

## **Development of a formalized intern-attending feedback structure to improve resident experience on cross cover shifts**

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### **Background:**

In response to duty hour restrictions, the structure of graduate medical education changed to include night float schedules. This has resulted in increased cross cover burden, decreased feedback, and less traditional formal education. While residents often have access to a nocturnist overnight for decision making support, education remains a secondary focus during cross cover shifts. We sought to enhance the educational benefit of cross cover shifts for interns in the University of Colorado Internal Medicine Residency Program (CU-IMRP) by creating formalized intern-attending feedback sessions.

### **Methods:**

CU-IMRP interns cross cover internal medicine ward services at three sites: Denver Health Medical Center (DH), Rocky Mountain Regional Veterans Affairs Medical Center (VAMC), and University of Colorado Hospital (UCH). Nocturnists are available to interns at all three sites. We selected the VAMC and UCH as intervention sites and DH as a control site. Interns at VAMC and UCH were asked to select and review up to three decisions made during their cross cover shift with an attending nocturnist. A one-page form was provided to prompt discussion and document the impact on the intern's clinical reasoning, systems knowledge, and medical knowledge. Interns at DH had access to a nocturnist but no formal decision review process. A post-intervention survey was sent to interns at all three sites to compare volume of interactions with nocturnists and perceived educational value of cross cover shifts.

### **Results:**

A pilot study was conducted between July and December 2021. A total of 64 cross cover forms across UCH and VAMC and 31 post-intervention surveys were analyzed. Only 16% of interns at DH spoke to a nocturnist overnight, as compared to 77% of interns at UCH and 75% of interns at the VAMC. In 43% of cases, interns stated they would change their management in the future based on their discussion with the nocturnists; they identified gaps in their medical knowledge in 45% of cases and gaps in clinical reasoning skills in 41% of cases. Interns at the intervention sites were also more likely to strongly agree that cross-cover shifts were educational: 16% at DH compared to 33% at UCH and 58% at VAMC. Interns indicated positive experiences in written feedback.

### **Conclusions:**

Our pilot data suggests that providing a formal structure for intern-attending discussions on cross cover shifts increases both the perceived and real educational value of cross cover shifts by providing an opportunity to support interns' clinical reasoning and medical knowledge leading to changes in patient care.