NIGHT FLOAT GOALS AND OBJECTIVES
Internal Medicine – University of Toledo

Educational Goals and Objectives:
This rotation is intended to
1) Allow residents to gain experience in managing hospitalized patients independently.
2) Learn the skill to prioritize the tasks; time management and systems based practice.
Residents on night float typically work five days a week with two days off (PGY-2 off on Saturday and Sunday / PGY-3 off on Friday and Saturday). The work shift is 8pm to 8am. Morning report attendance and participation is mandatory but didactic attendance is not required during the rotation. Residents are excused from all continuity clinic responsibilities during their night float rotation.

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<th>PGY 2 / PGY 3</th>
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| **Patient Care** | • They are to efficiently triage all admissions in the ED and work up the most critically ill patients first.  
• Senior residents must discuss any invasive procedures with the supervising attending physician prior to obtaining consent or performing the procedure.  
• The senior resident on call Code Blue team and is expected to respond to all codes and to work with the attending ER physician in the acute resuscitation and stabilization of these patients. |
| **Medical Knowledge** | • Respiratory failure, mechanical ventilation, complications of mechanical ventilation, noninvasive ventilation.  
• Develop an analytic approach to clinical scenarios. |
| **Practice-Based Learning and Improvement** | • Resident will use major textbooks, review articles, and current literature to facilitate patient care. |
| **Interpersonal and Communication skills** | • The night float resident is responsible for supervising the interns with all of their notes and orders as well as provides assistance and supervision of cross cover issues. |
| **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. |

Teaching Methods:
1. Direct patient care
2. Directly supervised procedures
3. Faculty supervision
4. Core curriculum
5. Reading materials and literature search

Assessment Methods – Competency Score Card:
Medical Knowledge
1. Monthly test
2. New Innovation evaluations
Patient Care
1. Procedures
2. New Innovation evaluations
Practice-Based Learning
1. New Innovation evaluations
2. Consultation/Literature search

System-Based Learning
1. New Innovation evaluations

Professionalism
1. Medical record completion
2. New Innovation evaluations
3. Dictation completeness

Communications
1. 360 evaluations
2. New Innovation evaluations
3. Transition of care (hand-off)

**Educational Resources:**
Up-to-Date
Harrison’s Principle of Internal Medicine
MKSAP

Revised 7/2010