

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-07
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	06
	<b><u>SUBJECT</u></b> NIGHT FLOAT POLICY	SUPERSEDES	N/A

**I. PURPOSE:**

Management of hospitalized patients remains essential for the practice of medicine. The night float allows Residents to refine history and physical examination skills, develop experience in the selection of diagnostic tests, and learn the management of a wide variety of diseases.

**II. BACKGROUND:**

- 2.1. Night Float provides exposure to common medical problems of hospitalized patients and allows Residents the opportunities to develop discharge care plans. Additionally, Residents encounter uncommon medical conditions and have the opportunity to interact with subspecialists while managing patients with complex conditions.
- 2.2. Night float is designed to give PGY-1 Residents more experience in initial evaluation and management of patients as well as experience in managing patients overnight in the hospital. There is a strong focus on effective hand-offs, teamwork, and shared responsibility for patient care.
- 2.3. In addition, there is increased autonomy for PGY-2 and PGY-3 learners, and therefore a need for the refinement of skills in practice-based learning and improvement.

**III. SCOPE:**

This policy applies to all MSM physicians who are teachers or learners in a clinical environment and who have responsibility for patient care in that environment.

**IV. POLICY:**

- 4.1. Residents must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Specialty Review Committee.
- 4.2. Night Float must be an educational experience for all Residents. It must have its own competency-based curriculum and evaluation system.
- 4.3. A *Sample Curriculum for Night Float* is attached to this policy as Appendix A.

**V. How Learning Objectives Are Met:**

- a) Direct patient care on the inpatient wards – both admitting to and covering medicine teams at night
- b) Interaction with consultants and support staff
- c) Participation in morning report
- d) Participation in daily night float rounds, typically at the bedside with the accepting attending physician and team
- e) Literature searches to answer clinical questions that arise on rounds or during patient care; review of these literature searches

- f) Interaction with the interdisciplinary health care team
- g) Chart stimulated recall exercise – at least one per NF rotation

**VI. Required Reading/Resources:**

- 6.1. Specific readings will be assigned by supervising clinical faculty members and fellows.
- 6.2. In addition, it is expected that Residents read articles that are relevant to the patients they see, including articles generated through literature searches and distributed at morning report or at rounds.
- 6.3. Residents should become familiar with national and hospital guidelines for care of common medical disease states.

**VII. Evaluation:**

- 7.1. Supervising Attendings will evaluate Residents. These evaluations must be discussed in person with the Residents. There should be regular informative feedback from supervising Attendings regarding performance.
- 7.2. Residents will log their performed procedures. The Attendings, or other supervising physicians, shall document satisfactory performance through the electronic procedure logger.
- 7.3. Resident peers (interns and Residents) shall evaluate each other using the Resident peer evaluation.

**APPENDIX A**  
**SAMPLE NIGHT FLOAT CURRICULUM**

**Learning Objectives:**

At the end of the rotation, Residents will be expected to become more proficient in:

**A. Patient Care:**

1. **History taking:** Residents at all levels of training will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion.
  - a) History taking will be hypothesis-driven.
  - b) Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient.
  - c) The Resident will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
2. **Physical Examination:** Residents at all levels of training will perform a comprehensive physical exam, describing the physiological and anatomical basis for normal and abnormal findings.
3. **Charting:** Residents at all levels of training will record data in a legible, thorough, systematic manner. Upper level Residents will communicate clinical information in succinct Resident admit notes, focusing on the communication of assessment and plan, and the thought process behind both.

**B. Procedures:**

1. PGY-1 Residents will demonstrate knowledge of:
  - a) Procedural indications
  - b) Contraindications
  - c) Necessary equipment
  - d) Specimen handling
  - e) Patient after-care
  - f) Risk and discomfort minimization.

They will participate in informed consent and assist patients with decision making.  
They will correctly identify the meaning of test results.
2. PGY-2 and PGY-3 Residents will demonstrate extensive knowledge and facility in the performance of procedures while minimizing risk and discomfort to patients. They will assist their junior peers in skill acquisition.

**C. Medical Decision Making, Clinical Judgment, and Management Plans:**

All Residents will demonstrate improving skills in assimilating information that they have gathered from the history and physical exam.

1. PGY-2 Residents will:
  - a) Regularly integrate medical facts and clinical data while weighing alternatives and keeping patient preference in mind
  - b) Regularly incorporate consideration of risks and benefits when considering testing and therapies
  - c) Present up-to-date scientific evidence to support their hypotheses
  - d) Consistently monitor and follow up with patients appropriately
  - e) Develop plans to avoid or delay known treatment complications and be able to identify when illness has reached a point where treatment no longer contributes to improved quality of life
2. PGY-3 Residents will demonstrate all the skills listed above for PGY-2 Residents and in addition, will:
  - a) Demonstrate appropriate reasoning in ambiguous situations while continuing to seek clarity
  - b) Not overly rely on tests and procedures
  - c) Continuously revise assessments in the face of new data

**D. Medical Knowledge:**

1. PGY-1 Residents will demonstrate knowledge of common disease states encountered while admitting to the inpatient services. They will also demonstrate an ability to acquire new knowledge based on the patient problems encountered nightly.
2. PGY-1 Residents will demonstrate knowledge of the differential diagnosis, appropriate evaluation and management of common night-time issues encountered on inpatient medicine services, including shortness of breath, chest pain, disorientation, fever, and acute renal failure.
3. PGY-2 Residents will demonstrate a progression in knowledge and analytical thinking in order to develop well-formulated differential diagnoses for multi-problem patients.
4. PGY-3 Residents will demonstrate the skills listed above for PGY-1 and PGY-2 Residents, and will also demonstrate appropriate habits to stay current with new medical knowledge, and will exhibit knowledge of effective teaching methods.

**E. Practice-Based Learning and Improvement:**

1. PGY-2 and PGY-3 Residents will be able to investigate and evaluate their own inpatient care practices and identify areas for improvement. They will demonstrate critical evaluation of their individual medical decisions through documentation of chart reviews on selected patients followed for diagnostic and therapeutic learning points after initial admission by the night float Resident.
2. PGY-2 and PGY-3 Residents will also demonstrate the ability to formulate well-designed clinical questions, initiate electronic literature searches, and critically appraise search results for validity and usefulness in accessing best evidence for clinical decisions. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual patients.
3. PGY-2 and PGY-3 Residents will also demonstrate the ability to teach Resident colleagues during morning report with appropriate preparation and research for assigned topics.

**F. Interpersonal and Communication Skills:**

1. PGY-1 Residents will demonstrate an ability to communicate pertinent clinical information regarding a patient's history, physical examination, evaluation and management plan both in writing and orally to accepting medicine teams. They will also demonstrate effective communication styles with families, patients and hospital staff.
2. PGY-2 Residents will exhibit team leadership skills through effective communication as manager of a team. PGY-2 Residents are expected to assist junior peers, medical students, and other hospital personnel to form professional relationships with support staff. Residents will respond to feedback in an appropriate manner and make necessary behavioral changes. PGY-2 Residents will be able to communicate with patients concerning end-of-life decisions.
3. PGY-3 Residents should additionally be able to successfully negotiate nearly all "difficult" patient encounters with minimal direction. Third year Residents should function as team leaders with decreasing reliance upon attending physicians.

**G. Professionalism:**

All Residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. Residents will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentiality of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender and disabilities. Residents will be punctual and prepared for teaching sessions.

**H. Systems-Based Practice:**

1. PGY-2 Residents will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.
2. PGY-3 Residents, in addition, will enlist social and other out-of-hospital resources to assist patients with therapeutic plans and know how these activities can affect the hospital system performance. PGY-3 Residents are expected to model cost-effective therapy.