

## **Summa Internal Medicine Residency Sign Out/Morning Report**

### **Goals of Sign Out**

- Effectively and efficiently communicate important clinical information/overnight events
- Effectively and efficiently redistribute patients to adhere to cap guidelines
- Effectively transition care to another team when transferring patients

### Sign Out Format

- Night float team, med teams, and morning report attending meet at the med team conference room at 7AM
- Night float team will sign out overnight events/important clinical information to the med team residents
- Post-admitting team will redistribute patients/transition care to other med teams (if needed)
- Morning report attending will observe sign out so feedback can be given
- Morning report attending will review the med team lists to ensure that distribution guidelines are followed

### **Goals of Morning Report**

- Improve medical knowledge/medical decision-making
- Improve communication skills
- Improve quality and efficiency of documentation

### Morning Report Format

- After sign out, the night float team will stay for morning report with the attending
  - o Morning report time will vary, however should be limited to approximately 30 minutes
- Each member of the night float team should be prepared to discuss at least one event/call from overnight
  - o These include: interesting case/call, ICU consult/transfer, stroke team, code blue etc.
  - o There may not be enough time to review all the events, however each team member should always be prepared to discuss at least one call
- The morning report attending will pull up the patient chart on the conference room TV screen to review:
  - o Relevant clinical information, overnight documentation, secure chat messages, etc.
- If there were no overnight events/calls, residents should give a short presentation about a learning topic
  - o A slow night will give the opportunity to read up on a topic/prepare a 5-10 minute presentation

### Learning Topics for Morning Report

- Learning topics will often be driven by the overnight events/calls, however topics to consider include:
  - o Chest pain evaluation
  - o Delirium treatment/prevention
  - o Dyspnea/hypoxia evaluation
  - o Encephalopathy evaluation
  - o Escalation of oxygen therapy (ex. NC, HFNC, NIV, venti mask, NRB, etc.)
  - o Fever evaluation/empiric antibiotics
  - o Hypertensive emergency
  - o Insulin titration/treating hyperglycemia
  - o Pain management/escalation of pain medications

### **Faculty Evaluation of Residents**

- Evaluations will be focused on:
  - o Communication
    - Observation of communication during sign out

- Resident presentations of overnight events
- Documentation
  - Resident documentation of overnight events
- Medical decision-making/clinical reasoning
  - Medical decisions made by residents overnight
  - Clinical reasoning/thought process for medical decisions