OPTI-West San Antonio Regional Hospital Internal Medicine Residency Program

Night Float Rotation Curriculum with Goals & Objectives

SARH Wards — Internal Medicine Residency

Goals & Objectives Stratified by Level of Training (PGY-1 / PGY-2 / PGY-3)

Effective: [Date] | PEC Approval: Pending

Organization and Lines of Responsibility

Organization / Site: SARH Wards (overnight admitting and cross-cover service).

The Night Float rotation is a core inpatient experience in which residents provide overnight care for teaching-service patients, including new admissions and the cross-cover of established patients. The night team is supervised by an on-site senior resident and an attending physician available on site or by telephone. The Internal Medicine resident functions as a key member of the overnight team, provides compassionate and evidence-based care, and gradually assumes more autonomous decision-making responsibility in a graded fashion. Night Float emphasizes independent clinical judgment with appropriate escalation, the recognition and management of acute overnight events, safe transitions of care, and effective handoff communication. The resident is also expected to teach and support junior members of the night team.

General Goals and Educational Objectives

General Goal: During the Night Float rotation, the resident is responsible for the overnight admission, cross-cover, and stabilization of inpatient teaching-service patients, and for safe transitions of care to and from the day teams.

Overarching objectives (developed progressively across all three years):

- Provide safe, timely, evidence-based overnight care with appropriate escalation.
- Recognize and manage acute clinical deterioration and lead or participate in rapid responses and codes.
- Perform efficient triage and prioritization of simultaneous clinical tasks.
- Deliver and receive high-quality, structured handoffs that ensure continuity and patient safety.
- Communicate effectively with patients, families, nursing, and the day and night teams.
- Practice fatigue-mitigation and wellness strategies that preserve patient safety and self-care.
- Assume responsibility in a graded fashion, progressing toward independent practice by the end of three years of training.

Levels of Supervision

Residents are supervised overnight by an on-site senior resident and an attending physician available on site or by telephone. Levels of supervision include:

- Direct Supervision — the supervising physician or senior resident is physically present with the resident and patient.
- Indirect Supervision, with direct supervision immediately available — a supervising senior resident is on site and immediately available; the attending is available in person or by phone.
- Indirect Supervision, with direct supervision available — the attending is immediately available by telephone or electronic means.

Night Float relies heavily on indirect supervision with graded autonomy. PGY-1 residents escalate early and frequently; senior residents provide on-site supervision to juniors and escalate to the attending for higher-acuity decisions.

Assessment Scale — Entrustment

The basic evaluation unit is entrustment. Attendings and supervising seniors determine the level at which they trust the resident to perform each skill:

- 1 — Cannot perform the skill even with assistance (critical deficiency).
- 2 — Can perform the skill under proactive, full supervision.
- 3 — Can perform the skill with reactive supervision (readily available upon request).
- 4 — Can perform the skill independently.
- 5 — Can act as a supervisor and instructor for the skill.

The Six ACGME Core Competencies — Objectives by Level of Training

Objectives are stratified for PGY-1, PGY-2, and PGY-3 residents, reflecting increasing entrustment in the overnight environment. Senior objectives are cumulative — PGY-2 residents also meet PGY-1 objectives, and PGY-3 residents meet all prior objectives.

1. Patient Care

Residents will provide patient care that is compassionate, appropriate, and effective for the overnight admission, cross-cover, and stabilization of hospitalized patients.

PGY-1 — Initiate and escalate under supervision

- Perform a focused admission history and physical examination on overnight admissions of mild to moderate complexity under supervision.
- Evaluate and initiate management of common cross-cover calls (e.g., chest pain, dyspnea, hypotension, fever, altered mental status, pain, abnormal glucose, and electrolyte pages).
- Recognize the deteriorating patient and escalate promptly to the senior resident or attending; activate a rapid response when indicated.
- Prioritize and triage multiple simultaneous tasks and pages.

PGY-2 — Manage independently and stabilize (in addition to PGY-1)

- Independently manage overnight admissions and cross-cover of moderate to severe complexity with indirect supervision.
- Lead the initial stabilization of the acutely deteriorating patient and participate in rapid responses; determine the appropriate level of care and need for ICU transfer.
- Adjust management based on evolving overnight data and communicate changes clearly to the day team.

PGY-3 — Lead the night team, supervise, and teach (in addition to PGY-1 and PGY-2)

- Supervise and support junior residents in overnight admissions, cross-cover, and triage.
- Lead resuscitation and codes and manage the post-arrest patient; direct the night team.
- Independently manage complex and undifferentiated overnight patients at the level of an unsupervised internist.

Instructional / Training Methods: *Experiential overnight patient care, supervised admissions and cross-cover, rapid-response and code participation, simulation.*

Evaluation Methods: *Direct observation by supervising senior/attending, faculty entrustment ratings, review of overnight admissions and events.*

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2. Medical Knowledge

Residents will demonstrate knowledge of the evaluation and acute management of common overnight clinical problems and apply it to patient care.

PGY-1 — Initiate and escalate under supervision

- Demonstrate foundational knowledge of the presentation and initial management of the common overnight cross-cover problems listed in the Common Overnight Presentations section below.
- Understand the indications for and interpretation of overnight diagnostics (ECG, portable chest radiograph, basic labs, ABG).

PGY-2 — Manage independently and stabilize (in addition to PGY-1)

- Apply knowledge to complex, atypical, and multi-system overnight presentations.
- Justify, based on best evidence, acute diagnostic and therapeutic decisions made overnight.

PGY-3 — Lead the night team, supervise, and teach (in addition to PGY-1 and PGY-2)

- Demonstrate comprehensive knowledge across the breadth of acute inpatient medicine.
- Integrate ambiguous overnight data to reach a diagnosis and teach the underlying reasoning to juniors.

Instructional / Training Methods: *Case-based learning from overnight cases, night-team teaching, didactics, guideline review.*

Evaluation Methods: *Case-based questioning, review of overnight decision-making, faculty evaluation.*

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3. Practice-Based Learning and Improvement

Residents will investigate and evaluate their overnight practices, appraise and assimilate evidence, and improve their care.

PGY-1 — Initiate and escalate under supervision

- Seek, receive, and act on feedback, including feedback from the day team on overnight decisions, and reflect on performance.
- Use point-of-care resources to address knowledge gaps during overnight care.

PGY-2 — Manage independently and stabilize (in addition to PGY-1)

- Appraise and apply evidence to acute overnight clinical questions and integrate self-reflection.
- Identify recurring overnight challenges and adjust personal practice.

PGY-3 — Lead the night team, supervise, and teach (in addition to PGY-1 and PGY-2)

- Lead review of overnight events and near-misses and facilitate the learning of junior team members.
- Participate in handoff or patient-safety quality-improvement initiatives.

Instructional / Training Methods: *Feedback across the night-to-day interface, case review, point-of-care evidence use, QI participation.*

Evaluation Methods: *Self-assessment and reflection, review of near-misses, teaching evaluations.*

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4. Interpersonal and Communication Skills

Residents will demonstrate communication skills that ensure effective overnight information exchange and safe transitions of care.

PGY-1 — Initiate and escalate under supervision

- Give and receive structured handoffs (e.g., I-PASS) at sign-out and document overnight events clearly and concisely.
- Communicate effectively with nursing staff, patients, and families overnight.

PGY-2 — Manage independently and stabilize (in addition to PGY-1)

- Lead sign-out to and from the day team and communicate critical updates promptly to the attending.
- Conduct difficult overnight conversations with families with support (e.g., acute deterioration, code-status clarification).

PGY-3 — Lead the night team, supervise, and teach (in addition to PGY-1 and PGY-2)

- Model effective handoff and closed-loop communication and coach juniors in sign-out.
- Lead family and goals-of-care discussions in acute overnight situations and coordinate the night team.

Instructional / Training Methods: *Structured handoff practice, direct observation of sign-out, supervised family communication.*

Evaluation Methods: *Handoff assessment, direct observation, multisource feedback (nursing, peers).*

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5. Professionalism

Residents will demonstrate professional responsibility, ethical behavior, and attention to well-being in the overnight environment.

PGY-1 — Initiate and escalate under supervision

- Demonstrate reliability, punctuality for handoff, accountability, and patient confidentiality.
- Adhere to fatigue-mitigation and wellness strategies that protect patient safety and self-care.

PGY-2 — Manage independently and stabilize (in addition to PGY-1)

- Model professional behavior for interns and manage competing overnight demands ethically.
- Ensure a safe, complete handoff even under fatigue and high workload.

PGY-3 — Lead the night team, supervise, and teach (in addition to PGY-1 and PGY-2)

- Serve as a professional role model, support the well-being of the night team, and address lapses constructively.
- Lead ethically in acute overnight situations and advocate for patients.

Instructional / Training Methods: *Role modeling, wellness and fatigue-mitigation curriculum, direct patient care.*

Evaluation Methods: *Multisource feedback, faculty ratings, self-reflection.*

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6. Systems-Based Practice

Residents will demonstrate awareness of the health-care system and provide safe, high-value overnight care.

PGY-1 — Initiate and escalate under supervision

- Recognize that overnight decisions involve cost and risk and affect quality of care, and use system resources (rapid response, nursing, pharmacy, laboratory) appropriately.
- Understand ACGME duty-hour and handoff requirements.

PGY-2 — Manage independently and stabilize (in addition to PGY-1)

- Ensure safe transitions of care and recognize system factors that contribute to overnight adverse events and handoff errors.
- Practice cost-conscious overnight testing and treatment.

PGY-3 — Lead the night team, supervise, and teach (in addition to PGY-1 and PGY-2)

- Lead care coordination and safe transitions across the night-to-day interface.
- Champion handoff standardization and patient-safety initiatives at the system level.

Instructional / Training Methods: *Supervised care, handoff systems, duty-hour and patient-safety discussion, multidisciplinary collaboration.*

Evaluation Methods: *Direct observation, review of transitions of care, faculty ratings, QI participation.*

Common Overnight Cross-Cover Presentations

The problems below are the focus of the Medical Knowledge objectives above and are commonly encountered overnight. Responsibility is graded by complexity and training level: PGY-1 residents initiate evaluation and escalate; PGY-2 residents manage independently and stabilize; PGY-3 residents lead and teach.

- Chest pain and acute coronary syndrome
- Acute dyspnea and hypoxia
- Hypotension, shock, and sepsis
- Hypertensive urgency and emergency
- Tachyarrhythmias and bradyarrhythmias
- Fever and new suspected infection
- Altered mental status, delirium, and agitation
- Falls and acute injury
- Acute pain and analgesia management
- Nausea and vomiting
- Hyperglycemia and hypoglycemia
- Acute electrolyte abnormalities (e.g., hyperkalemia, hyponatremia)
- Oliguria, anuria, and acute kidney injury
- Acute gastrointestinal bleeding
- Alcohol and substance withdrawal
- Acute respiratory failure requiring escalation of care
- Behavioral emergencies and the safe use of restraints
- Code-status clarification, rapid response, and code blue
- New admissions and overnight triage

Transitions of Care and Handoffs

Safe handoffs are central to Night Float. Residents are expected to:

- Use a standardized handoff format (e.g., I-PASS) for both verbal and written sign-out.
- Receive an evening handoff from the day teams, clarifying anticipated overnight issues and contingency plans.
- Maintain and update the written handoff document with overnight events, actions taken, and pending items.
- Deliver a concise, accurate morning handoff to the day teams, highlighting new admissions, clinical changes, and outstanding tasks.
- Use closed-loop communication for critical results and escalations.

Fatigue Mitigation and Well-Being

Residents are expected to adopt strategies that preserve both patient safety and personal well-being:

- Employ strategic napping and alertness-management strategies during overnight shifts where feasible.
- Recognize the signs of fatigue and impairment in themselves and colleagues and escalate when patient safety may be affected.
- Arrange safe transportation home after night shifts.
- Adhere to ACGME duty-hour limits and report concerns to the Program Director.
- Use available wellness resources and maintain sleep, nutrition, and recovery between shifts.

Teaching Methods

Experiential Overnight Care

- Residents learn primarily through supervised, graduated responsibility for overnight admissions and cross-cover.
- Supervising seniors and attendings provide real-time teaching and feedback on overnight decision-making and escalation.
- Case-based learning and post-event debriefs reinforce management of acute overnight events.

Structured Learning

- Structured handoff practice and feedback using a standardized tool.
- Simulation for rapid responses, codes, and acute deterioration where available.
- Independent reading based on overnight cases.

Evaluation

- Direct observation and feedback by the supervising senior resident and attending, including of handoffs and overnight management.
- Verbal mid-rotation individual feedback.
- End-of-rotation written summative evaluation, incorporating input from supervising physicians and, where available, nursing and peers.
- Handoff assessment using a standardized tool.

Rotation Structure

- Residents work overnight shifts as scheduled, arriving in time to receive evening handoff from the day teams and remaining through the morning handoff.

- Residents cover new admissions and cross-cover of teaching-service patients under the supervision of an on-site senior resident and an available attending.
- Residents escalate to the supervising senior or attending for higher-acuity decisions and rapid responses.
- Case-based learning is emphasized; residents review the management of patients seen overnight.
- Duty hours must comply with ACGME requirements and are subject to approval by the Program Director.
- Residents should notify the supervising physician promptly if they are unable to be available for an assigned shift.