

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY  
**NIGHT FLOAT CURRICULUM**

Target: PGY 1  
Updated June 2022

### **A. EDUCATIONAL OVERVIEW**

The goal of the Night Float rotation is to train residents (PGY 1) to evaluate and manage acute medical issues among a panel of hospitalized patients while extending patient care during overnight hours. The emphasized skills involve appropriate triaging of patients and medical problems, management of acute medical problems, and communication skills required to transition the care of patients.

### **B. ROTATION DESCRIPTION AND STRUCTURE**

The training site for the Night Float rotation is Olive View-UCLA Medical Center. Rotations will be 2 weeks in length, for a total of up to 8 weeks across the first year of training. Interns (PGY 1) will be assigned a series of night shifts during the rotation block in compliance with duty-hour regulations. Interns will be responsible as the primary provider for hospitalized patients (*i.e.* previously admitted) during the shift. Care of patients will be transitioned to the Night Float intern by the primary team during evening sign-out, and the Night Float intern will return care to the primary team during morning sign-out. The Night Float interns are supervised by the Night Admitting Residents (NAR) and the Hospitalist attending on-call. Additional education to meet the medical knowledge objectives is delivered through the Night Float didactic series, which is facilitated by the Hospitalist attending on-call.

### **C. GOALS & OBJECTIVES**

Interns are expected to be proficient with the goals by the completion of the first-year of training.

#### **1. Goal: Evaluate and manage acute complaints in the hospitalized patient.**

- Gather existing pertinent history and lab/study results that aid in the evaluation or management of the acute medical issue. (PC1)
- Seek additional information by interview, exam, or ordering additional tests with appropriate timeliness (*e.g.* routine or STAT) that will aid in the evaluation or management. (PC1-2)
- Identify and manage complications of hospitalization, including venous thrombosis, edema, delirium, and nosocomial infection. (PC3-4)
- Follow-up on ordered tests in a timely manner. (PC4, MK3, PROF2)
- Interpret new information to appropriately guide patient management. (PC3-4)
- Notify and seek guidance from the supervising resident and/or attending when appropriate (see Section G: Must Call & Must Document List). (PC3, PROF1)
- Prioritize (triage) the most acute or important patients and clinical tasks. (PC3, PROF2)

#### **2. Goal: Provide cross-coverage to continue patient care at night.**

- Keep an organized list of patients and tasks to complete. (PC4, PROF1)
- Demonstrate professional teamwork by following up on assigned tasks. (PROF1/3)

- Demonstrate responsibility and duty to patient care by responding appropriately to new patient concerns or requests from nurses. (PROF1/3, ICS2)
- Identify and report actual or potential errors in patient care, and report them through the hospital's Safety Intelligence (SI). (SBP1)
- Notify and seek guidance from the supervising resident and/or attending when appropriate (see Section G: Must Call & Must Document List). (PC3, PROF1)
- Provide feedback to the primary team in a professional manner to improve patient care and safety (SBP1, PBLI2, ICS2, PROF1)

**3. Goal: Effectively transition care (sign-out) to and from the primary medical team.**

- Meet at the appropriate time and place to receive or give sign-out. (PROF1/3)
- Use effective communication techniques to ensure safe transfer of care, including readback and asking follow-up questions. (ICS2, SBP3)
- Verbally communicate back to the primary team the results/actions of previously assigned tasks, overnight events, and remaining tasks to follow-up. (ICS2, SBP3)
- Provide sufficient documentation to communicate medical decision-making. (ICS3, SBP3)

**D. TOPICS ON THE NIGHT FLOAT ROTATION**

Interns are expected to explain and demonstrate the differential diagnosis, general diagnostic approach and management for these common acute signs, symptoms and conditions.

- Agitation
- Bleeding
- Bradycardia
- Chest pain
- Constipation
- Dyspnea, hypoxemia, and tachypnea
- Electrolyte abnormalities
- Acute Encephalopathy (Altered Mental Status)
- Falls
- Fever
- Hyperglycemia and hypoglycemia
- Hypertension
- Hypotension
- Insomnia
- Pain (acute)
- Seizure

- Sepsis
- Tachycardia
- Vomiting and nausea

#### **E. TEACHING METHODS**

Clinical education is provided through direct patient care and interactive didactics. Learning through patient care is complemented by discussion of cases the supervising resident and attending. The supervising hospitalist attending will coordinate the didactic time and topic during the night shift. Didactics include the Night Float lecture series (available on the housestaff website) as well case discussion and lecture.

#### **F. SUPERVISION AND EVALUATION**

Interns on this rotation will be supervised by the Night Admitting Resident and the Hospitalist attending on-call.

#### **G. MUST CALL & MUST DOCUMENT LIST**

##### **1. Must call list with closed loop communication (page attending, if no call back then page again)**

- any question or uncertainty about patient care
- significant change in vital signs or mental status that is not easily correctable or explained
- unexpected clinical response to treatment
- unexpected upgrade in level of care to SDU
- any transfer to the ICU
- failure or disagreement in achieving an urgent management plan (delay in urgent consult, diagnostic study, urgent medication, MAC transfer)
- medical error resulting in significant harm or clinical intervention (also consider submitting SI report)
- new patient where acute leukemia or TTP is seriously considered in the differential (hematology/oncology fellow or attending)
- unexpected transfusion
- unexpected morbidity or death
- unexpected critical result
- RRT/Code Blue, Code OB, or Code Stroke
- patient leaves against medical advice
- any fall in the hospital (must document your exam and your reevaluations)
- any procedures including catheter/line removals
- attending requests to be contacted

##### **2. Must document list**

- whenever patient care was discussed with a supervising resident, fellow, or attending

- whenever there is an escalation in level of care
- whenever the management plan was changed (such as consultant recommendations or new findings prompting action)
- whenever the patient was re-examined at bedside
- any critical vital signs notification
- RRT/Code Blue
- patient leaves against medical advice
- any procedures including catheter/line removals
- any issue that the team or other healthcare providers need to know

## **H. EDUCATIONAL RESOURCES**

The Night Float lectures are available on the housestaff website under Curriculum > Night Float modules.

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Dynamed (coming)
- Harrison's Principles of Internal Medicine
- PubMed
- Visual Diagnosis (VisualDx)