Night Float: Internal Medicine ER Consults
GOALS AND OBJECTIVES

Rotation Goals

The Night Float rotation provides residents with exposure to the acute management of medical inpatients after hours, fostering independence, clinical judgment, and resilience in a high-stakes environment. Residents develop competence in rapidly assessing and stabilizing patients with urgent and undifferentiated presentations, providing consultative support to the Emergency Department, and determining the appropriateness of admissions to Internal Medicine Clinical Teaching Units or other medical services. The rotation emphasizes prioritization, resource stewardship, and safe handover of care, while reinforcing the importance of effective communication during times of stress and uncertainty. By the end of the rotation, residents will demonstrate the ability to deliver efficient, evidence-informed, patient-centered care overnight, while balancing autonomy with timely escalation and collaboration with supervising physicians.

Entrustable Professional Activities

CORE OF DISCIPLINE

C1 Assessing, diagnosing and managing patients with complex or atypical acute medical presentations
C2 Assessing, diagnosing, and managing patients with complex chronic diseases
C4 Assessing, resuscitating, and managing unstable and critically ill patients
C5 Performing the procedures of Internal Medicine
C6 Assessing capacity for medical decision-making
C7 Discussing serious and/or complex aspects of care with patients, families, and caregivers
C11 Teaching and assessing junior learners through supervised delivery of clinical care

Clinical Presentations and Diagnoses

In alignment with the *Royal College Internal Medicine Competencies*, residents are expected to encounter and manage the following Medical Expert topics on this rotation:

Residents will be expected to cover the following patient presentations during this rotation with the goal of competently assessing and managing the following:

- Shortness of breath
- Hemodynamic instability/hypotension
- Chest pain
- Fever
- Nausea/vomiting
- Abdominal pain

- Toxidrome/overdose
- SIRS/sepsis
- Cardiac dysrhythmia
- Diarrhea
- GI bleeding
- Cholestasis/hepatitis
- Anemia/cytopenias
- Acute kidney injury
- Syncope
- Stroke
- Electrolyte abnormality
- Edema
- Hypertension
- Delirium
- Fatigue

Residents will be expected to cover the following diagnoses during this rotation with the goal of competently assessing and managing the following:

- Congestive heart failure
- Acute kidney injury
- Anemia
- Hepatitis/cirrhosis
- Hypertension
- Diabetes mellitus
- Cancer
- COPD
- Asthma
- CKD
- Arthritis
- Connective tissue disease
- Dementia

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine document (Version 3.0, 2023)* and the *Royal College Internal Medicine Competencies (Version 1.0, 2018)*. Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

N/A – residents in TTD do not participate in this rotation.

Foundations of Discipline

N/A – residents in FOD do not participate in this rotation.

Core of Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Carry out professional duties in the face of multiple, competing demands (ME1.5)
3. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
4. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
5. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
6. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly (CM1.3)
2. Manage disagreements and emotionally charged conversations (CM1.5)
3. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families (CM2)
4. Provide a clear structure for and manage the flow of an entire patient encounter (CM2.2)
5. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
6. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM 5)

Collaborator

1. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)
3. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Leader

1. Allocate health care resources for optimal patient care (LD2.1)
2. Set priorities and manage time to integrate practice and personal life (LD4.1)

Health Advocate

1. Work with patients to address determinants of health that affect them and their access to needed health services or resources (HA1.1)

Scholar

1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners (SC2.1)
2. Promote a safe learning environment (SC2.2)
3. Provide feedback to enhance learning and performance (SC2.5)
4. Integrate evidence into decision-making in their practice (SC3.4)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR1)
2. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)

Transition to Practice

N/A – residents in TTP do not participate in this rotation.