Night Float Curriculum

Introduction
The use of night float systems and cross coverage is becoming an increasingly common in large hospitals. 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 address questions regarding patients that they are not familiar, usually for acute issues and pharmacologic decision-making. Night float tests a resident's ability to prioritize patient care issues and to handle multiple tasks at the same time. 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. In a large academic setting, patient care often is guided 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 necessary medical knowledge and desire to use evidence-based solutions in patient care.

II. Learning Venue

A. Rotation Description - The night float rotation is a 1-week block that primarily involves cross-covering of all 9 inpatient covered Medicine teams. There are two Night floats at Downtown campus, NF-I and NF-II. NF -I covers Team 1-5 and NF-II covers Team 6-9. The cross-covering night float PGY-1 will arrive at 7:00PM and receive sign-out from PGY-1 from the long call teams. 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 or consultant recommendations that are yet pending. Residents are also learning to know when to ask for help and backup from the senior resident, the medical ICU resident, or the attending of record.

Expectations of PGY-1: The night float intern is expected to examine patients that they are called about and succinctly document the encounter and the formulated plan. Any significant change in a patient's condition should prompt a phone call to the attending of record or the nocturnist for further discussion. The PGY-1 night float resident is also expected to update hand-off section of changes in patient care or things that have come up overnight, which can be reviewed by the primary team. This 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. The PGY-1's are expected to round on assigned teams/floors twice during shifts to address non-urgent orders and identify any sick patients on floors for bedside evaluation and further management. These night rounds are accompanied by PGY 2/3.

Expectations of PGY-2/3: In addition to the above, the senior night float resident must provide supervision to the night float intern, serve as first-call for the ACS and BMT units, as well as assist the Night Admitting Team with admissions, if needed.

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. All night float residents are expected to review the outcomes on the following day, on patients that they were significantly involved with on previous night.

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, with diverse ethnicities and cultures. Procedures will include any invasive procedure that are urgently required during nighttime, including, but not limited to, central lines, thoracentesis, paracentesis, lumbar punctures, arterial punctures, venipunctures, placement of NG tubes, all supervised by senior residents or nocturnist or attending of record 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 will evaluate through rotation specific online evaluation through MedHub. In addition, they are strongly encouraged to use concern or praise cards 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 and 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 interns 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, 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.

D. Interpersonal and Communication Skills –Night Float residents will be interacting with various members of the health-care team as well as the patient in dealing with time-sensitive issues. Complete hand-off on significant overnight events with the primary team in the morning is also a crucial part of resident's responsibility. Effective communication is paramount.

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 skills 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.

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