

FAMILY MEDICINE MODULE-BASED NIGHT FLOAT CURRICULUM

Edward Seto, MD

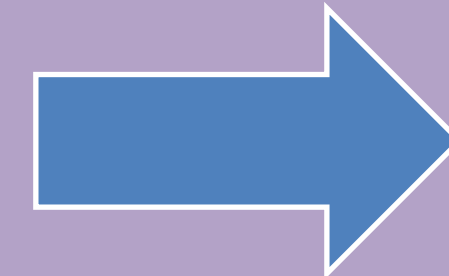
CHRISTUS SANTA ROSA FAMILY MEDICINE RESIDENCY PROGRAM SAN ANTONIO, TEXAS



Introduction

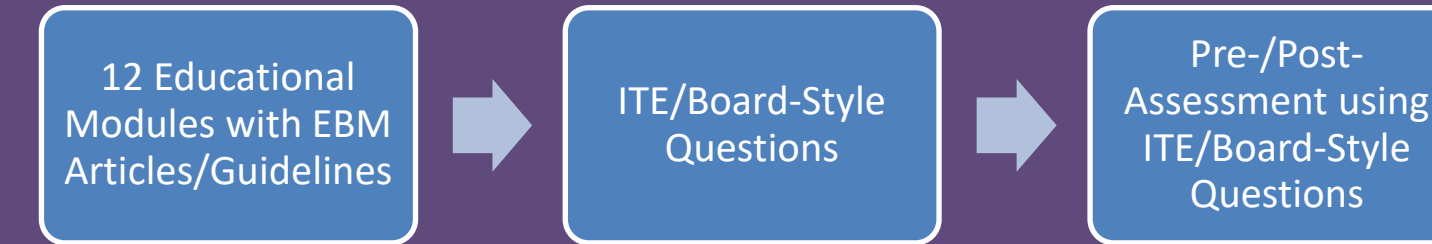
- **Nocturnal "night float" rotations**
 - Implemented as a result of the ACGME duty-hour restrictions
 - A unique niche to facilitate unfulfilled learning opportunities
- **Residents - little to no direct supervision by attending physicians**
 - Limited opportunities for education & evaluation
- **Fall of 2019 - no formalized, module-based nocturnal curriculum available**
 - Based on literature search in the specialty of Family Medicine

CURRENT MODEL RELIES ON INSUFFICIENT SELF-DIRECTED LEARNING



INSTITUTIONALIZE A MODULE-BASED NIGHT FLOAT CURRICULUM WITH FORMAL EVALUATION

Educational Strategies



Objective	Strategy	Evaluation Method																					
Correctly & efficiently manage hospitalized pts independently & w/in a multidisciplinary team, w/in the scope of Family Medicine (PC; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Under direct supervision, perform an adequate H&P of the adult & obstetrical pt in the inpatient setting (PC; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Stabilize acutely ill pts & recognize promptly signs of deterioration (PC; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					
Maintain accurate, legible, & comprehensive medical records (PC; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					
Develop skills in the following procedures commonly performed in Family Medicine (PC; PGY-1, PGY-2, PGY-3):	1, 2, 4	A, B, C, D, E																					
<table border="1"> <tr> <td>Medical Resuscitation</td> <td>Amniotomy</td> <td>Assisting cesarean section</td> </tr> <tr> <td>X-Ray Interpretation</td> <td>Spontaneous Vaginal Delivery</td> <td>Cervical ripening</td> </tr> <tr> <td>EKG Interpretation</td> <td>Episiotomy/Laceration Repair</td> <td>Augmentation of labor</td> </tr> <tr> <td>Lumbar Puncture</td> <td>Mgmt of Labor</td> <td>Limited OB USG</td> </tr> <tr> <td>Central Venous Access including w/ USG Guidance</td> <td>Mgmt of medical problems during pregnancy w/ & w/out obstetrical impact</td> <td>Application of fetal scalp electrode</td> </tr> <tr> <td>Endotracheal Intubation</td> <td>Internal & External Fetal Monitoring</td> <td>Paracentesis</td> </tr> <tr> <td>Circumcision</td> <td>Antepartum, intrapartum, & postpartum mgmt</td> <td></td> </tr> </table>	Medical Resuscitation	Amniotomy	Assisting cesarean section	X-Ray Interpretation	Spontaneous Vaginal Delivery	Cervical ripening	EKG Interpretation	Episiotomy/Laceration Repair	Augmentation of labor	Lumbar Puncture	Mgmt of Labor	Limited OB USG	Central Venous Access including w/ USG Guidance	Mgmt of medical problems during pregnancy w/ & w/out obstetrical impact	Application of fetal scalp electrode	Endotracheal Intubation	Internal & External Fetal Monitoring	Paracentesis	Circumcision	Antepartum, intrapartum, & postpartum mgmt			
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Outline a rational plan of care for patients including diagnostic testing, initiation & alteration of medications, & specialty consultation (PC; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Manage a broad range of medical & surgical conditions including the general areas of: Pulmonary, Cardiac, Endocrine, Neurologic, Oncologic, Hematologic, Gastrointestinal, Infectious & Renal diseases (MK; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Engage in Continuing Medical Education (MK; PGY-1, PGY-2, PGY-3)	1, 2, 3, 4	A, B, C, D, E																					
Define patient problems & do literature searches (as evidence-based as possible) to answer specific questions related to prognosis, therapy, diagnosis or other areas related to patient care (PBL; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Apply knowledge of study designs & statistical methods to the appraisal of clinical studies & other information (PBL; PGY-1, PGY-2, PGY-3)	1, 2, 4	A, B, C, D, E																					
Incorporate cultural, psychological & family dynamics into the management of the hospitalized patient (ICS; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Give culturally appropriate support using inclusive language to patients & family in relation to death, dying, disability & loss (ICS; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Appropriately teach & supervise medical students & residents on the inpatient service (ICS, P; PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Work effectively as a team member (ICS; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					
Develop skills in communicating the patient plan of care with the night senior &/or night attending physician & daytime inpatient team to facilitate a smooth transition of care between day & night float teams (ICS; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					
Communicate clearly & effectively with attending physicians, consultants & other members of the healthcare team (ICS; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					
Give patient- & condition-specific informed consent for diagnostic & therapeutic interventions including decisions surrounding prolongation of life or termination of support where appropriate (PC, MK, ICS, P; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D, E																					
Coordinate appropriate transfer from the acute setting to SNF, ICF, Care Home, or Home, including arranging for appropriate services for the transition (PC, ICS, SBP; PGY-1, PGY-2, PGY-3)	1, 2, 3	A, B, C, D, E																					
Begin to understand billing & coding as well as core business issues (SBP; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					
Understand insurance issues (SBP; PGY-1, PGY-2, PGY-3)	1, 2	A, B, C, D																					

Implementation, Evaluation, & Feedback

Resources

- Administrative residency coordinator & assistant - distribute rotation syllabus & evaluations
- Faculty-Resident accountability in completing modules & documenting ACGME required observed transition of care
- Access to online resources

Support

- Devotion of faculty time via participation in the UNTHSC Graduate Certificate in Academic Medicine Fellowship program for initial development of curriculum
- Faculty & Resident "Buy In"

Barriers

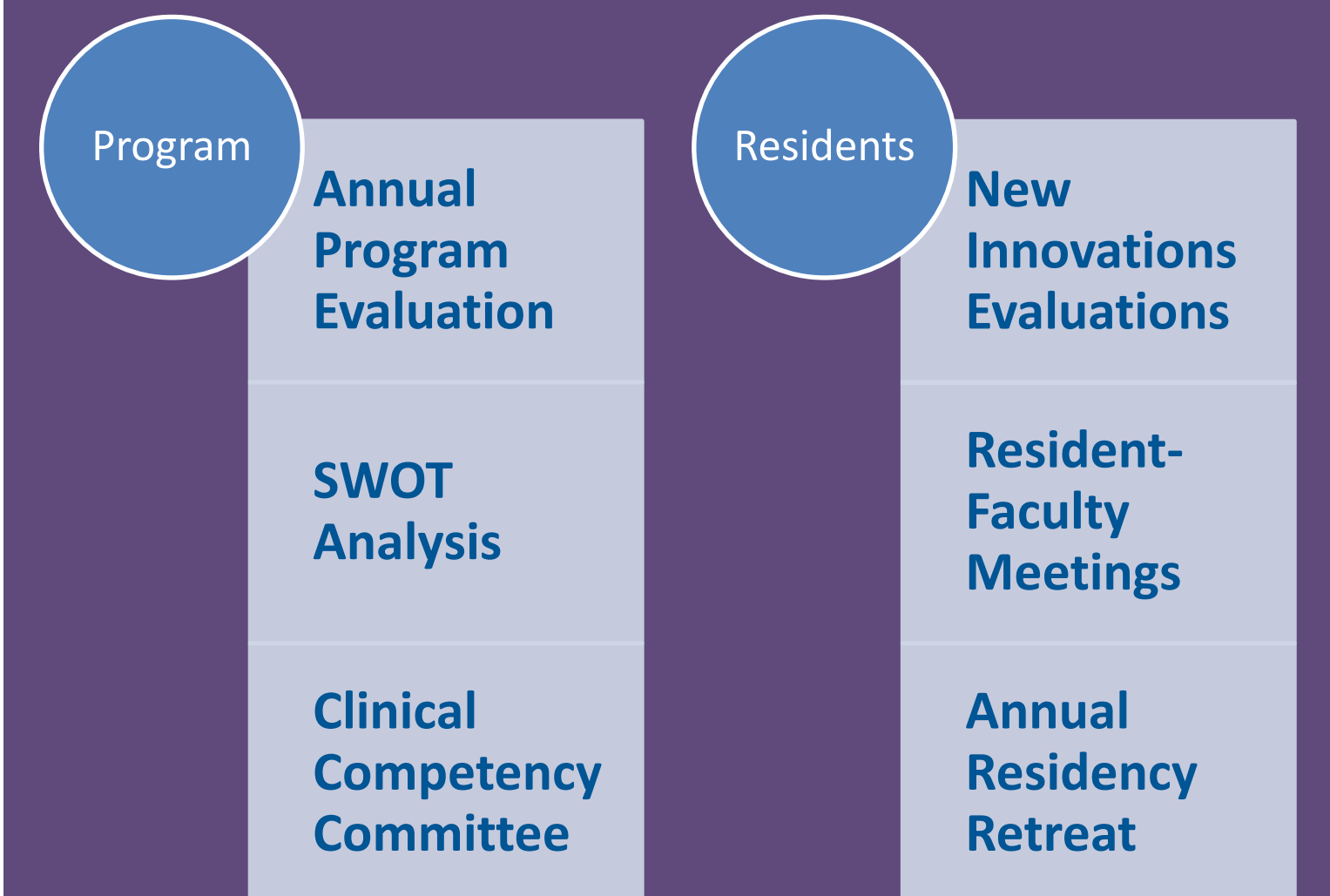
- Residents:
 - "Time constraints" & "Too much busy work"
 - Perception of working on modules outside of on-site rotation time due to workflow
- Faculty & Resident "Buy In"
- Updating of modular content to provide the most robust/relevant education

Pilot & Collect Data

- Pilot - June 15 2020 - Initial feedback & data gathering from the outgoing (PGY3) cohort
- Full Implementation - July 1, 2020 - Incoming PGY1 cohort & current PGY1 and PGY2 residents

Plan for Curriculum Enhancement

- Formative & Summative Feedback



Maintenance of Curriculum

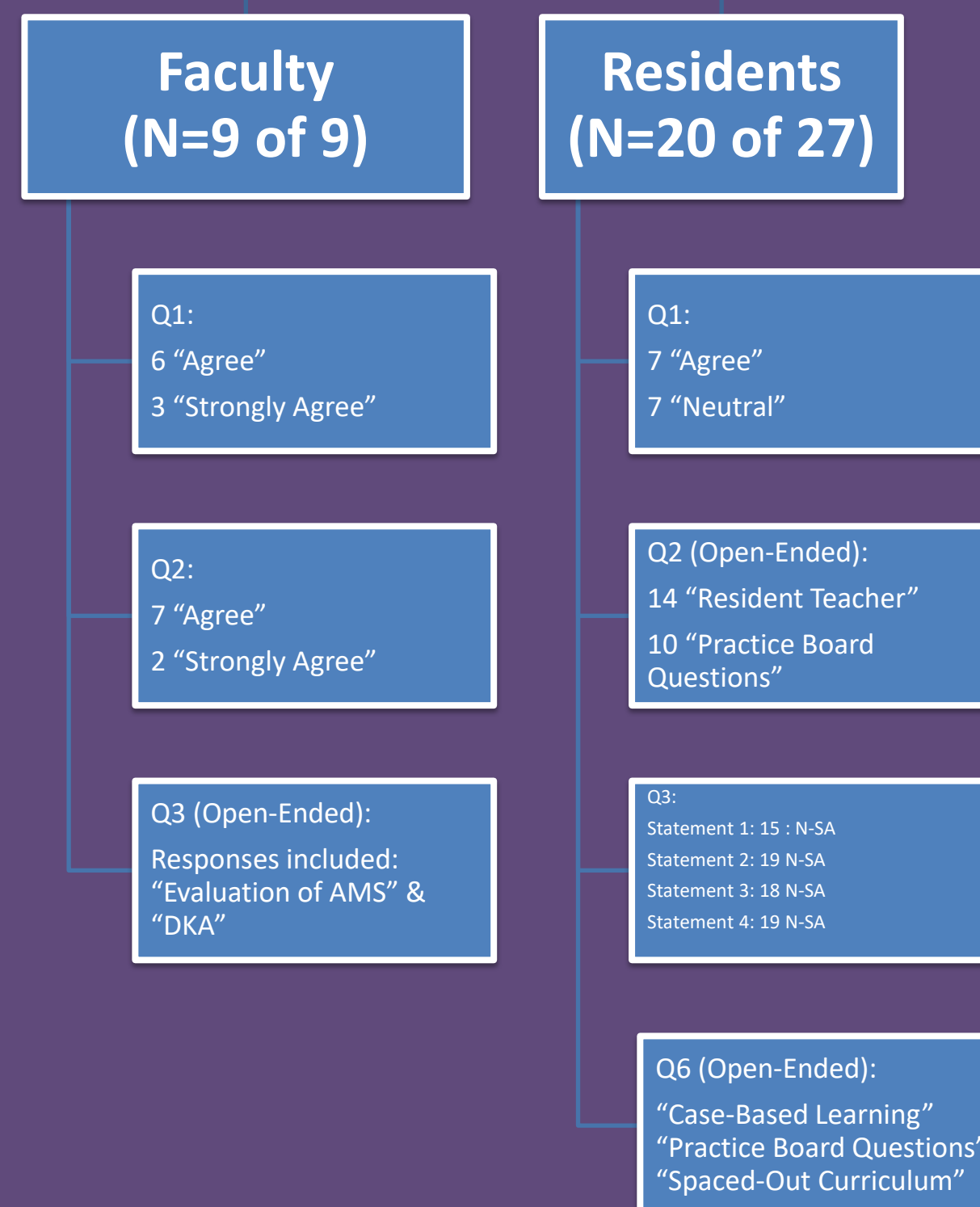
- Associate Program Director = Director of Curriculum & Instruction
- Feedback is gathered & discussed -> necessary changes & adjustments made & then implemented
- Primary Stakeholders = Residents, Core Faculty, & Adjunct Faculty/Community Preceptors

Acknowledgments

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Needs Assessment

Qualtrics Survey Fall 2019



Goals & Objectives

Goals:

- To learn the diagnosis & management of acute & chronic diseases of adults in the hospital setting. Specifically, the resident will:
 1. **Learn** to deliver medical care in a cost-conscious & caring manner
 2. **Gain** competence in managing a variety of family medicine care situations in the inpatient setting to model a full-spectrum experience
 3. **Acquire** skills to appropriately evaluate & manage acute hospital problems
 4. **Gain & develop** patient evaluation skills including appropriate history-taking, efficient physical exam, & interpretation of laboratory & radiographical data
 5. Get **exposure** & have the opportunity to **demonstrate** competence in procedural skills including, but not limited to, Advanced Cardiac Life Support, Intubation, Venous Access, & Paracentesis

Essential to the development of the commensurate physician is the life-long dedication to scholarship. Scholarship includes:

1. Traditional research
2. Consolidation of published information into a new & more useable form
3. Teaching
4. Clinical knowledge

