

A Night Float System in Nephrology Fellowship: A Mixed Methods Evaluation

Supplemental Material

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Supplemental Methods

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Johns Hopkins University School of Medicine Nephrology Fellowship Training Program

The Johns Hopkins nephrology fellowship matriculates six fellows per year. Year one of The Johns Hopkins nephrology fellowship is largely focused on clinical training at the Johns Hopkins Hospital and the Johns Hopkins Bayview Medical Center. The second year and optional third years are tailored to individual career goals and can include research, education, and development of clinical expertise. Research fellows typically spend half the allotment of weeks of clinical coverage as compared to clinical fellows. Originally, there was a nephrology fellowship program at both hospitals; the two programs merged in 2011.

Additional Information on Structure of Night Float at Johns Hopkins

There are five total inpatient rotations for fellows, all covered by night float, with an average census of 15-30 patients. The Johns Hopkins nephrology fellowship initiated its night float system in March 2012 due to fellow feedback about frequent return at night under the traditional home call system. This was facilitated by increased complement of 6 fellows per year after the merger of the two programs. The fellow is in-house at the larger Johns Hopkins Hospital and triages calls from Johns Hopkins Bayview Medical Center. If a Bayview patient requires overnight bedside evaluation, an at-home on-call fellow is called, with necessity determined by the night float fellow. The night float fellow is expected to call faculty when

uncertain and during the first 6 fellowship months. Overnight Bayview evaluation occurs approximately 1-3 times a week.

Fellows rotate for one to two weeks on night float at a time starting in October of year one through the end of fellowship. Upper year fellows will exclusively cover night float call until October, and then rotate with first-year fellows in night float coverage throughout the rest of the year for the remaining weeks. While the hours of duty are 7PM-7AM Sunday-Friday, there is a short call fellow from 4-7PM Sunday-Friday who will see any new patients and take care of arising issues in that time. On Saturday, the inpatient fellow works in-house until 5 PM and is available by text from home at night until the following morning. He or she returns to the hospital urgently if needed, at the fellow's discretion with consultation with the attending if he or she is unsure. The night fellow signs out to the day fellow in person before leaving the hospital by 8 AM. Line placement is covered by a 24-7 line procedure team. In the first few months of the year, night float is a 2nd year who is signed off on lines in case of slow availability of the line team. Originally, night float was Sunday-Thursday, and in response to fellow feedback, Friday coverage was added in 2014. There is a minimum transition of 48 hours from days to nights or nights to days. During a night float rotation, the fellow's weekly clinic is canceled, although they continue to follow-up on outpatient care issues. Learning while on night float is self-directed and self-motivated. If a fellow is on night float and has not completed credentialing, there is a backup upper year fellow to provide support.

Supplemental Item 1: Visual Representation of Johns Hopkins Night Service Coverage

Service	Night of Service Coverage						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Johns Hopkins Hospital A	Night Float						Traditional Home Call
Johns Hopkins Hospital B							
Johns Hopkins Hospital C							
Johns Hopkins Transplant							
Johns Hopkins Bayview Medical Center	Triage by Night Float → Traditional Home Call by Another Fellow						Traditional Home Call

Supplemental Item 2: Johns Hopkins Nephrology Fellows Night Float Survey Questions

Patient Care

- 1) On night float, what is the quality of:
 - a. Continuity of patient care?
Very poor, Poor, Fair, Good, Excellent
 - b. The physician-patient relationship?
Very poor, Poor, Fair, Good, Excellent
 - c. Patient care overall?
Very poor, Poor, Fair, Good, Excellent
 - d. On night call, how often did you experience the potential for error?
Never, Rarely, Sometimes, Often, Always
- 2) As a result of having a night float, how has your day team experience been impacted in:
 - a. Continuity of patient care?
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - b. The physician-patient relationship?
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - c. Patient care overall?
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - d. Potential for error?
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
- 3) (Optional) Please share any other comments about how night float affects patient care.

Workload

- 1) When you are on night float, what is your satisfaction with:
 - a. Clinical Burden
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
 - b. Work Hours
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) As a result of having a night float, how has your day team experience been impacted in:
 - a. Clinical burden
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - b. Work Hours
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
- 3) (Optional) Please share any other comments about how night float affects workload.

Professional Development

- 1) When you are on night float, what is your satisfaction with:
 - a. Supervision for decision making at night
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
 - b. Autonomy to make clinical decisions
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
 - c. Preparation for career in the future
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) As a result of having a night float, how has your day team experience been impacted in:

- a. Autonomy to make clinical decisions
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
- b. Preparation for career in the future
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
- 3) (Optional) Please share any other comments about how night float affects professional development.

Educational Opportunities

- 1) While on night float, what is your satisfaction with:
 - a. Learning Opportunities
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) As a result of having a night float, how has your day team experience been impacted in:
 - a. Learning Opportunities
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
- 3) After a night float, how often did you follow-up on the following educational opportunities?
 - a. Recorded conferences you missed
Never, Seldom, Neutral, Sometimes, Always
 - b. Additional discussions of the care of patients you admitted
Never, Seldom, Neutral, Sometimes, Always
- 4) (Optional) Please share any other comments about how night float affects educational opportunities.

Well-being

- 1) While on night float, what was your level of:
 - a. Overall Stress
Not at all, Slightly, Moderately, Very, Extremely
 - b. Motivation
Not at all, Slightly, Moderately, Very, Extremely
 - c. Shift-work Mentality
Not at all, Slightly, Moderately, Very, Extremely
 - d. Fatigue
Not at all, Slightly, Moderately, Very, Extremely
 - e. Overall wellness
Not at all, Slightly, Moderately, Very, Extremely
- 2) As a result of having a night float, how has your day team experience been impacted in:
 - a. Overall Stress
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - b. Motivation
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - c. Shift-work Mentality
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - d. Fatigue
Significantly worsened, Worsened, Neutral, Improved, Significantly improved
 - e. Overall wellness
Significantly worsened, Worsened, Neutral, Improved, Significantly improved

- 3) Please share any other comments about how night float affects wellness.

Overall

- 1) Overall what is your satisfaction with the night float call
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) My preference for call is
Night Float, Overnight home call, No preference
- 3) In choosing your fellowship program, how important was:
 - a. Presence of night float call
Not at all important, slightly important, moderately important, very important, extremely important
- 4) (Optional) Please share any other comments about the night float system below

Demographics

- 1) What is your current year of fellowship?
1, 2-3, Decline to state
- 2) Please provide a best estimate of your future practice plans
Private practice clinician, clinician in academic medical center, working for industry, clinician educator, research

Supplemental Item 3: Johns Hopkins Nephrology Faculty Night Float Survey Questions

Patient Care

- 1) With a night float system in place, what is your satisfaction with:
 - a. Continuity of patient care?
Very poor, Poor, Fair, Good, Excellent
 - b. The physician-patient relationship?
Very poor, Poor, Fair, Good, Excellent
 - c. Patient care overall?
Very poor, Poor, Fair, Good, Excellent
- 2) On night call, how often did you observe a fellow experience the potential for error?

Never, Rarely, Sometimes, Often, Always
- 3) (Optional) Please share any other comments about how night float affects patient care.

Professional Development

- 1) On night float, what is your satisfaction with:
 - a. Decision making by the fellows at night
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
 - b. Autonomy of fellows to make clinical decisions
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) (Optional) Please share any other comments about how night float affects professional development.

Educational Opportunities

- 1) On night float, what is your satisfaction with learning opportunities for:
 - a. The night fellow?
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
 - b. The day fellow?
Very negative impact, Negative impact, Neutral, Positive Impact, Very positive impact
- 2) (Optional) Please share any other comments about how night float affects educational opportunities.

Overall

- 1) Overall what is your satisfaction with the night float system?
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) How important is the night call system in the fellowship program?
Not at all important, slightly important, moderately important, very important, extremely important
- 3) My preference for fellows' call is
Night Float, Overnight home call, No preference
- 4) (Optional) Please share any other comments about the night float system below

Demographics

- 1) How long have you been a Nephrology attending at Hopkins?
Prior to 2012, 2013 and beyond

- 2) What system of night coverage did your fellowship utilize? Please check all that apply.

Night Float, Overnight home call, Other please specify

- 3) In an average 5-day work week as an attending on service, how many phone calls do you receive from the night float fellow? Fill-in-the-blank

Supplemental Item 4: Johns Hopkins Nephrology Alumni Night Float Survey Questions

Patient Care

- 1) On night calls, how well did the night float system prepare your career in terms of:
 - a. Continuity of patient care?
Very poor, Poor, Fair, Good, Excellent
 - b. The physician-patient relationship?
Very poor, Poor, Fair, Good, Excellent
 - c. Patient care overall?
Very poor, Poor, Fair, Good, Excellent
 - d. Understanding the potential for error?
- 2) (Optional) Please share any other comments about how night float affects patient care.

Professional Development

- 1) How satisfied are you that the night float prepared your career in terms of:
 - a. Supervision for decision making at night
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
 - b. Autonomy to make clinical decisions
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied
- 2) How much did the learning opportunities while on night float:
 - a. Prepare you for your career
Very poor, Poor, Fair, Good, Excellent
- 3) As a result of having a night float, how much did the learning opportunities while on day float:
 - a. Prepare you for your career
Very poor, Poor, Fair, Good, Excellent
- 4) (Optional) Please share any other comments about how night float affects professional development.

Well-being

- 1) While on night float, what was your level of:
 - a. Overall Stress
Not at all, Slightly, Moderately, Very, Extremely
 - b. Motivation
Not at all, Slightly, Moderately, Very, Extremely
 - c. Shift-work Mentality
Not at all, Slightly, Moderately, Very, Extremely
 - d. Fatigue
Not at all, Slightly, Moderately, Very, Extremely
 - e. Overall wellness
Not at all, Slightly, Moderately, Very, Extremely
- 2) Please share any other comments about how night float affects wellness.

Overall

- 1) Overall what is your satisfaction with the night float call
Very unsatisfied, Unsatisfied, Neutral, Satisfied, Very Satisfied

- 2) My preference for call for fellowship training is
Night Float, Overnight home call, No preference
- 3) In choosing your fellowship program, how important was:
 - a. Presence of night float call
Not at all important, slightly important, moderately important, very important, extremely important
- 4) At your current practice, how well did fellowship night float call
 - a. Prepare you for overnight call
Not at all, Slightly, Moderately, Very, Extremely
- 5) (Optional) Please share any other comments about the night float system below

Demographics

- 1) What year did you finish nephrology fellowship at Johns Hopkins?
2013, 2014, 2015, 2016, 2017, 2018, Prefer not to answer
- 2) What practice settings do you see patients in (check all that apply)?
Hospital - Inpatient, Hospital - Consults, Hospital - Dialysis Center, Outpatient Clinic, Outpatient Dialysis Center, Other (please specify)
- 3) How do you classify the primary focus of your career?
Private practice clinician, clinician in academic medical center, working for industry, clinician educator, research, other (please specify)
- 4) Averaged over a year, how often do you take calls for your practice group at night?

< 1x per week, 1x per week, >1x per week, does not apply
- 5) On average, how many phone calls do you receive during a typical night call for your current practice group?
Number: ____, N/A I do not take overnight calls
- 6) At your current practice, when you take night call, how often do you come in at night
Question does not apply, almost never, rarely, sometimes, often, almost always

Supplemental Item 5: Johns Hopkins Nephrology Fellows Night Float Focus Group Questions

- 1) What patient stories stick out to you as a success of the night float system?
- 2) What patient stories stick out to you as a failure of the night float system?
- 3) How has patient care been affected?
 - a. At night?
 - b. During the day?
- 4) How is your workload?
 - a. At night?
 - b. During the day?
- 5) How has night float affected your career preparedness?
 - a. Successes
 - b. Shortcomings
- 6) How have your learning opportunities been affected?
 - a. At night?
 - b. During the day?
- 7) How has your wellbeing been affected?
 - a. At night?
 - b. During the day?

Supplemental Item 6: Expanded Johns Hopkins Fellows' Focus Group Quotations Representing Each Theme about the Night Float

Theme	Code	Quotation
Patient Care	Decreased Patient Wait Time	Just a couple of days back, the night float got five consults for my team. I came in in the morning, and we got three, and so if there was no night float, and those were waiting, it would have been eight, and I would never have left that day.
	More Safe	It's impossible for a fellow to stay until the last [dialysis] shift. Having a night float system is just more safe for the patients. The response time, I feel, may be shorter...
	Care of Critically Ill Patients	You can intubate as needed, in the nick of time. Potassium of eight... people are actively dying, and you can't wait for the next morning or things that can't be pushed off.
	More Time: To Follow Labs	We had a hyponatremia patient... one of the fellows was on-call and she was able... to make changes right away, rather than what I would be able to do if I was 24-hours call that night.
	More Time: For Patient Communication	There was someone in the middle of the night in the Onc-Center who was tumor lysis syndrome... did not have a good prognosis and was sort of heading toward either dialysis or hospice... Going into a weekend, and you're covering two services and you get this consult, then it's either you need to make this decision, yes or no, start dialysis, don't start dialysis. I had the benefit of having an hour or however long, so [we] could sit down and talk. I think actually understanding what it means to go through dialysis and peritoneal dialysis, which we don't have nearly the time to explain on a regular basis.
	More Time: To Think Through Patient Care	You have more time for new consults. You have more time to see what's going on, to see the patient. And I like it better than compared to days where you have new consults and in addition to that, you're rounding on up to 25 patients. It's nice that you have a little bit more time to be more thorough on your consults to see what's going on and to see that patient. Overnight, you only have to see new consults. it feels like you can do things the right way.... You can do more because you're not seeing a service of 27 in addition to the new consults.
	Prevent Admission	[The patient] didn't need a hospital admission... If someone was on [home] call, probably she would be there until the morning. Having seen the patient at that time, having spent time counseling the patient about what she has, I gave advice that she can follow-up as an outpatient. She got to the ER, we evaluated her, and she got out of the ER.... That saved patient a hospital stay and all the [hospital] resources, and we got time to counsel the patient.

	Bedside Assessment	If you're just on-call and you just hear the stories, you might not think that those patients need to be seen right away, but... you've got to see them. And then you've got a different story than what you were told... this patient is sicker than what you were thinking.
	Anxiety Performing Procedures	I think you're more nervous doing procedures, especially at the beginning of the [first] year, when you are just signed off on basic lines without support. I think during the day you have a procedure team... there's some sort of sense of security.
Continuity of Care	A Bad Sign-Out is Dangerous	Someone in one of the Bayview ICUs who had severe — stable but significant hyponatremia that was on hypertonic saline. For patients like that, we should know to keep an eye on them. And the only reason I found out was because the MICU pages, and says, "the sodium is going down, what should we do?" After biopsies... the night float should be checking blood pressures and hemoglobins overnight. Sometimes it may become an issue. If it's an attending doing an outpatient biopsy who passes it on to the night float directly, that's easiest, but if they pass it on to the day team, it's sort of like telephone. In general, that's not an issue. I don't remember any particular instance where we got burned because specifically of the night float system.
	Handoffs Different for Consultants	If you're on a primary service, more hand-offs typically mean worse care, but for a consulting services, it's a little different.
	Benefits to Handoffs: Fresh Thoughts	When attendings switch, when teams switch, you get just a fresh set of eyes too- on the kidney and what's going, on and that could sometimes be helpful.
	Better Inter-team Communication	I think during the day, it's kind of tough to have communication face-to-face. At night, you talk directly with the teams more. You can really talk to the team or the intern who's freaking out [about] what do you think's going on.
	Primary Team Over-expectations	They expect that [nephrology will] be available 24 hours. There are things that they can think that we are going to do, like keep checking the blood test. ...They don't have to worry about that [sodium] because they have a nephrology fellow on board every time. And when there are some consults that can be seen during the day, but [the primary team] doesn't have to put the consult in right now because you can put [consults in] overnight and at any time. [Consults] are either called prematurely or they're sort of like, "Well, we have you here in the ED..."
Professional Development	Autonomy	I think from a training standpoint, first year fellows who get called and have to answer before talking to an attending or at least discuss issues with teams before talking to an attending, that certainly helps build autonomy.

		<p>You're actually more independent [on night float]. It's more hands-on. You're making acute decisions yourself rather than having like very direct supervision the whole time. I think, being forced to... come up with your own plan and, putting in a line, and all of that is what you need to be ready for independent practice. There was a time when I had to put in a line, but the attending didn't pick up the phone.... It was obviously an emergent need, and I just put it in and finally they called me back, and I was like, "I hope you're okay with this because it's already in...." I feel very confident being able to do anything I need to do, figure it out. If I don't know, I know I can read about it. I've thought on my feet before. So I think that fellowship needs more of that in general, but night float is an opportunity for that.</p> <p>You have your attending with you at all times [during the day]. So if there's more questions, you just ask them as you go. At night, you're forced to call your attending only for big questions.</p>
	Time to Learn	<p>You get to read about the patients that you see or you get to spend more time reading about particular cases that during the day, you don't have that time to read about.... At night I think you have that time</p> <p>Having night float is like having shift work.... So you have time to do whatever clinical or educational activities you want. It's certainly a time to catch up.</p> <p>Having night float helps learning even during the daytime because if not [for night float], then you have at least four patients pending.</p>
	Less Similar to Future Practice	<p>You could maybe argue that a call system where you're working during the day and then you're on-call overnight — if you're going into practice is a little more realistic or similar to what you'd be doing.</p>
Wellness	Reduced Hours	<p>At least as a first year, [night float] can be a break. Especially if you're coming from two weeks on acute [kidney injury service]... It's a 12-hour shift in general. You're in and out.</p>
	Overnight Home Call Would be Worse	<p>There's rarely a night that goes by where our service does not get a consult... The volume [of patients] here is so big that... fellows never got any sleep when there wasn't a night float.</p> <p>It's not just about coming in to see emergent cases; it's being woken up about things you shouldn't have even been woken up [for] in the first place. At least they're paging someone who's already awake.... If I get woken up during my sleep, it is hard for me to go back to sleep.</p>
	Time for Important Things	<p>Even during the evening part of [day team on a night float service]. If you're going out with family, you still have the protected time. Nobody's paging you. You don't have any obligations.</p>

		<p>So many things you want to catch up on on the business days during the daytime that you don't have. You really don't have [time] unless you're on vacation... It gives you that time for appointments.</p>
	Reduce Number of Morning Consults	Just a couple of days back, the night float got five consults for my team. I came in in the morning and we got three and so if there was no night float, and those were waiting, it would have been eight and I would never have left that day. I think it's just one of those things that makes life a little easier for the morning person.
	Drawbacks	<p>I will say, doing strings of nights, I don't do well with... It does something weird to me. My husband complains... But doing like more than two weeks—... I would become an alcoholic, for sure.</p> <p>For the night fellow, sometimes it can be hard to see people when you're working all night long.</p> <p>Voice 3: On the prospect of one week [of night float], I was comfortable.</p> <p>Voice 4: [Interposing] Second week, you're a monster.</p>
Structural Considerations	Accountability is Crucial	<p>If you have people who just want to get out, they don't tell you anything. It can be really frustrating when you get there on night float. And same, if those people are on night float. [T]hey clearly got that consult at 2:00 a.m., and they just didn't see [the patient]. So it really depends on your fellow integrity and work ethic, for a night float system to work really well.</p> <p>If [day team] got a consult up until like 6:59 [PM], they would have to do it at 6:59. We tried to institute that, but some people were lazy, and at 6:15, they'd say, "Oh, I got I consult. Can you just take it, night float, because it's 6:15...?" "No, you still have 45 more minutes there. You know that you're supposed to be taking consults." Or in the morning, the night float person would be like, "Oh, it's 6:00 [AM]... can you just take [the consult] for me?" And that's really hard for the daytime team, because that time before 7:00 a.m. is their protected time to get to know their patients, or to go through labs, or to make sure they're on top of everything and get their notes in before the day starts. There's that peri-7:00 time block. It's always very dramatic.</p>
	Suggestions for Structural Changes Overall Better	<p>I see no negative in whatever capacity we have to extend [night float] whether it is to cover Saturday night or at Bayview to partially cover the Bayview nights.</p> <p>I think any other program in the country would say that they would much prefer this system... My bias is that every program would switch to a night float system if they could.</p>

Supplemental Item 7: Additional Compiled Reflections about the Night Float from Johns Hopkins Nephrology Faculty Surveys

Patient Care

1. On a busy consult service, night float helps to decompress the daytime fellow's workload.
2. Daytime fellows have more rest and better sleep overnight.
3. Night float facilitates more timely care for emergent HD consults.
4. Complicated AKI cases seen by night float are more likely to be misdiagnosed or mismanaged than during the day.
5. There is less opportunity for teaching with night float.

I hope that Dr XXX will be acknowledged as the person who thought of the night float to help reduce fellow burnout with the large number of patients on the services. The only issue is that the sign out to the on call fellow may not be complete, although there is a written sign out and the attending is available.

Can assess overnight care delivered compared to my assessment of the patient the following morning. We still manage to discuss patient care with overnight fellow the following evening (18 hours later)

I maybe an outlier as I had no prior experience of working night float nephrology fellows- have experienced the night float system for two weeks when I was on service at JHU

The day time fellow doesn't necessarily know the patient that well.

Early in the academic year, as the consult attending, it was reassuring to have second year fellows doing night float.

Patients are satisfied with timely evaluation of their issues.

timely evaluation also results in addressing issues quickly that may have not been determined without an actual assessment (versus triage via phone with inadequate information)

Fellows evaluations are generally very thorough due to lack of time constraints at night - fewer other obligations.

There are positive and negative aspects. Overall, I think it's good because sometimes there are quite a few consults overnight, so it takes the burden from the daytime fellows and allows the night float to focus on the group of patients, which could be good for patients. The care will of course depend on the particular fellow; it may not necessarily just be a matter of day vs night fellow, but the care the fellow provides regardless. However, then the daytime fellow may not know the patient well (or at all), though some fellows do make an effort (as they should) to evaluate the patient for themselves.

Night float affords the fellow more autonomy.

How effective that is depends very much on the quality of the fellow.

There can be significant downtime during night float.

Fellows could probably use that time to advance scholarly projects, etc. I suspect many are watching TV

This will depend somewhat on the fellow

All cases discussed with attending overnight or by 630am that morning.

The night float fellow should be making decisions and calling the attending with a plan of care. Since all patients are still discussed with attendings there is still oversight but fellows do have more autonomy.

Professional Development

Night float affords opportunities for the fellow to learn about the case or read around the case.

Day fellow is often very busy to do this.

Not having to come in with new consults already waiting allows the day fellow to control their day better and therefore frees them up for significant learning opportunities

Of course, the night float is not going to have an opportunity to have (as much if at all) direct teaching from an attending, BUT they may have more time to read about issues regarding a particular case as they come up.

The daytime fellow may have more time for educational opportunities if the night fellow helps with the burden of taking/writing up new consults.

Other

It facilitates the training environment, but it is completely unrealistic in the private practice world of course. We may be doing our fellows a disservice in the long run with night float, but the ACGME is not concerned by that. Since compliance with ACGME is effectively more important than patient outcomes, what facilitates the training environment is what rules.

The ability to have night float depends on the size of the program. When I have told other programs about this and they have < 8 fellows, they uniformly say that they could not implement this. My answers would pertain only to the Hopkins Fellowship Program

Night float can be very effective in a large hospital where the acuity/complexity as well as volume of patients is high.

It maybe unnecessary in non-tertiary care centers

Night float is a great system in that patients are seen in a timely manner and it off loads the day time fellow.

It depends on the typical volume. Home call is a possibility, but may not be reasonable if there will almost always be consults (seems more disruptive to be woken up from home and have to go

in, especially if the fellows don't live close, though maybe that decision is better left to them). However, even if the night fellows aren't busy, could they help in any way with the daytime fellow's work if the daytime service is very busy?

Supplemental Item 8: Additional Compiled Reflections about the Night Float from Johns Hopkins Nephrology Alumni Surveys

Patient Care

Very few practices are solo especially starting out. Cross cover will be part of the career.

The system provided a dedicated physician with protected night time service, which meant hands on and personal care for patients by a physician who is not overworked and consumed by day services

Timely evaluation of critical ill patients

The night float system did not impact my career development in any of the aforementioned areas. It, however, was one solution to problem of work hour violations which is inevitable in most busy nephrology programs.

It was great to have the added supervision of certain high risk patients by the renal fellow overnight.

Professional Development

Allows for better rested fellows working the usual day float services.

Home call is a challenging concept, in a busy setup like Hopkins it meant 24 hour service provision which is very labor intensive for physicians and can affect quality of delivered care and affect physician burnout, the night float system is a reasonable solution, only draw back is that in real life, the concept is less likely to be applied

Night float has allowed the day float fellows to rest at night and come back refreshed in the morning. I also think that having a night float fellow allowed us to respond to emergency consults at night in a timely manner.

fellowship was tough
first year is brutal

so much time is wasted on placing dialysis catheters which no one does later on in their career

Nightfloat afforded the opportunity to read up on cases overnight that I may not have had the opportunity to do otherwise on day float. I learned so much on nightfloat. I rarely slept on nightfloat for this reason

Wellness

Provided many hours of time to work on other fellowship related activities, e.g. manuscript preparation, abstract submission, future job seeking opportunities. I also saw it as a pseudo-vacation because of how little clinical work there was compared to when on a day service.

It was good to know that you would just work at night and be done in the morning. However working nights at the time when you normally sleep was challenging at times

It was difficult to get back to daytime schedule but it was one of the very few drawbacks

I couldn't exercise on night float. I ate more compared to day float

Other

Night float was very important for my overall wellness during my entire fellowship.

The requirement of night float depends on how busy the service is and consults coming in at night which varies in practices. For our fellowship program it was very helpful to have night float to sign out important cases from the day and have new consults addressed as they come in.

night float helps day time people

helps with autonomy

in future career it does not matter, since it is overnight home call with day time work as well

We don't have a night float service but a fellow who gets called from home. Shame really

Even though I enjoyed and liked the night float system, I got used to having someone present with the patient to make clinical decisions. In the overnight call in my current practice, I have to make many decisions without seeing the patient which makes me feel insecure sometimes.

Night float rotation is very important in busy hospitals that have high nephrology demands. This applies to where I did my training. In other hospitals, it may not be necessary.