VA Night Float Curriculum

Introduction

Night float rotations offer unique learning opportunities in evaluating and treating acute illness and concerns in hospitalized patients. Night float does test a resident's skills in certain areas. Specifically, residents are asked to evaluate patients that they are not familiar with for acute 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 at the same time. Because it occurs at night, often residents feel additional stress related to change in their 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 residents' 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 know-how and desire to use evidence- based solutions in applying them to patient care.

II. Learning Venue

A. Rotation Description - The night float rotation is a 1-week block that primarily involves cross- covering of all 4 inpatient Medicine teams. The PGY-1 will arrive at 7:00PM 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 PGY-1. 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 using appropriate judgment in knowing when to ask for help and backup from the senior resident or the attending physician.

Expectations of PGY-1: The night float intern 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 Night float attending physician. The PGY-1 night float resident is also expected to maintain the VA 'Shift Handoff tool' (our sign-out/hand-off mechanism) for any new admissions, any significant changes in patient care or things that have come up overnight. This is a very important quality assurance function for the PGY-1's and allows us to close the loop on patient care issues between different shifts and different groups of physicians. The PGY-1's 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 intern. the PGY-1 will cover night float for 6 days Sunday-Friday night, 7PM-7AM.

Expectations of PGY-2/3: The senior night float resident must provide supervision to the night float intern, serve as first-call for rapid responses, codes, the Medical ICU, as well as the first call for all evening admissions. the PGY-2/3 will cover Monday-Friday night, 7PM – 7AM.

B. Teaching Methods:

The education that occurs on night float is primarily from the opportunity of evaluating acute complaints, assessing a patient and formulating a plan and then learning from that experience. The following day, all night float house- staff are expected to review the outcomes of patients that they were significantly involved with the night before.

There is also an evening report session each day that the team is not actively doing an admission, or have urgent patient care to attend to. Evening report is a daily 30-45 minute case presentation, and/or topic review conducted by the Night float attending physician of the week.

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, as well as running codes and rapid responses. 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, and placement of NG tubes. All procedures are supervised by senior residents or attending physicians 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. Nursing Evaluations – 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. Faculty/Peer Evaluations – Faculty and Peers are strongly encouraged to use concern or praise cards in the "on the fly" function in MedHub as a way of giving feedback for specific interactions during the night.

3. Patient Evaluations – It is possible that patients, when asked to evaluate their experience, may provide effective feedback to a member (or members) of the Night Float team.

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 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.

C. Professionalism – Often a sick patient at night may experience a great deal of anxiety with their health, with staff, and 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.

D. Interpersonal and Communication Skills – Perhaps like no other rotation, Night Float house- staff will be interacting with various members of the health-care team as well as the patient in dealing with time-sensitive issues. Effective communication is thus, paramount on a rotation such as this.

E. 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.

F. 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. Residents are strongly encouraged to look for opportunities to improve the systems in which we all work.

Reviewed and Revised by: Iyerus Tariku, MD

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