

## INPATIENT WARDS: BLUE/YELLOW AND RED/GREEN NIGHTFLOAT

### Rotation Contacts and Scheduling Details

**Rotation Director:** Anna Lin, MD    aplmd02@gmail.com

### Introduction

Welcome to Nightfloat! This inpatient rotation will give you exposure to general and subspecialty pediatrics. You will be responsible for acutely and chronically ill patients who are admitted to the wards at Lucile Packard Children's Hospital. This patient population offers high complexity as well as high acuity management which will prepare you for your future career as a pediatrician.

### Weekly Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5 PM	SIGNOUT					SUPERVISORS	ONLY
10 PM	SAFETY	ROUNDS					
10:45 PM	TEACHING	SESSION	(VARIABLE)				
6 AM	INTERN	SIGNOUT					
6:30 AM	NIGHTFLOAT	SUPERVISOR	SIGNOUT				
7- 8:30 AM						PRE-ROUND	
7 :30 AM						SUPERVISOR	SIGNOUT
8:30 AM						ROUNDS	

### Supervisors

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Sup WEEK 1	NF SUP A (5P-7A)	NF SUP B (5P-7A)	NF SUP A (5P-7A)	NF SUP B (5P-7A)	NF SUP A (5P-7A)	NF SUP B (5P-7A)	NF SUP A (5P-7A)
Sup WEEK 2	NF SUP B (5P-7A)	NF SUP A (5P-7A)	NF SUP B (5P-7A)	NF SUP A (5P-7A)	NF SUP B (5P-7A)	NF SUP A (5P-7A)	NF SUP B (5P-7A)

### Interns

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Intern WEEK 1	NF BY/RG (5P-7A)	NF BY/RG (5P-7A)	NF BY/RG (5P-7A)	NF BY/RG (5P-7A)			NF BY/RG (5P-7A = 14hr)
Intern WEEK 2	NF BY/RG (5P-7A)	NF BY/RG (5P-7A)	NF BY/RG (5P-7A)	NF BY/RG (5P-7A)			NF BY/RG (7A-7A = 24hr)

## **Rotation Specifics**

### **Orientation**

The night float supervising resident should hold a brief session on the first night of the intern rotation to discuss how night float will be run and the expectations for how to handle as well as who to call for worsening patient conditions, admissions, discharges, and interactions with medical students and attendings.

### **Procedures on Night Float**

Interns and residents may be able to acquire procedure skills for the following:

- Lumbar puncture
- Intravenous line placement
- Venipuncture
- Arterial puncture

### **Night Float Team Composition**

The night float team usually consists of two interns (one covering Blue/Yellow and one covering Red/Green) and a senior supervising resident. The interns will cover night call responsibilities of the Ward team they were on in the previous block to maintain continuity.

### **Sunday Rounds**

On the FIRST Sunday of the intern night float block (weeks 1 and 3 of the intern schedule), it is expected that the OUTPATIENT interns on Green and Yellow will come in to take over daytime care for Blue/Yellow and Red/Green, respectively. The Saturday post-call interns will leave after pre-rounds are completed and the daytime interns will round with the daytime ward supervisors. The daytime interns will hand off to the night float interns at 5pm.

On the LAST Sunday of the intern night float block (weeks 2 and 4 of the Intern schedule), it is expected that the night float team interns will pre-round and write notes on their patients (with the help of the Saturday night float supervising resident) and then round with the appropriate daytime ward supervisors (1 supervisor will round with Blue/Yellow and 1 supervisor will round with Red/Green) and attendings, starting at 8:30. Patients will be divided into two teams for weekend rounding: Blue/Yellow and Red/Green. The Saturday post-call interns leave after pre-rounds are completed. The night float team should use this Sunday call to better acquaint themselves with the attendings and the patients on their teams.

### **Sign-Out**

The night float team arrives at 5:00 pm and receives sign-out from the daytime teams in the resident workroom. Interns are responsible for signing out to night float team interns and supervisors will sign out to the night float supervisor. As time progresses, night float teams will know the service better. Therefore, sign-out should be relatively quick and concise—focusing on new admissions and new developments for existing patients.

Each morning (Monday through Friday) supervisors from each team will meet with the night float supervisor to sign out new patients and important overnight events. Interns should provide written sign-out (either on a white board or via email) to the daytime teams and give verbal sign out to the daytime

interns about new admissions and significant overnight events. The daytime interns on the primary teams should come in early enough so that the night float interns can leave by 7:00 am (in order to comply with work hour regulations). The day-time ward supervisors should receive sign-out at 7:30 am but the night float supervisor is encouraged to stay at times that require their assistance for a smooth hand-off due to interns' need for help during their transition into the rotation, complex patient care, or heavy work load.

### **Timely Feedback from Day Team**

The night float team should keep a record of overnight decision-making on which they would like feedback. Provide that written list to the day team senior who will aim to gather attending-level input and provide it back to you during sign-out that evening.

### **Pagers and Phones**

The night float team will have a Blue/Yellow and Red/Green team text pagers and phones to facilitate communication.

### **Education**

As part of our educational curriculum, we have an Evening Report which is held each night in the Housestaff Lounge. These should be scheduled by the senior resident and hospitalist but typically occur around 10:45 pm. These reports, led by overnight pediatric hospitalists will focus on acute 'on call' issues and will last no longer than 45 minutes. The content of the sessions will be very flexible and will include bedside teaching, practical skills, and physical exam rounds.

### **Resident Roles and Responsibilities**

#### **Admissions**

Patients will be admitted from the Division of General Pediatric Faculty Practice, local practitioners in the community, subspecialists, emergency departments, and transfers from the LPCH PICU and Wards and other hospitals.

#### Intern Roles and Responsibilities

- Perform dictated history and physicals on new patients.
  - Include all aspects of H&P, including:
    - 10-14 point ROS
    - PMD name and contact information (phone, fax, address)
    - Also, ask that the PMD and any pertinent consultants are externally cc'ed to the H&P
  - Assessment and Plan should be listed by problem list (not systems).
    - Include discharge goals as one of the problems.
- Pre-round on and write notes for the new patients the next morning.

### Resident Roles and Responsibilities

- Perform history and physicals on new patients.
- Write a brief assessment and plan in the patient's chart. (You do not need to write a full H&P, unless a Sub-I is dictating the H&P – in that case, you will need to complete the H&P form.)

### **Sunday Daytime Work**

#### Intern Roles and Responsibilities

- Perform the primary patient care role
- Pre-round on patients and write daily progress notes and orders (need to write a complete progress note on all patients, including those followed by core medical students)
- Present patients on rounds, with assessment and plan presented in problems (not system-based)
- Take care of daily work associated with patient care
- Update computer sign-out
- Communicate with patients, families and primary physicians
- Supervise core medical students caring for your patients
- Teach medical students

#### Supervising Resident Roles and Responsibilities

- Supervise interns, sub-I's, and core medical students
- Discuss overnight events with the Night Team and receive sign-out
- Examine new and sick patients, check labs and films and assist interns as needed prior to morning Rounds
- Run efficient walk/work rounds and make management decisions with the input of the team and attendings
- Follow-up on daily patient work to ensure the plan is carried out appropriately
- Responsible for the care of all patients on the team
- Organize afternoon teaching sessions
- Provide timely and constructive feedback to interns and students on the team

### **Transfers**

#### Intern Roles and Responsibilities

- Dictate stat transfer summary
- Write transfer orders
- Call accepting resident and sign-out

#### Supervising Resident Roles and Responsibilities

- Alert attending as soon as possible that transfer is needed

- Oversee safe and efficient transfers

## **Discharges**

### Intern Roles and Responsibilities

- Coordinate and complete patient discharges
- Dictate discharge summaries if patients stay  $\geq 48$  hours or are particularly complicated
  - Ask that the PMD and any pertinent consultants are externally cc'ed to the Discharge Summary (and include their address)
- Call PMD prior to discharge and arrange follow-up
- Fax written discharge summaries to PMD's office and any pertinent consultants

### Supervising Resident Roles and Responsibilities

- Oversee safe and efficient discharges

## **Evaluation and Feedback**

The methods of evaluation for Nightfloat will include:

- For the interns and residents (which will be included in their portfolios):
  - Direct Observation of an H&P for supervising seniors and Blue/Yellow Interns
  - Global Rating Scales (Competency-based) through Med Hub from Attendings (not anonymous)
  - Global Rating Scales (Competency-based) through Med Hub from Residents/Interns (anonymous)
  - Global Rating Scales through E-value from Medical Students (anonymous)
- For the attendings:
  - Global Rating Scales (Competency-based) through Med Hub from Interns and Attendings (anonymous)
  - Global Rating Scales through E-value from Medical Students (anonymous)
- For the rotation:
  - Global Rating Scales through Med Hub from Interns and Residents (anonymous)
  - Global Rating Scales through E-value from Medical Students (anonymous)
  - Review at Curriculum Committee every 15-18 months

Interns and residents should provide verbal feedback to each other weekly, at a minimum. In addition, the interns and residents should provide the medical student feedback and vice versa.

## ACGME Competency-based Goals and Objectives

### Goal 1. Develop skills in promoting patient safety

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
<p>1. Elicit sign-out that ensures patient safety involving care transition in the evening</p> <p style="text-align: center;"><u>PGY 1</u></p> <ul style="list-style-type: none"> <li>Elicit from your colleague potential status changes/decompensation in a patient and appropriate response (therapy to initiate, person to notify, follow-up evaluation)</li> <li>Discuss pending evaluations requiring follow-up (labs, consult notes, imaging, etc)</li> </ul> <p style="text-align: center;"><u>PGY 2/PGY 3</u></p> <ul style="list-style-type: none"> <li>Elicit potential status changes in a patient and appropriate response (therapy to initiate, who to notify, follow-up evaluation)</li> </ul>	<ul style="list-style-type: none"> <li>Supervisor observation of sign-out with interjection when appropriate</li> <li>ReCAP review with supervising resident at 6:15pm</li> </ul> <ul style="list-style-type: none"> <li>Sign-out with corrective behavior changes during course of block</li> <li>ReCAP review with intern at 6:15pm</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation by senior with immediate feedback</li> <li>AM review with on-coming team</li> <li>Peer evaluations by day team - pending</li> </ul> <ul style="list-style-type: none"> <li>AM review with on-coming team</li> <li>Peer evaluations by day team - pending</li> </ul>	<p>PC - Provide effective health care services</p> <p>ICS - (a) Communicate effectively with physicians; (b) Work effectively as a member or leader of a health care team</p> <p>SBP - Be aware of and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.</p> <p>P - Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</p>
<p>2. Formulate and relate sign-out that ensures patient safety when transitioning care to the day team</p> <p style="text-align: center;"><u>PGY 1</u></p> <ul style="list-style-type: none"> <li>Summarize significant overnight events</li> <li>Communicate relevant overnight lab results</li> <li>Alert day intern to pending labs or studies</li> <li>Relate parent concerns that have not been addressed</li> <li>Pose questions that remain regarding overnight decision-making</li> </ul>	<ul style="list-style-type: none"> <li>Sign-out process</li> <li>Feedback from day team the following night (elicit this!)</li> </ul>	<ul style="list-style-type: none"> <li>Peer evaluations by day team – pending</li> </ul>	<p>PC - Provide effective health care services</p> <p>ICS - (a) Communicate effectively with physicians; (b) Work effectively as a member or leader of a health care team</p> <p>SBP - Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.</p> <p>P - Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</p>

<u>PGY 2/PGY 3</u>			
<ul style="list-style-type: none"> <li>Summarize significant overnight events</li> <li>Discuss medical decision-making in cases of changed care plans and new admissions/transfers</li> </ul>	<ul style="list-style-type: none"> <li>Sign-out process</li> <li>Feedback from day team the following night (elicit this!)</li> </ul>	<ul style="list-style-type: none"> <li>Peer evaluations by day team – <i>pending</i></li> </ul>	
<p>3. Provide guidance for interns regarding prioritization of tasks following sign-out and periodically through the shift (PGY 2, 3)</p>	<ul style="list-style-type: none"> <li>Review sign-out and intern task list directly following evening sign-out from day team to night team (Re-CAP)</li> </ul>	<ul style="list-style-type: none"> <li>Peer evaluation (intern of supervisor)</li> </ul>	<p>ICS - (a) <i>Communicate effectively with physicians; (b) Work effectively as a member or leader of a health care team</i>            SBP – <i>Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.</i></p>
<p>4. Lead evening safety rounds with nursing supervisor, unit charge nurses, and hospitalist</p> <ul style="list-style-type: none"> <li>Identify high acuity patients</li> <li>Communicate MD concerns regarding patient acuity</li> <li>Validate RN concerns regarding patient care/patient care plan (PGY 2,3)</li> </ul>	<ul style="list-style-type: none"> <li>Review of patient safety rounds guide</li> <li>Leading patient safety rounds</li> <li>Direct observation and immediate feedback by hospitalist</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation by hospitalist with feedback documented in MedHub evaluation</li> <li>360 degrees evaluations - <i>pending</i></li> </ul>	<p>ICS—(a) <i>Communicate effectively with physicians;</i>            (b) <i>Work effectively as a member or leader of a health care team</i></p>
<p>5. Identify key information relevant to assuming care of a newly transferred or admitted patient</p> <ul style="list-style-type: none"> <li>Review chart (ED/clinic notes, ICU record, progress notes)</li> <li>Perform medication reconciliation</li> <li>Perform physical examination with priority attention to respiratory and hemodynamic status</li> <li>Demonstrate autonomy in medical decision-making by synthesizing own medical plan based on scientific evidence, deductive reasoning, and compassion (PGY 1)</li> </ul>	<ul style="list-style-type: none"> <li>Patient care</li> <li>Direct observation by supervising resident</li> <li>Presentation of case and plan to attending then responding to feedback regarding assessment and care plan</li> <li>Review of attending documentation in the medical record</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation by hospitalist with feedback via MedHub or in person</li> <li>Peer evaluation by night float supervisor</li> </ul>	<p>PBLI – <i>Evaluate your care of patients, appraise scientific evidence, and improve care through self-evaluation and life-long learning</i>            PC - <i>Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems</i>            MK - <i>Demonstrate knowledge evolving sciences and apply this knowledge to patient care</i>            SBP - <i>Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.</i></p>

**Goal 2. Provide support for and leadership to members of medical team**

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Fairly and effectively delegate tasks to interns and medical students (PGY 2, 3)	<ul style="list-style-type: none"> <li>Self-correction in response to peer and hospitalist input</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation documentation in MedHub evaluation</li> </ul>	P - <i>Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</i>
2. Review H&P with supervisee providing input on accuracy of historical data, physical examination and appropriateness of assessment and plan (PGY 2, 3)	<ul style="list-style-type: none"> <li>Direct observation of this process by hospitalist</li> <li>Observation of final presentations by supervisee to attending physician with feedback to residents</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation documentation in MedHub evaluation</li> </ul>	P - <i>Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</i>
3. Proactively schedule didactic session and ensure team participation (PGY 2, 3)	<ul style="list-style-type: none"> <li>Observation by hospitalist with feedback and guidance</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation with documentation in MedHub evaluation</li> </ul>	P - <i>Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</i> ICS - (a) <i>Communicate effectively with physicians;</i> (b) <i>Work effectively as a member or leader of a health care team</i>

**Goal 3. Communicate promptly and effectively with supervising resident, fellow , or attending**

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Recognize when assistance needed in task completion or patient care and communicate need for help to supervisor (PGY 1, 2, 3)	<ul style="list-style-type: none"> <li>Direct observation by hospitalist with verbal feedback</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation with documentation in MedHub evaluation</li> </ul>	ICS - (a) <i>Communicate effectively with physicians;</i> (b) <i>Work effectively as a member or leader of a health care team</i> P - <i>Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</i>
2. Promptly notify resident, fellow, and/or attending of patient status changes requiring significant intervention (e.g., transfer to higher level of care, new therapy) (PGY 1, 2, 3)	<ul style="list-style-type: none"> <li>Input from fellow or attending regarding communications</li> </ul>	<ul style="list-style-type: none"> <li>Direct observation by supervisor with documentation in MedHub evaluation</li> <li>Peer evaluation of intern by night float supervisor</li> </ul>	ICS - (a) <i>Communicate effectively with physicians;</i> (b) <i>Work effectively as a member or leader of a health care team</i> P - <i>Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles</i>

**Goal 4. Develop a professional approach to duty hours compliance**

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
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<p>1. Monitor your own duty hours and communicate what you need from team members in order to comply</p> <ul style="list-style-type: none"> <li>• Time you need to leave</li> <li>• Tasks you need to sign out to team members (PGY 1)</li> </ul>	<ul style="list-style-type: none"> <li>• Coaching by supervising resident (PGY 1)</li> <li>• Chief resident input in cases of violation or anticipated violation (PGY 2, 3)</li> </ul>	<ul style="list-style-type: none"> <li>• Duty hours compliance audit by program coordinator</li> </ul>	<p>P - <i>Demonstrate commitment to carrying out professional responsibilities</i>  ICS - (a) <i>Communicate effectively with colleagues</i>  SBP - <i>Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.</i></p>
<p>2. Maintain an awareness of duty hours of your supervisees (PGY 2, 3)</p>	<ul style="list-style-type: none"> <li>• Chief resident input in cases of violation or anticipated violation</li> </ul>	<ul style="list-style-type: none"> <li>• Duty hours compliance audit by program coordinator</li> </ul>	<p>P - <i>Demonstrate commitment to carrying out professional responsibilities</i>  ICS - (a) <i>Communicate effectively with colleagues</i>  SBP - <i>Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.</i></p>

PBLI = practice based learning and improvement  
ICS = interpersonal and communication skills  
P = professionalism  
MK = medical knowledge  
PC = patient care  
SBP = systems based practice