LAC+USC Medical Center
Night Float Orientation
2018-2019

Faculty in Charge of Rotation:
Patrick Sarte, MD
323-409-6630
psarte@med.usc.edu

First Day of Rotation:
Report to designated call rooms in 4A, 4D, 6A, or 7A (LAC+USC), Norris 3rd floor call room, Keck basement call room for sign-out at 5:30 PM.

Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmedicine.blog / Resources / Rotation Orientation & Objectives / Night Float).

GOALS

During the Night Float rotation, residents will gain experience managing hospitalized patients independently. Residents will learn the skills to prioritize tasks, time management, and systems-based practice. It is important to note that patient care occurs even after the team leaves for the day. The goal of the night float resident is to provide continuing care for established inpatients on the general medicine ward service.

OVERALL OBJECTIVES

USC/LAC+USC Internal Medicine Residency Night Float Rotation			
OVERALL COMPETENCY PROGRESSION BY CORE COMPETENCY AND PGY LEVEL (**Adapted from ABIM Developmental Milestones)**			
CORE COMPETENCY: PATIENT CARE			
PGY LEVEL			**GOAL –** Gathers and synthesizes essential and accurate information to define each patient's clinical problem **OBJECTIVES**
	2		a. Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient
		3	a. Role model gathering subtle and reliable information from the patient for junior members of the healthcare team when applicable.
PGY LEVEL			**GOAL** – Develops and achieves comprehensive management plan for each patient **OBJECTIVES**
	2		a. Appropriately modifies care plans based on patient's clinical course, additional data and patient preferences b. Recognizes disease presentations that deviate from common patterns and require complex decision making c. Manages complex acute and chronic diseases
		3	a. Role models and teaches complex and patient centered care b. Develops customized prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.
PGY LEVEL			**GOAL –** Manages patients with progressive responsibility and independence **OBJECTIVES**
	2		a. Requires indirect supervision to ensure patient safety and quality care
		3	a. Independently manages patients across clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndrome
PGY LEVEL			**GOAL –** Skill in performing procedures **OBJECTIVES**
	2	3	b. Appropriately perform invasive procedures and provide post-procedure management for common procedures when applicable.
PGY LEVEL			**GOAL –** Requests and provides consultative care **OBJECTIVES**
	2	3	a. Provides consultative services for patients with basic and complex clinical problems requiring detailed risk assessment b. Appropriately weighs recommendations from consultants in order to effectively manage patient care
Evaluation Methods			
Faculty evaluation, Direct observation			
CORE COMPETENCY: MEDICAL KNOWLEDGE			
PGY LEVEL			**GOAL –** Clinical Knowledge **OBJECTIVES**
	2	3	a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PGY LEVEL			**GOAL –** Knowledge of diagnostic testing and procedures. **OBJECTIVES**

	2		a. Interprets complex diagnostic tests accurately b. Understands the concepts of pre-test and test performance characteristics
		3	b. Interprets complex diagnostic tests accurately c. Understands the concepts of pre-test and test performance characteristics d. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures
Evaluation Methods			
Faculty evaluation, Direct observation, Conference Attendance			
CORE COMPETENCY: SYSTEMS BASED PRACTICE			
PGY LEVEL			**GOAL –** Works effectively within an interprofessional team **OBJECTIVES**
	2		a. Understands the roles and responsibilities of all team members but uses them ineffectively b. Participates in team discussions when required but does not actively seek input from other team members
		3	a. Understands the roles and responsibilities of and effectively partners with, all members of the team. b. Actively engages in team meetings and collaborative decision making
PGY LEVEL			**GOAL –** Recognizes system error and advocates for system improvement **OBJECTIVES**
	2		a. Recognizes the potential for error within the system b. Identifies obvious or critical causes of error and notifies supervisor accordingly c. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk d. Willing to receive feedback about decisions that may lead to error or otherwise cause harm
		3	a. Identifies systemic causes of medical error and navigates them to provide safe patient care b. Advocates for safe patient care and optimal patient care systems c. Activates formal system resources to investigate and mitigate real or potential medical error d. Reflects upon and learns from own critical incidents that may lead to medical error
PGY LEVEL			**GOAL –** Identifies forces that impact that cost of health care, and advocates for, and practices cost-effective care **OBJECTIVES**
	2		a. Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost effective care b. Minimizes unnecessary diagnostic and therapeutic tests c. Possesses an incomplete understanding of cost awareness principles for a population of patients
		3	a. Consistently works to address patient specific barriers to cost effective care b. Advocates for cost conscious utilization of resources c. Incorporates cost awareness principles into standard clinical judgments and decision making including screening tests
PGY LEVEL			**GOAL –** Transitions patients effectively within and across health delivery systems **OBJECTIVES**
	2		b. Communication with future caregivers is present but with lapses in pertinent or timely information c. Recognizes the importance of communication during times of transition
		3	a. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems b. Proactively communicates with past and future care givers to ensure continuity of care.
Evaluation Methods			
Faculty Evaluation			
CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT			
PGY LEVEL			**GOAL –** Monitors practice with a goal for improvement

			OBJECTIVES
	2		a. Inconsistently acts upon opportunities for learning and self-improvement b. Inconsistently self reflects upon one's practice or performance and inconsistently acts upon those reflections
		3	a. Regularly self reflects upon one's practice or performance and consistently acts upon those reflections to improve practice b. Recognizes sub-optimal practices or performance as an opportunity for learning and self-improvement
PGY LEVEL			**GOAL –** Learns and improves via feedback **OBJECTIVES**
	2		a. Solicits feedback only from supervisors b. Is open to unsolicited feedback c. Inconsistently incorporates feedback
		3	a. Solicits feedback from all members of team and patients b. Consistently incorporates feedback c. Welcomes unsolicited feedback
PGY LEVEL			**GOAL –** Learns and improves at the point of care **OBJECTIVES**
	2		a. Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information b. Can translate medical information needs into well-formed clinical questions independently
		3	a. Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information b. Routinely translates new medical information needs into well-formed clinical questions.
Evaluation Methods			
Faculty Evaluation, Direct Observation			
CORE COMPETENCY: PROFESSIONALISM			
PGY LEVEL			**GOAL –** Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team **OBJECTIVES**
	2		a. Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations b. Emphasizes patient privacy and autonomy in all interactions c. Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care
		3	a. Demonstrates empathy, compassion and respect to patients and caregivers in all situations b. Demonstrates a responsiveness to patient that supersedes self-interest c. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers d. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.
PGY LEVEL			**GOAL –** Accepts responsibility and follows through on tasks **OBJECTIVES**
	2		a. Completes patient care tasks in a timely manner in accordance with local practice and/or policy b. Completes assigned professional responsibilities without questioning or the need for reminders
		3	a. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner b. Willingness to assume professional responsibility regardless of the situation
PGY LEVEL			**GOAL –** Responds to each patient's unique characteristics and needs **OBJECTIVES**
	2		a. Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference.

			b. Modifies care plan to account for a patient's unique characteristics and needs with partial success
		3	a. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver b. Appropriately modifies care plan to account for a patient's unique characteristics and needs
PGY LEVEL			**GOAL –** Exhibits integrity and ethical behavior in professional conduct **OBJECTIVES**
	2		a. Honest and forthright in clinical interactions and documentation b. Demonstrates accountability for the care of patients
		3	a. Demonstrates integrity, honesty and accountability to patients b. Actively manages challenging ethical dilemmas and conflicts of interest c. Identifies and responds appropriately to lapses of professional conduct among peer groups
Evaluation Methods			
Faculty Evaluation, Peer Evaluation, Direct Observation			

CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS

PGY LEVEL			**GOAL –** Communicates effectively with patients and caregivers **OBJECTIVES**
	2		a. Engages patients in shared decision making in uncomplicated conversations b. Requires assistance facilitating discussions in difficult or ambiguous conversations c. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds
		3	a. Incorporates patient specific preferences into plan of care b. Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations c. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
PGY LEVEL			**GOAL –** Communicates effectively in interprofessional teams **OBJECTIVES**
	2		a. Inconsistently engages in collaborative communication with appropriate members of the team b. Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care
		3	a. Consistently and actively engages in collaborative communication with all members of the team b. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.
PGY LEVEL			**GOAL –** Appropriate utilization and completion of health records **OBJECTIVES**
	2		a. Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning
		3	a. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning b. Health records are succinct, relevant and patient specific
Evaluation Methods			
Faculty Evaluation			

ROTATION STRUCTURE

STARTING THE ROTATION

Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmedicine.blog / Resources / Rotation Orientation & Objectives / Night Float).

SCHEDULE

Medicine Wards, MICU Night Float

5:30 PM – 6:00 PM	Sign-out from Wards/MICU Team
6:00 PM – 6:30 AM	Cross-coverage, night admissions
6:30 AM – 7:00 AM	Sign-out to Wards/MICU Team

Medicine Consult Night Float

5:30 PM – 6:00 PM	Sign-out from Wards Team
6:00 PM – 6:30 AM	Cross-coverage, night admissions
8:00 PM – 8:30 PM	Sign-out from Heme Wards Team
6:30 AM – 7:30 AM	Sign-out to Wards/Heme wards Team

CCU Night Float

6:00 PM – 6:30 PM	Sign-out from CCU Team
6:30 PM – 7:00 AM	Night consults
7:00 AM – 7:30 AM	Sign-out to CCU Team

Cardiology Consult Night Float

6:00 PM – 6:30 PM	Sign-out from Cards Consult Team
6:30 PM – 7:00 AM	Night consults
7:00 AM – 7:30 AM	Sign-out to Cards Consult Team

Norris Night Float

6:00 PM – 6:30 PM	Sign-out from Norris Team
6:30 PM – 7:00 AM	Cross-coverage, night admissions
7:00 AM – 7:30 AM	Sign-out to Norris Team

Keck Liver Night Float

7:00 PM – 7:30 PM	Sign-out from Keck Liver Team
7:30 PM – 8:00 AM	Cross-coverage, night admissions
8:00 AM – 8:30 AM	Sign-out to Keck Liver Team

Keck Medicine Night Float

6:00 PM – 6:30 PM	Sign-out from Keck Medicine Team
6:30 PM – 7:00 AM	Cross-coverage, night admissions
7:00 AM – 7:30 AM	Sign-out to Keck Medicine Team

* Night Float hours of coverage are 6PM – 7AM Tuesday – Friday, 8PM – 9AM Saturday & Sunday, 7PM – 7AM Monday

ADMISSION SCHEDULE

All Night Float, with the exception of Cardiology Consult, are eligible to accept new admissions daily. The resident must see and evaluate all admissions.

On Medicine Wards and Keck Medicine night float, an in-house hospitalist attending is present and available to discuss all new admissions or cross-coverage issues that arise. They are also present to assist/supervise in urgent procedures.

On MICU, an in-house supervising fellow is present and available to discuss all new admissions or cross-coverage issues that arise.

On CCU and Cardiology Consult, an on-call supervising fellow is available to discuss all new admissions, consults, or cross-coverage issues that arise. Residents are expected to call the on-call fellow during the evening to discuss all new admissions or consults.

On Norris and Keck Liver, an on-call supervising fellow is available to discuss all new admissions, consults, or cross-coverage issues that arise. Residents are expected to call the on-call fellow during the evening to discuss all new admissions or consults.

SIGN-OUT

Each night float resident is responsible for cross-covering and admitting the teams that they cover overnight. Each team signing out to the night float should provide a written handoff ("Physician Handoff") in addition to preparing for a verbal sign-out. Sign-out should take place in a protected, quiet space, and follow the I-PASS format. It is the responsibility of the team member signing out patients to update the Physician Handoff. The team should arrive promptly to receive sign-out on their patients in the morning and the night float should arrive promptly to receive sign-out at in the evening.

DAYS OFF

All house officers on Night Float will get an average of one day off per week across the duration of the rotation. Days off will be designated by the Chief Residents and is available on AMION. Predetermining everyone's days off will ensure that days off are distributed fairly and that the appropriate complement of residents and interns are in the hospital at all times.

CURRICULUM

EDUCATIONAL GOALS

The goal of the night float resident is to provide continuing care for established inpatients on the general medicine ward service. This includes recognizing ill patient that may require intervention or higher level of care, follow-up on routine laboratory and imaging testing, and to help move patient care forward throughout admission. In addition, the night float resident will admit new patients to the medicine wards during their overnight shift.

LEARNING OBJECTIVES

	PGY2/PGY3
Patient Care	• They are to efficiently triage all admissions in the ED and work up the most critically ill patients first. • Spends time appropriate to the complexity of the problem. • Elicits subtle findings on physical examination. • Makes diagnoses based on evidence and confirms and teaches the art of medical diagnosis to junior residents and students • Resident demonstrates the delivery of bad news • Knows indications for procedures and conducts with minimal supervision.
Medical Knowledge	• Respiratory failure, mechanical ventilation, complications of mechanical ventilation, noninvasive ventilation. • Develop an analytic approach to clinical scenarios. • Resident demonstrates broad differential diagnosis skills • Resident demonstrates appropriate diagnostic and therapeutic planning.
Practice Based Learning and Improvement	• Resident will use major textbooks, review articles, and current literature to facilitate patient care. • Asks for help when needed self motivated to acquire knowledge
Interpersonal and Communication Skills	• Resident is concerned about the patient's comfort. • Able to deal with challenging patients and families.
Professionalism	• Set a tone of respect and collegiality for the team. • Identifies ethical issues and employs available resources to solve them
Systems Based Practice	• Understands and develop cost effective care. The night float senior resident is expected to consult with their supervising attending physician regarding any problems that they are unfamiliar with or where there is concern regarding the diagnosis or plan of care.

FEEDBACK & EVALUATIONS

The daytime attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide mid-point and end-of-rotation feedback with all of the house officers they evaluate and

indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.

PATIENT CARE

LOCATION & PATIENT CHARACTERISTICS

The location of the night float assignment will be clearly indicated on the AMION schedule. Night Float will take place at either LAC+USC hospital, Keck Medical Center, or Norris Comprehensive Cancer Hospital.

ADMISSIONS

All potential patient admissions are screened and some undergo a secondary physician review regarding medical necessity for admission. Bed control is typically first informed of the admission, and once an assignment to a team is made, this is communicated to the primary team. If the patient is in the ED, or an intensive care setting, physician sign-out to the accepting team will occur.

BOUNCEBACKS

A bounceback is defined as a readmission to a medicine senior resident that is still on service within the same medicine block. For instance, if a patient is readmitted, but the senior resident has switched teams, it does not count as a bounceback to the senior resident. Bouncebacks are accepted by the primary team even when the senior resident has a day off or if the team is protected from new admissions due to a high census. For each bounceback, both the accepting and giving teams are protected from admissions for one cycle. Overnight, the night float resident is still responsible for performing the H&P, but must sign out the patient to the appropriate day team.

ELOPING & LEAVING AGAINST MEDICAL ADVICE (AMA)

Patients have the right to leave AMA if they have the capacity to make their own medical decisions. This means that they know their diagnosis, prognosis, the risks of leaving the hospital, the benefits to staying in the hospital, and alternatives to hospitalization. If your patient can verbalize all of the above, is deemed to have capacity to make medical decisions, and still insists on leaving, the patient should sign the AMA form and the incident should be documented thoroughly in the chart.

Patients who leave the hospital for more than 2 hours are considered to have eloped from the hospital. This is different from leaving AMA.

Patients who elope and who leave AMA still require discharge orders and a discharge summary.

RAPID RESPONSE & CODE BLUES

If a patient appears acutely unstable, do not hesitate to call the Rapid Response Team. If your patient is decompensating rapidly and requires intubation or resuscitation, call a Code Blue.

Always document goals of care discussions, even if the decision is to remain full code. Keep in mind that the code status obtained during the hospitalization is dynamic and only relevant to the current hospitalization. It does not necessarily hold true for the next hospitalization unless the patient has a signed a POLST or on discussion with your patient, he/she reiterates his/her desired code status. Upon discharge, a POLST form should be completed in an effort document goals of care. The pink original goes with the patient and a copy should be placed in the chart for scanning into ORCHID.

DEATH

Deaths must be pronounced by a licensed provider on the primary team. All in-hospital deaths require a Death Summary to be written by the primary team. If a death is pronounced by the overnight cross-covering resident, he/she may write a brief Death Note to document the circumstances and death exam; however, a Death Summary still needs to be completed by the primary team.

Deaths in the hospital are not uncommon, but may be an emotionally challenging experience. Housestaff are encouraged to discuss the experience of caring for a patient who has died with the team and/or chief residents.

DOCUMENTATION

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending on service for the day for review.

History & Physical

H&Ps must be written and signed by the attending within 24 hours of admission. In ORCHID and PowerChart, the note type, "History and Physical" should be used.

Transfer Summary

A Transfer Summary is required when the patient is being transferred to another service (ICU, surgical service, Blue team) or to another facility. The transfer summary should follow the format of the Discharge Summary above. In ORCHID and PowerChart, the note type, "Transfer Summary" should be used.

Death Summary

A Death Summary is required when a patient expires in the hospital. The Death Summary should follow the format of the Discharge Summary above. In ORCHID and PowerChart, the note type, "Death Summary" should be used.