

## **Night Float Guidelines for Patient Coverage by Intern / Sub-Intern Team**

To help ensure careful supervision and patient safety, the Intern should carry the primary team pager and phone throughout the night shift (5 pm - 7 am). If an extra phone is available, please provide it to the Sub-I. If the Sub-I is a Stanford medical student and in possession of a Stanford pager, they can contact the Pager Administration office to request "shadow paging" (not "ghost paging").

To support Sub-intern involvement and education, we ask that Interns please try to communicate with Sub-I's within the hour about any pages/calls they receive from the Sub-I's team patients (as workflow permits).

Interns may delegate responsibilities related to these calls, according to their assessment of the Sub-I's readiness to manage the issue independently (for example, some calls to fellows or family/RN questions may be managed independently by Sub-I's, with close follow-up by Intern/Sup).

When the Sub-I is updated by the primary RN directly, it is expected that he or she will update the Intern and Supervisor with this information promptly, clarify the plan, and update nursing as appropriate.

At night: As of 2011, the LPCH Residency Program leadership has preferred that Interns be actively involved in patient assessment and plan management for every overnight admission. It is preferred also that (at night) the Intern (versus the Supervisor) generates the official billing H&P for attending co-signature. If a night is particularly busy, the Supervisor should determine whether a divide and conquer approach makes more sense (i.e., supervising the Intern and Sub-I on admissions separate from one another, with the Sub-I performing some admits more independently). More independence from the Intern is of course going to be the Sub-I's general preference, but we also need to ensure a good educational experience for the Intern. Bottom line, the Sup is in charge of how admission responsibilities should work at night. We hope at the end of the week the Sub-I will have had many great chances to work as much like an Intern as possible.

It is fine for Sub-I's to be involved in another team admit if their primary team is very quiet (e.g., if the Sup deems it appropriate, a Red Sub-I might help work on a Green team admit, etc.).

An EPIC document separate from the Sub-I H&P (generated by an Intern or Resident) is required for each admission. If a Sub-I generates an initial H&P, the required MD documentation may be based on importation of a Sub-I draft with active, complete editing.

A few additional notes:

Try to have a team meeting about the Sub-I role at the start of the shift, so the Sub-I is very clear about your expectations for communication.

Some Sub-Is make it a goal to be able to give 6 am sign-out for their whole team (supervised, of course) - they have valued the experience. Figure out what patterns of delegating to the Sub-I work best for you as residents, given the constraints of all your other demands on the night shift. Regarding co-signing Sub-I notes:

You can co-sign with a comment like, "Please see today's progress note/tonight's History & Physical with my primary signature for approved modifications to the above note." If your Attending asks to co-sign the med student notes, that's fine too. But they will usually prefer to co-sign only one note per documentation event, the billing note (resident note).

As you write your notes, you can copy, paste, and edit the Sub-I note actively - and make it your own (offer credit at the bottom if you'd like - e.g., "Jane Doe, MS IV, assisted in preparation of this Progress Note"). Using bold, underlining, etc. helps the Sub-Intern note which areas you've modified and augments their learning. If it's easier for you to write your own note entirely, you are welcome to do so, but it is not required."