DEVELOPMENT OF A FORMALIZED RESIDENT-ATTENDING TEACHING AND FEEDBACK STRUCTURE TO IMPROVE THE CROSS COVER RESIDENT EXPERIENCE

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BACKGROUND

DUTY HOUR RESTRICTIONS IMPLEMENTED

↑ NIGHT FLOAT AND CROSS COVER TIME

↓ EDUCATIONAL VALUE
PILOT STUDY DESIGN

Intervention
UCH/VAMC
• Cross cover form completed by intern and attending to review decisions and get feedback on decision making.

Control
Denver Health
• Access to nocturnists without formal process

Post Survey

Topic 1:
- Did your differential diagnosis change after talking to the attending (if applicable)? YES/NO
- After talking to the attending, would your management be the same in the future? YES/NO
- Circle all that apply. Did your ddx or management change because of:
  i. Gap in knowledge
  ii. Change in clinical reasoning/decision making
  iii. Systems issue
  iv. Other: ________
The intervention increased contact with nocturnists overnight. Only 16% of interns at DH spoke to a nocturnist overnight compared to 77% and 75% at UCH and VAMC, respectively.
RESULTS

Frequency of change to differential and management

Reason for change in differential or management

Total percent indicating ‘yes’

- Differential changed
- Future management changed
- Treatment changed

- Clinical reasoning
- Medical knowledge gap
- Systems knowledge gap
“...increased comfort with medical decision making.”

“Very much appreciate, allowed me to talk through my decision-making process which is not always the case on cross cover shifts.”

“...very helpful to go over management with attending at the end of the night”
A formal structure for intern-attending discussions on cross cover shifts increases both the perceived and real educational value of cross cover shifts.

Cross cover is an opportunity to support interns’ clinical reasoning and medical knowledge leading to changes in patient care.
NEXT STEPS: ROBUST DESIGN TO ALLOW CONTROLLED COMPARISON OF INTERVENTION

Block A
interns at UCH and VA

↓

Intervention: Nocturnist suggests completing form

↓

Block B
interns at UCH and VA

↓

Control: Nocturnist informally offers to meet

↓

Collect post-surveys from interns &
the number of rapid responses that occurred on shift

↓

Cross cover intervention form analyzed

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Compare perceived educational value (subjective) &
patient safety (objective, rapid response data) between
intervention and control arm
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<tr>
<th>NEXT STEPS</th>
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<tr>
<td>Stratify data by intern experience</td>
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<td>Open-ended cross cover form</td>
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<td>Semi-structured interviews with interns</td>
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<td>Obtain rapid response data at UCH and VAMC</td>
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REFERENCES


QUESTIONS?