth as this feedback is timely, specific, and actionable.

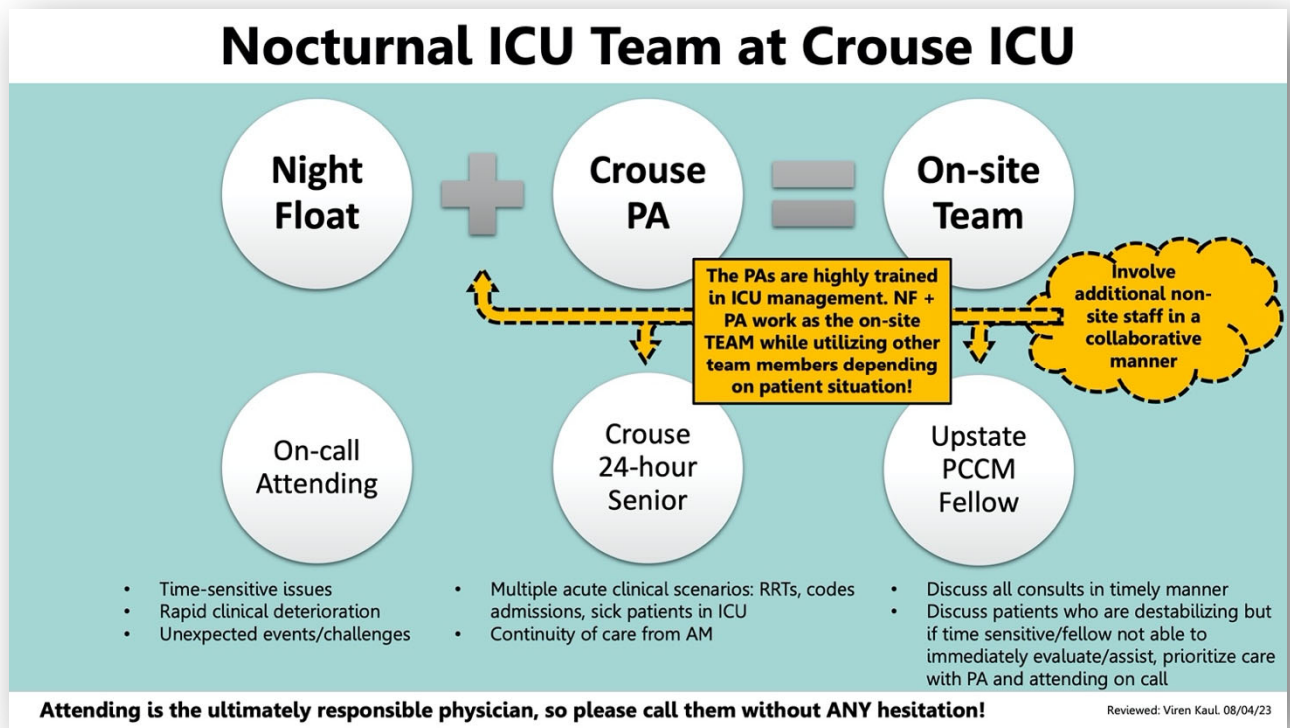
IV. Rotation Specific Competencies

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 a residents' experience: "This is the first occasion that a senior resident has in applying his/her clinical skills without direct supervision and this builds confidence and improves his/her 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 the work is challenging, there is a great deal of satisfaction and growth

in a controlled manner. Hopefully this rotation will continue to 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.
- C. 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. Additionally, as one of the first rotations where APPs are embedded as part of the team, this unique experience will allow the residents to develop the skills needed to function seamlessly in an increasingly complex medical team structure.
- D. Practice-based learning:** As part of the overall evaluation, documentation of the use of evidence-based tools in the application of patient care is tested during this rotation. Additionally, when working in a different medical system with a different EMR, residents will be able to demonstrate adaptability to different practice setting to enhance their learning experience.
- E. Systems-based practice:** This rotation requires the resident to work very closely with a large group of nurses as well as a number of different providers (see Figure 1) 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.

Figure 1: Infographic detailing team-based approach when working at Crouse Hospital as the night float resident.



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