

## UCCCH NIGHT FLOAT ROTATIONS

In 2003, the General Pediatrics Inpatient experience was enhanced with the addition of a night float rotation. The experience is comprised of a maximum of 4-6 weeks during the second and third years of residency in 2 week blocks.

While on this rotation the senior resident is expected to act as primary physician for the designated patients. As such, the resident is expected to perform a complete history and physical exam, formulate a differential diagnosis taking into consideration not only organic but also behavioral or social factors, formulate an initial diagnosis and develop a treatment plan appropriate to the suspected diagnosis or condition. All these processes are to be done in collaboration with the senior resident on call for the inpatient service and with the senior resident on call for the inpatient service and the attending physician of record.

The attending physician is the ultimate person responsible for the patients admitted under his/her care.

The rotation seeks to emphasize several principles essential to the practice of general pediatrics:

- Patients should be evaluated thoroughly taking into consideration not only medical/organic aspects of disease, but also the psychological, social, and environmental considerations.
- Continuum of care is an essential in pediatric care and diverse communication with primary care physicians is stressed.
- Care to the pediatric patient should be of the highest standard, however, taking into consideration cost-containment and utilization elements as well as quality and risk management aspects.

### **Night Float Schedule:**

Hospital arrival: 8 p.m. – receive sign out for patients on the HONC service from HONC resident

- Assume cross cover responsibility for HONC patients until signed over to the HONC resident the following morning between 7 and 8 a.m.
- Admit new patients to HONC service after 8 p.m. and before 7 a.m. the following day.
- Admit new patients to the inpatient services (maroon & silver) after midnight and before 5 a.m. the following morning.
- Directly present all new admissions to the service attending responsible.
- Sign out new patients to the residents assuming responsibility/continuing care for these new patients.
- Attend morning report – unless the workload is prohibitive
- Leave the hospital by 10 a.m. following a call night
- MAINTAIN HIS/HER CONTINUITY CLINIC.

### Goals, Objectives and Resident Responsibilities of Night Float:

**Patient Care:** Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life. To that end, residents will

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
- Develop, negotiate and implement effective patient management plans and integration of patient care
- Learn to construct an individualized treatment plan for these complex patients

**Medical Knowledge:** Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others. Residents are expected to apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence and apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking.

Specifically, residents will:

- Learn about the care of hospitalized patients with acute injury and disease including children who require surgical care and care for malignancy.
- Learn the assessment of the hospitalized child using a problem-based approach in an evidenced-based format
- Learn an efficient method of developing an evidenced-based plan of care
- Learn cost-effective strategies of narrowing a differential diagnosis utilizing medical tests and appropriate subspecialty consultation
- Learn to present the patient's medical issues in a concise problem based format
- Learn to execute a care plan for a wide variety of childhood illnesses that require hospitalization
- Learn the interpretation of a wide variety of medical tests useful in patient assessment, ie: CBC, BMP, LFT's, ABG, coagulation studies, plain radiographs, CT scans, etc

**Practice-Based Learning and Improvement:** Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices, and

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education
- Develop media based teaching programs for junior housestaff and students

**Interpersonal and Communication Skills:** Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams, and

- Learn to provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with consultants in a respectful, appropriate manner
- Maintain comprehensive, timely, and legible medical records
- Complete evaluations of the attending, staff and rotation
- Learn to give timely feedback to colleagues regarding knowledge, performance, teaching and communication
- Learn to provide sufficient sign out to ensure safe care
- Learn the importance of transfer of information in the safe care of the hospitalized child

**Professionalism:** Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society, and

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
- Recognize and identify deficiencies in peer performance and deliver constructive evaluation and criticism

**Systems-Based Practice:** Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care, and

- Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
- Learn to recognize the signs and symptoms that lead to the early identification of risky behaviors and to gain familiarity with the appropriate interventions including family and community resources
- Learn to appreciate the high cost of medical care and become judicious in the use of costly medical tests and hospitalization