BACKGROUND

• Nighttime work is a core component of medical training

• Creation of night float has increased trainee night work

• Nighttime specific-learning opportunities are still lacking with challenges including:

- Alteration to sleep / wake cycle
- Decreased supervisory personnel
- > Difficulty developing skilled nocturnal educators
- > Absence of formal curriculum
- Formal curricula have been created as a common method to address these concerns

We are unaware of any research that has defined the unique facets of nighttime work in a thematically generalizable fashion

PURPOSE

 Through understanding thematic elements of nighttime work, we will be able to support trainees' ability to work at night, allow for better nighttime learning, and ensure that the rich nighttime clinical care setting is not a lost opportunity for trainee education.

METHODS

- Thus far, preliminary results are based on analysis of first 4 interview transcripts
- Participated in semi-structured interviews using critical incident technique
 - \rightarrow Residents prompted to tell stories related to experiences working on nights
- Inductive, iterative approach to thematic analysis

ACKNOWLEDGEMENTS

Appreciation to resident participants for their time and perspectives

Don't Keep Us In the Dark:

Shedding Light on Nighttime Experiences of Resident Physicians

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RESULTS: LEARNING OPPORTUNITIES DURING NIGHT FLOAT

"Having all of the interns do a week of days before they do a week of nights, just to get acclimated with the environment and where things are and how to put in orders...would be helpful"

"Depending on the attending it's usually not formal teaching"

"I think that there's definitely time for it, but I understand why the attendings might not want to do it because they're asleep."

"[I] looked at Harriet Lane, and UpToDate... but it was just too general....It's those clinical questions like 'They've been tolerating this already. How fast for this particular patient should we correct it?'"

Befor	e	Ining	<section-header></section-header>
Orientat Harder to learn a r on nights tha	new system	Relevan	ning Transfer ce of night work to ther settings
	Formalized Learning	Learning through patient care	
Interactive Learning	 Not commonly done Easily recognized as learning 	 Commonly done Useful and enjoyable 	"And I just sat outside of her
Self-regulated Learning	 Very uncommon Limited set of resources available 	 Commonly done Not easily recognized as learning 	door and watched her And I felt like I was being a good doctor by being right there"

"So just using that knowledge from so many of those kids that I took care of overnight, and then taking that to clinic and being like, 'Okay, I know what this is. I know that they need to be admitted.'."

"I was a terrified intern and I wasn't sure what to do. But [the attending] did. I asked her to come see the patient with me and she did come and gave me some advice and some education on how to handle that."

APPLICATIONS

- We anticipate that thematic elements identified from qualitative analysis of our interviews will provide the foundation for a nighttime curriculum
- We expect that in addition to knowledge gaps relative to our specific setting, we will identify broader themes of nighttime work and learning that will be foundational to a nighttime curriculum in any field or specialty

REFERENCES

