

## Night Float Rotation Primer

### Rotation Overview & Primary Educational Focus:

The primary goal of this rotation is to develop the knowledge and skills necessary to effectively prioritize and manage acute medical issues while providing cross-cover for patients admitted to hospital medicine teaching teams.

Interns are expected to:

- Recognize clinical deterioration and escalate concerns appropriately
- Practice effective prioritization of tasks and time management
- Effectively communicate overnight events
- Develop knowledge and skills to participate in patient safety and quality improvement

### Workroom Locations:

- Shared Workspace: H602 (“BS room”)

### Team Structure:

Supervision:

- Swing-2 Attending (7:00 PM – 11:00 PM, indirect supervision)
- Night-2 Attending (10:00 PM – 7:00 AM, indirect supervision)

Residents:

- 1 Supervising Resident (GME/HMFF resident, 7:00PM – 7:00 AM)
- 1 Night Float Intern (Night Float, 5:00 PM – 7:00 AM)
- 1 Admitting Intern (UK Wards, 7:00 PM – 7:00 AM)

*If the Night Float intern requires assistance from 5:00 PM – 7:00 PM, please contact the late shift supervising resident.*

### Scheduling Expectations:

- Typically 2 interns are assigned Night Float at a time with each alternating stretches of 5–6 nights at a time
- Each intern will have approximately 5 Reading Days during the rotation
  - These are protected days for self-directed learning. Interns are excused from all clinical responsibilities and may use this time for academic development—whether that’s reading at home, in the library, or on a boat.
- Each intern will have approximately 4–5 PS&QI Days
  - These days are designated for completing PS&QI activities coordinated by the VA Chief Resident. This may include online modules or coursework.
  - In addition, on PS&QI days, **you serve as supplemental coverage for the Jeopardy back-up call system** (formerly known as the Hit List). All standard backup call expectations apply.

### Shift Expectations:

- Arrive at, or shortly before, 5:00 PM to receive handoff/sign-out from Teams 1–4
  - Update **First Call Provider** after receiving handoff
  - All active clinical tasks should be completed by the day team prior to sign-out.
    - It is appropriate for the night intern to follow up on minor tasks.
    - If a patient is unstable or actively deteriorating, the day team should remain primary until the patient is stabilized
- Remain readily accessible and respond promptly to any communication from supervising residents, nursing, pharmacy, or ancillary staff
- Assess, prioritize, and manage acute issues
- Complete timely, accurate, and succinct documentation of significant events
- Escalate concerns to the supervising resident or attending (Swing-2/Night-2) if you need assistance
- Prepare morning handoff/sign-out of overnight events to Teams 1–4

*Common cross-cover scenarios include chest pain, hypoxia, hypotension, altered mental status, and pain.*

Priority	Example	Action
<b>Emergent</b> (Immediate risk to life)	Cardiac arrest, unstable arrhythmia, severe hypotension, respiratory failure, new focal neurologic deficit, hemodynamically unstable GI bleed	Notify senior <i>immediately</i> . Activate RRT/code as appropriate
<b>Urgent</b> (High risk of clinical deterioration or time-sensitive)	Chest pain, increasing O <sub>2</sub> requirement, tachycardia, severe HTN, new fever, hemodynamically stable GI bleed, new encephalopathy, change in code status	Start stabilizing measures (e.g., oxygen, fluids, diagnostics). Notify senior resident within 5–10 min, or sooner if you need assistance.
<b>Routine</b> (Requires follow-up but not time-sensitive)	Pain management, mild lab abnormality	Inform senior as time permits or bundle updates during downtime
<b>Informational</b> (No immediate action needed)	Stable overnight events, resolved issues	Include in morning sign-out

**Recommended Educational Resources:**

- UpToDate
- NIH-NCBI StatPearls
- UK CareWeb Guidelines & Protocols (anticoagulation, antimicrobial stewardship, insulin/glycemic control, PE guidelines, etc.)