November 6th, 2023

THE NIGHT-ONCALL CONSORTIUM SYMPOSIUM:

THE STATE OF NEAR-GRADUATES' READINESS

Hosted by Drs. Adina Kalet, Sandy Zabar & the Night-onCall Consortium

Supported by the Josiah Macy Jr. Foundation

JOSIAH MACY JR FOUNDATION

MEDICAL COLLEGE OF WISCONSIN

Time	Session	Length
8:00-8:10	Welcome Remarks & Introduction Dr. Sondra Zabar, NYU Grossman School of Medicine & Dr. Adina Kalet, Medical College of Wisconsin	10 min
8:10-8:15	Why Night-onCall? Dr. Holly Humphrey, President of the Josiah Macy Jr. Foundation	5 min
8:15-8:20	Overall Data Trends & Integration of Skills in Night-onCall Dr. Tavinder K. Ark, Medical College of Wisconsin	5 min
8:20-8:25	"Night On Call" Success Story @ WSU: Optimizing Statewide Delivery Online Dr. Dawn Dewitt, Elson S. Floyd College of Medicine at Washington State University	5 min
8:25-8:30	Demonstrations: FeedbackAssist, Dashboard Student Data, Night-onCall App Dr. Tavinder K. Ark, Medical College of Wisconsin	5 min

THE NIGHT-ONCALL CONSORTIUM

To advance Night-onCall to best prepare graduating medical students for residency by working together to offer customizable clinical cases, establish performance benchmarks for graduating medical students, develop variations of learning environment across platforms, and study readiness-for-internship on a large scale.

Reception Goals

Explore how medical school consortia like Night-onCall can contribute to the future of medical education

Understand how using data rich feedback for learners can help a medical school's curriculum and learners' transition into residency

Share experience of implementing Night-onCall at a diverse set of schools

Consider next steps for preparing our learners for residency

WHAT IS NIGHT-ONCALL?

- Learners rotate through three clinical cases that assess the competencies of medical students and provides a 360 evaluation from multiple perspectives including a standardized patient (SP), nurse (SN), attending (SA), and patient's partner (SPR).
- Preparation include WISE onCall modules.

Night-onCall: In immersive simulation to support transitioning medical learners

Case 1: Oliguria

Case 1: Call Attending

Case 2: Hypertension

Literature Search

Activities structured to assess and measures Medical Competency for Residency

Case 3: Informed Consent

Pain Management

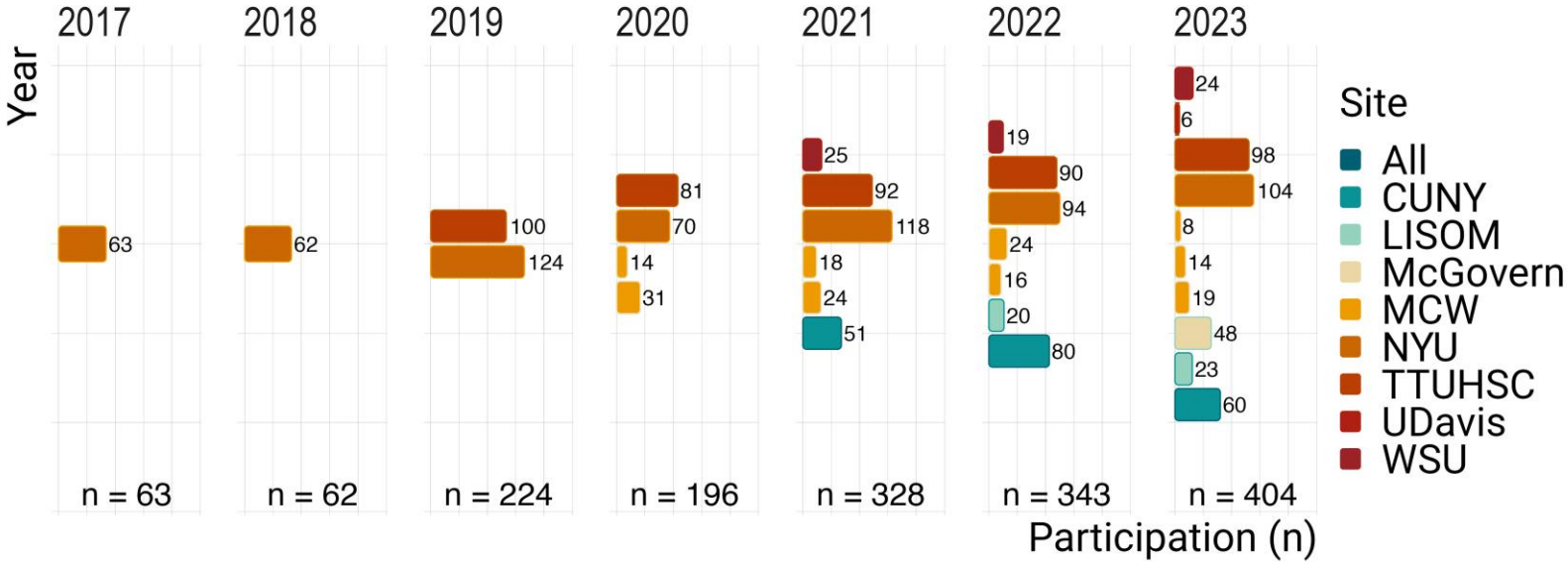
Culture of Safety

Handoff

Debrief

CONSORTIUM MEMBERS

- 8 Participating Medical Schools
- Total of 1,620 learners



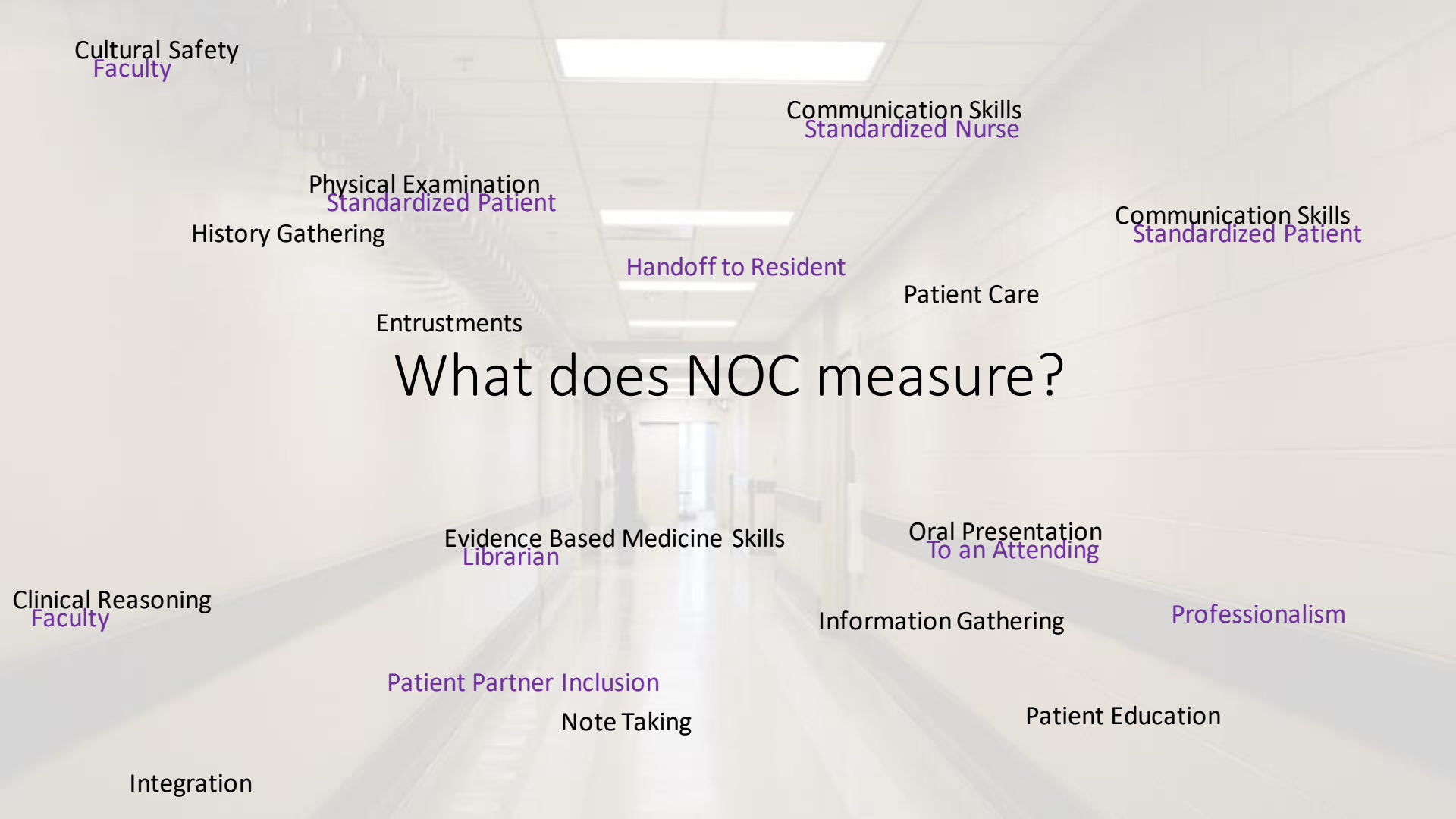
WHY NIGHT-ONCALL?

Dr. Holly Humphrey, MD, MACP

President of the Josiah Macy Jr. Foundation.

OVERALL DATA TRENDS & INTEGRATION OF SKILLS IN NIGHT-ONCALL

DR. TAVINDER K. ARK, MEDICAL COLLEGE OF WISCONSIN


Cultural Safety
Faculty
Communication Skills
Standardized Nurse
Physical Examination
Standardized Patient
History Gathering
Communication Skills
Standardized Patient
Handoff to Resident
Patient Care
Entrustments
What does NOC measure?
Evidence Based Medicine Skills
Librarian
Oral Presentation
To an Attending
Clinical Reasoning
Faculty
Information Gathering
Professionalism
Patient Partner Inclusion
Note Taking
Patient Education
Integration

Communication Skills

Standardized Patient
Standardized Nurse

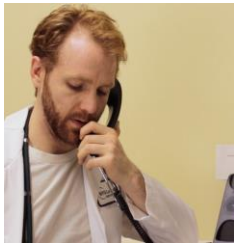
Standardized Attending Handoff

Clinical Coverage Note

Evidence Based Medicine

Night-onCall: In immersive simulation to support transitioning medical learners

Case 1: Oliguria



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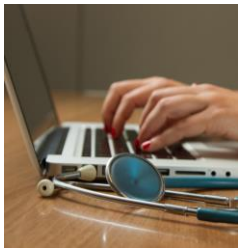

Culture of Safety

Handoff

Debrief

Communication Skills

Standardized Patient
Standardized Nurse

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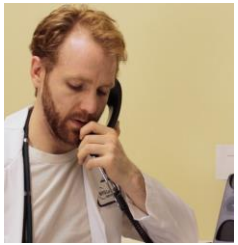

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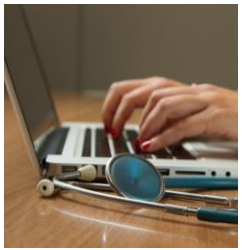
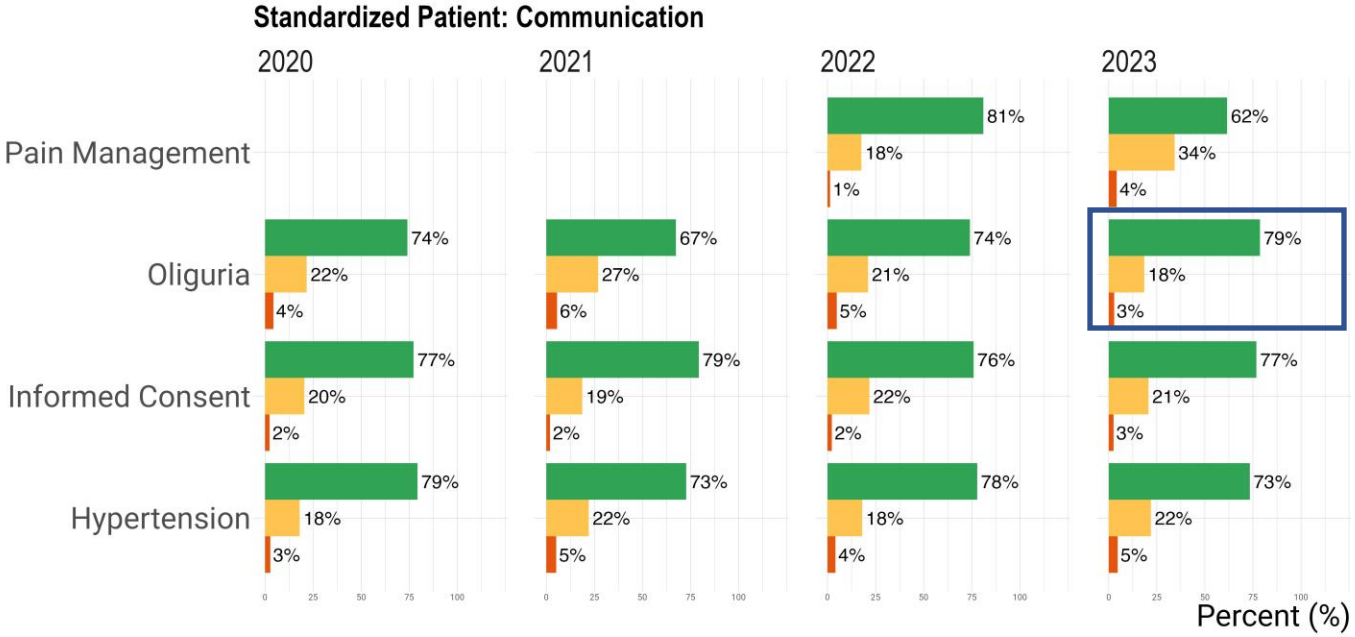


Culture of Safety

Handoff

Debrief

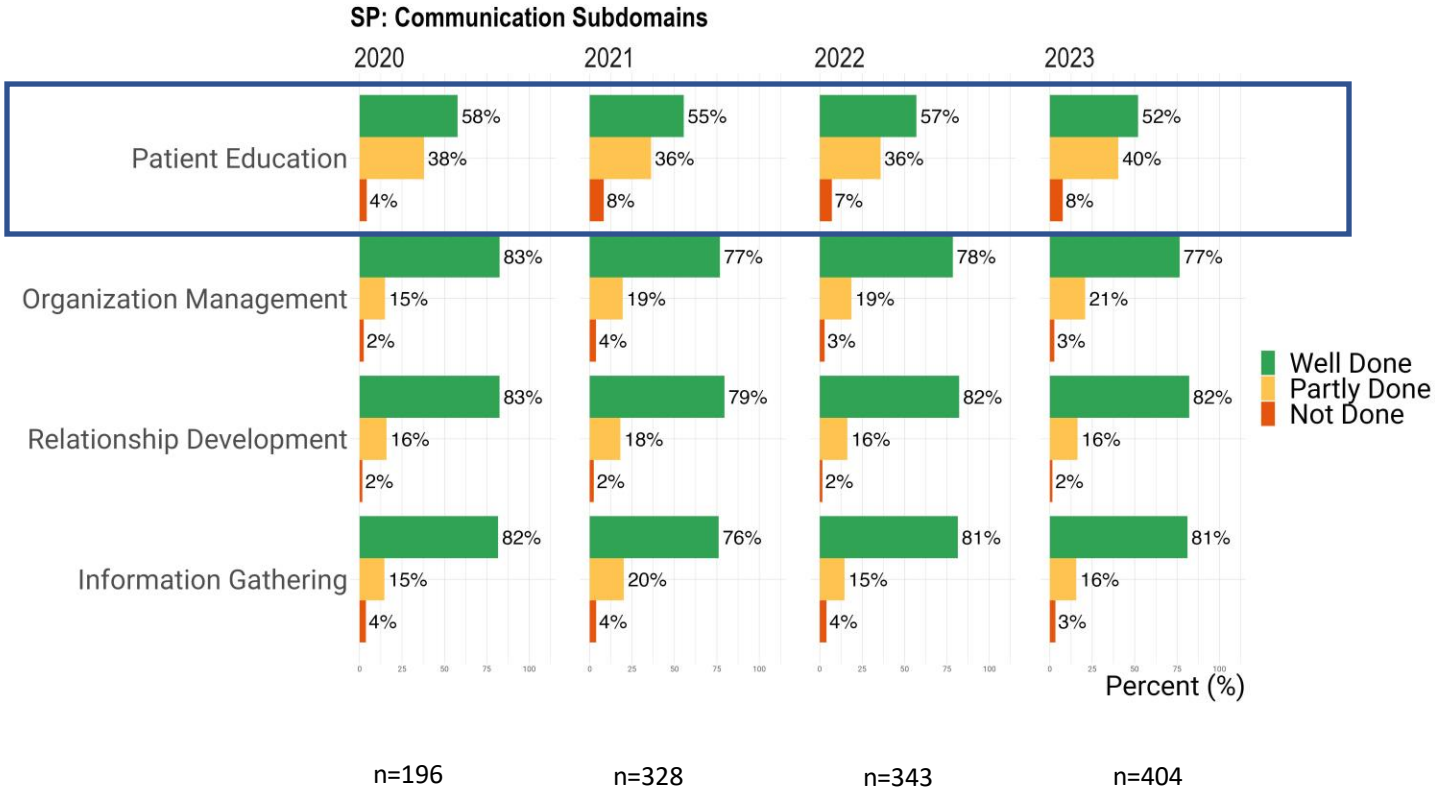
Students know how to communicate with an SP. Consistent Performance Across Cases and Time



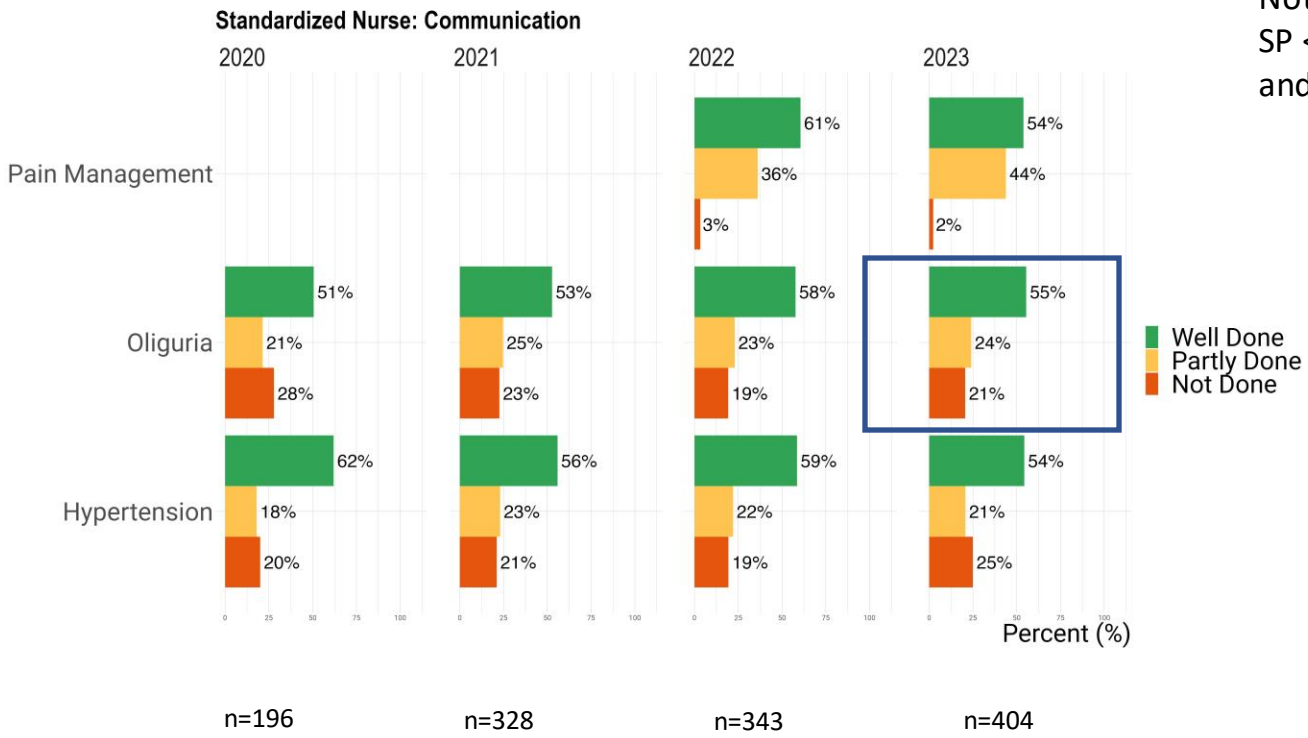
Note:
< 30% Partly and Not Done

n=196 n=328 n=343 n=404

But, Students struggle with Patient Education



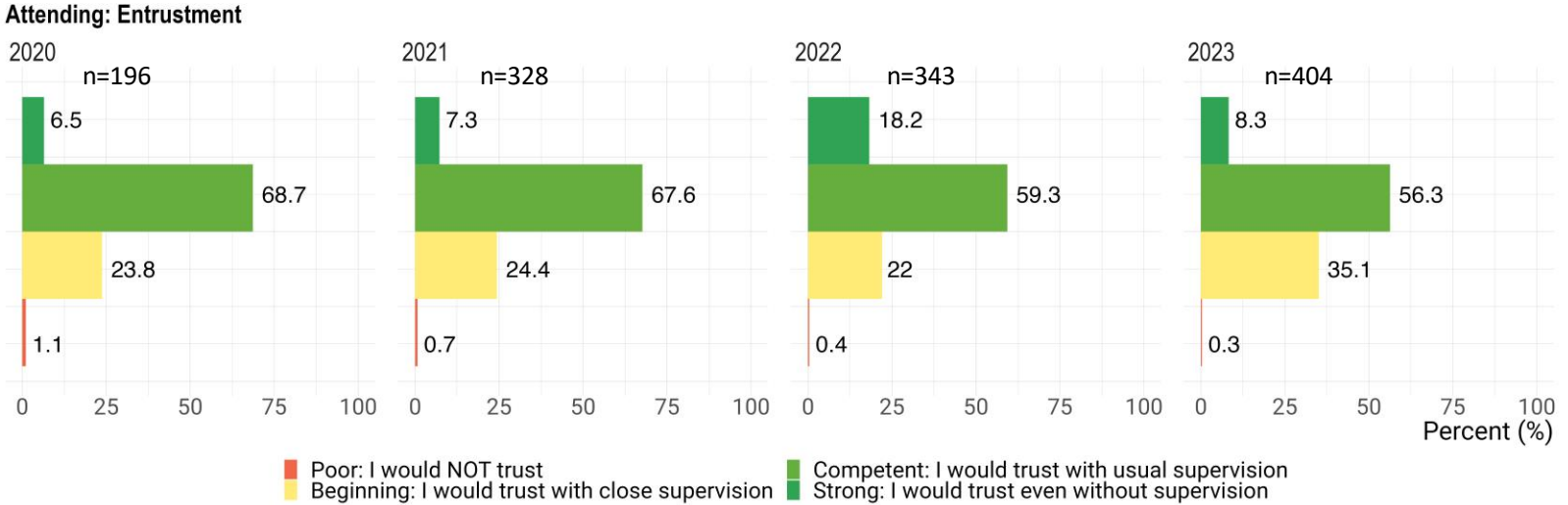
Standardized Nurse Communication
> 40% Partly and Not Done



Note:
SP < 30% Partly and Not Done

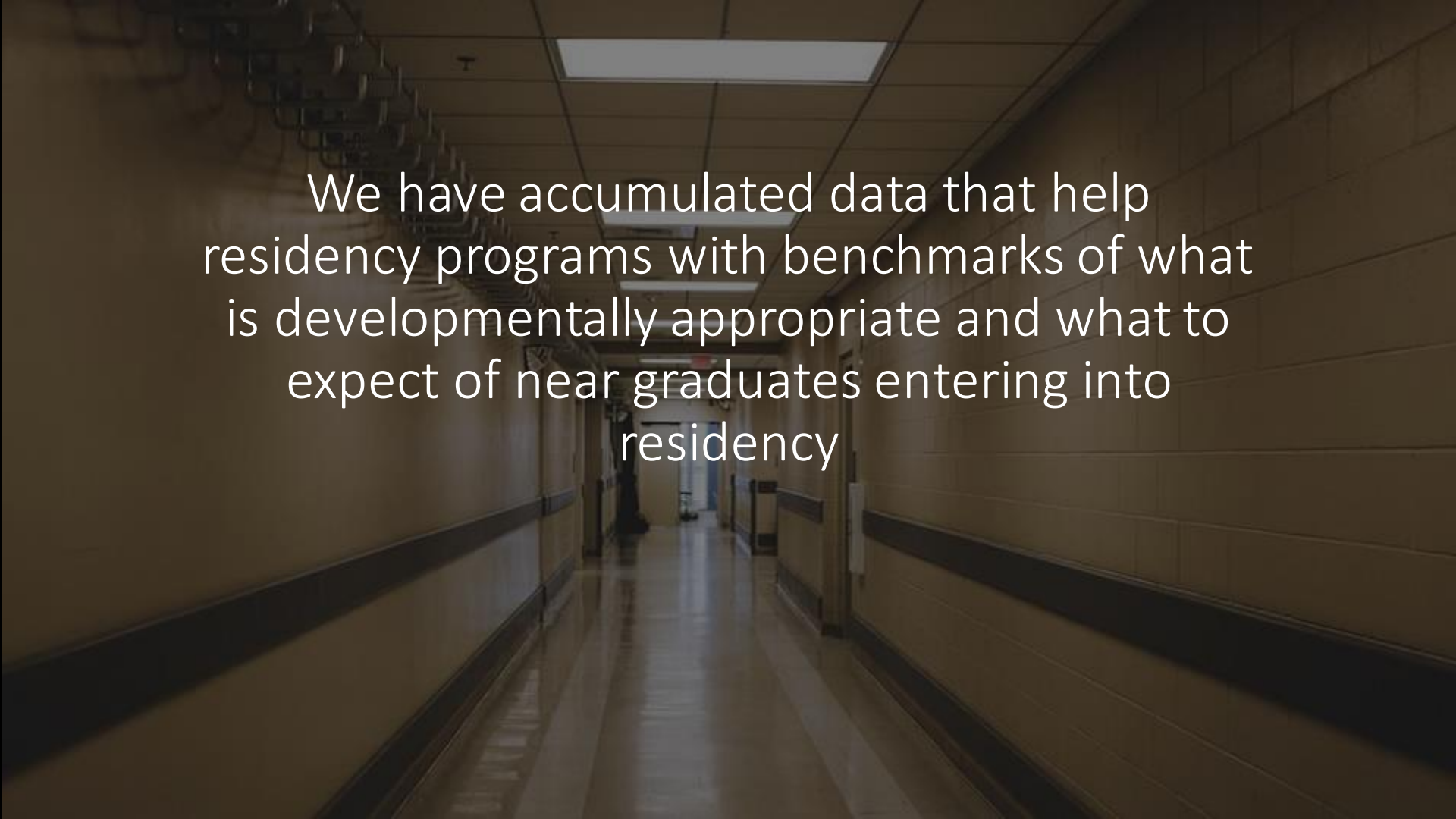
Attending Oral Presentation

Standardized Attending rated the content and quality of the student's oral presentation on the phone, and indicated the level of supervision (i.e., entrustment) they would assign the student.



What did we learn from students?

“I think the most memorable part of NOC was the emotions the scenarios elicited… the most persistent one was ***anxiety***. ***Being designated as the responsible healthcare provider and the first point of contact for several different patients over a short time period is undoubtedly anxiety-provoking*** but I recognize how practicing this is crucial for what I will face next year…


We have accumulated data that help residency programs with benchmarks of what is developmentally appropriate and what to expect of near graduates entering into residency

"NIGHT ON CALL" SUCCESS STORY @ WSU: OPTIMIZING STATEWIDE DELIVERY ONLINE

DR. DAWN DEWITT , ELSON S. FLOYD COLLEGE OF MEDICINE AT WASHINGTON STATE UNIVERSITY

Pros & Cons of NOC Online

Pros

- Student flexibility
- Recruit faculty and SPs from multiple campuses and communities
- Eliminates in-person space constraints
- Less transition time

Cons

- Fidelity can be challenging
- Virtual physical exams
- Internet issues?
- Need to plan / deliver *individual* orientations to multiple groups
- Faculty/staff/SP Access to & training to use NOC platform

Wins, wins, wins…

Using NOC as a "primer" for our TTR workshops meant we mapped NOC to our learning outcomes and vice versa – that gave our TTR a much more comprehensive framework

- *Orienting community faculty is critical – but they LOVED doing NOC*
  - *"The most valuable thing I have done with the medical school…"*
- *Our librarians participated in NOC (asynchronously) and set about changing our information literacy curriculum based on their experience with NOC*
- *Our experience recognizing issues with the Culture of Safety activity led us to think deeply about our goals, our curriculum, and our philosophy of education*
- *Being at a distributed, community-based medical school, our students actively expressed a desire to do NOC online and viewed it as highly valuable*

Integrating NOC into our Transition to Residency

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 8:10-12	**2.5 days of Internship "Simulation" primes students for workshops:** •"Night On Call" (40 min orientation); Each student rotates through NoC for 2.5 hours. •When not in NOC, students complete unfolding "**Challenge Cases**" and authentic tasks (writing orders, consults, transfer summaries, etc. in real time (about 1 case/hour to mimic caseloads). Students meet after every 3-5 cases with an attending to present/discuss their cases in simulated "**Rounds**" (3-4 students).		*NoC cont.* *Challenge Cases cont.* Rounds cont.	8:10-12:00pm Workshop: Lab Interpretation & Intravenous Fluids Cases	*8:10-10:00am* Behavioral Health Emergencies *10:10 – 12:00pm* Women's Health Pearls Cases
PM 1:10-5			***1:10-3:00pm* NoC Debrief** 3:10-5:00pm Workshop Radiology Pearls Cases	Self-Directed*	Communication 1 Workshop - Practice skills from NOC/CC •Pages •Consults •Handovers
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
AM 8:10-12	*8:10-12:00am* Simulation/Workshop: Peds Acute Care	*8:10-10:00am* Workshop: Caring for patients w/ COVID	Communication 2 Workshop: Practice skills from NOC/CC: •Bad news, Errors •Death	*8:10-12:00pm* Workshop: Reading EKGs	*8:10-10:00am* Pain Management Workshop *10:10-12:00pm* Course Evaluation
PM 1:10-5	*1:10-3:00pm Workshop* Optimizing EHR for Pt Care & Learning (EBM and dot phrases)	*1:10-3:00pm* Time Management Workshop 3:10-5pm Self-Directed	*1:10-3:00pm Workshop* Adult Medications *3:10-5:00pm: Workshop* Acute Care Pearls Cases	Self-Directed* •time for study, prep, catch-up. Surgical students will be assigned ACS/APDS curriculum.	

Recruiting Standardized Patients

SP Volunteers from across the state…

- **Problem:** Our VCC was concerned that SPs did not have the skills or internet access to effectively provide student feedback on the NOC platform
- **Solution:** Jennifer Anderson mailed paper assessment forms to the list of remote SPs –
- Then called each one and entered their feedback into the platform
- **Outcome:** the conversations resulted in *richer feedback* for students as compared to the following year when SPs were on site and entered their feedback directly into the computer

What did we do to make it work?

Recruiting Faculty -

- Detailed role descriptions
- Detailed mapping of faculty time slots needed
- ***Changed “handover” to have students handover to faculty
  - Trade-offs of having students handover to each other and the informal feedback/interactions vs getting an “attending” view of performance
  - Script – “Our resident got called to admit a patient, so I’m taking handover for the team”
- Calculations of time required for faculty
- Recruiting tools, e.g., SignUpGenius® with specific time slots
- Calculated assessment tasks @ < 10 minutes/activity/student – block time
- Faculty Orientation - handout, session, recording, white-glove

What did we do to make it work?

Student Orientations

- Recorded a “pre-work” orientation for students – with required background WISE MD modules, timing and expectations
- Emailed instructions and login process for NOC platform
- Created a “Day-of” Orientation for Students
- Group debrief after NOC
- Students had access to individual feedback via NOC platform – goal of all activities graded within 24-48 hours
- End of TTR debrief including their opinions about NOC as primer

Outcomes

Geographic Distance & Virtual Platform

- SP feedback collected via phone was in the spirit of helping students improve and was richer than written feedback (comparing years 1 and 2)

Student & Faculty Reaction to NoC

- Year 1: 64% of students agreed that NoC contributed to their learning
- Year 2: 84% agreed NoC helped them assess their readiness for residency
- Students asked "Why didn't you give us workshops first?"…at course debrief students agreed that running NoC before TTR workshops was a good "primer"
- One student commented: would like more help assessing PE virtually
- 100% of faculty & staff rated the experience as good or excellent

Lessons Learned

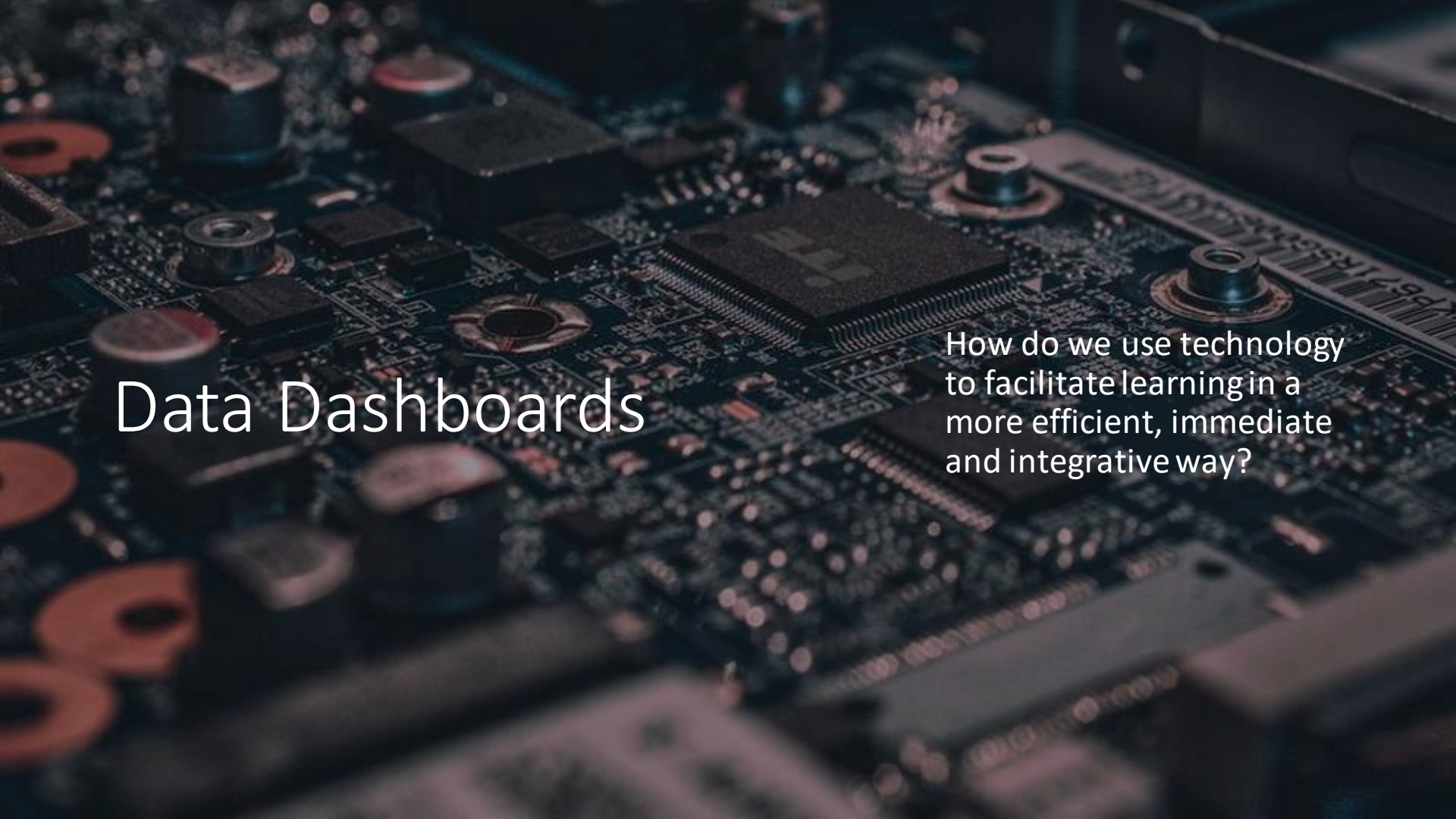
- Running NoC virtually increases faculty and SP availability
- Creating clear orientation packages is critical for success
- Some students struggled with the "reality" of virtual NoC
- NoC helped us identify skills gaps
  - Multiple handovers; "Safety" language differed; Early closure
- NoC integrated as a "primer" ➡ workshops mapped to NoC skills
- We will offer it online again – student preference (travel)

DEMONSTRATIONS: FEEDBACKASSIST, DASHBOARD STUDENT DATA, & THE NIGHT-ONCALL APP

DR. TAVINDER K. ARK, MEDICAL COLLEGE OF WISCONSIN

Collaborative “AI”

How do we use technology to facilitate learning in a more efficient, immediate and integrative way?



Data Dashboards

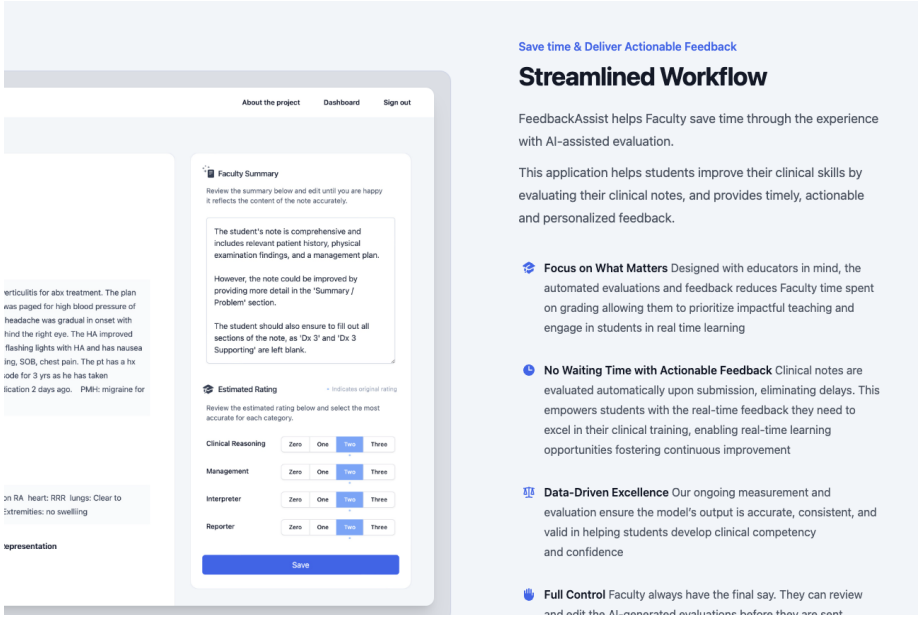
How do we use technology to facilitate learning in a more efficient, immediate and integrative way?

FeedbackAssist

Empowering Faculty. Elevating Learning.

Using AI to collaborate and enhance Faculty OSCE note rating and feedback capabilities. Helping save time, deliver actionable feedback, evaluate clinical training and enhance student learning outcomes.

Go to dashboard



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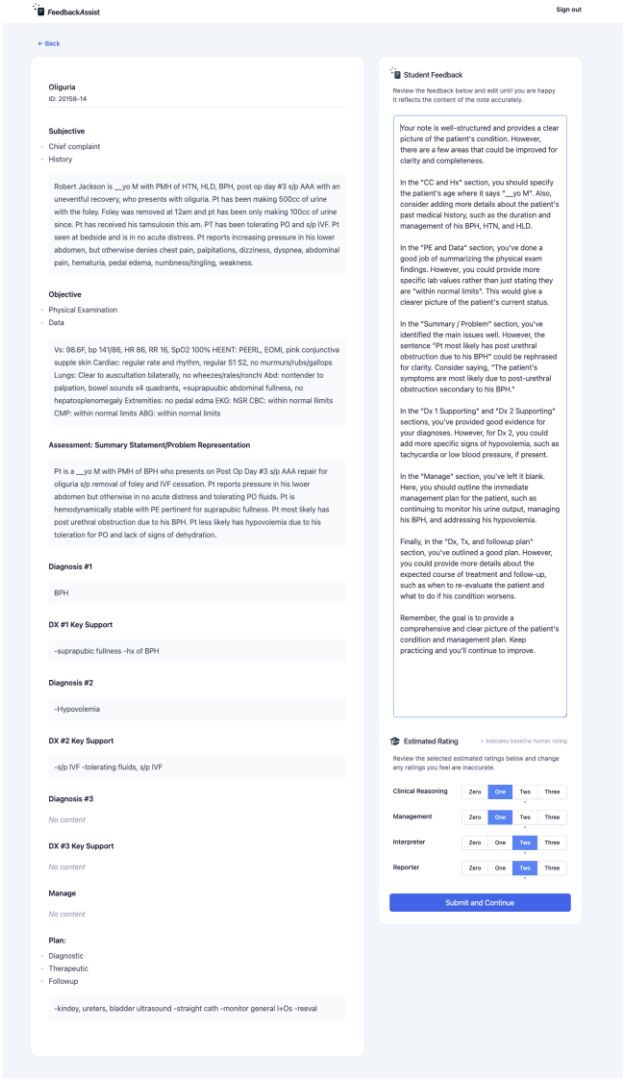


← Back

Oliguria
ID: 20158-14

Subjective
- Chief complaint
- History

Robert Jackson is __yo M with PMH of HTN, HLD, BPH, post op day #3 s/p AAA with an uneventful recovery, who presents with oliguria. Pt has been making 500cc of urine with the foley. Foley was removed at 12am and pt has been only making 100cc of urine since. Pt has received his tamsulosin this am. PT has been tolerating PO and s/p IVF. Pt seen at bedside and is in no acute distress. Pt reports increasing pressure in his lower abdomen, but otherwise denies chest pain, palpitations, dizziness, dyspnea, abdominal pain, hematuria, pedal edema, numbness/tingling, weakness.

Objective
- Physical Examination
- Data

Vs: 98.6F, bp 141/86, HR 86, RR 16, SpO2 100% HEENT: PEERL, EOMI, pink conjunctiva supple skin Cardiac: regular rate and rhythm, regular S1 S2, no murmurs/rubs/gallops Lungs: Clear to auscultation bilaterally, no wheezes/rales/ronchi Abd: nontender to palpation, bowel sounds x4 quadrants, +suprapubic abdominal fullness, no hepatosplenomegaly Extremities: no pedal edma EKG: NSR CBC: within normal llimits CMP: within normal limits ABG: within normal limits

Assessment: Summary Statement/Problem Representation

Pt is a __yo M with PMH of BPH who presents on Post Op Day #3 s/p AAA repair for oliguria s/p removal of foley and IVF cessation. Pt reports pressure in his lwoer abdomen but otherwise in no acute distress and tolerating PO fluids. Pt is hemodynamically stable with PE pertinent for suprapubic fullness. Pt most likely has post urethral obstruction due to his BPH. Pt less likely has hypovolemia due to his toleration for PO and lack of signs of dehydration.

Diagnosis #1

BPH

DX #1 Key Support

-suprapubic fullness -hx of BPH

Diagnosis #2

-Hypovolemia

DX #2 Key Support

-s/p IVF -tolerating fluids, s/p IVF

Diagnosis #3

No content

DX #3 Key Support

No content

Manage

No content

Plan:
- Diagnostic
- Therapeutic
- Followup

-kindey, ureters, bladder ultrasound -straight cath -monitor general I+Os -reeval

Student Feedback

Review the feedback below and edit until you are happy it reflects the content of the note accurately.

Your note is well-structured and provides a clear picture of the patient's condition. However, there are a few areas that could be improved for clarity and completeness.

In the "CC and Hx" section, you should specify the patient's age where it says "__yo M". Also, consider adding more details about the patient's past medical history, such as the duration and management of his BPH, HTN, and HLD.

In the "PE and Data" section, you've done a good job of summarizing the physical exam findings. However, you could provide more specific lab values rather than just stating they are "within normal limits". This would give a clearer picture of the patient's current status.

In the "Summary / Problem" section, you've identified the main issues well. However, the sentence "Pt most likely has post urethral obstruction due to his BPH" could be rephrased for clarity. Consider saying, "The patient's symptoms are most likely due to post-urethral obstruction secondary to his BPH."

In the "Dx 1 Supporting" and "Dx 2 Supporting" sections, you've provided good evidence for your diagnoses. However, for Dx 2, you could add more specific signs of hypovolemia, such as tachycardia or low blood pressure, if present.

In the "Manage" section, you've left it blank. Here, you should outline the immediate management plan for the patient, such as continuing to monitor his urine output, managing his BPH, and addressing his hypovolemia.

Finally, in the "Dx, Tx, and followup plan" section, you've outlined a good plan. However, you could provide more details about the expected course of treatment and follow-up, such as when to re-evaluate the patient and what to do if his condition worsens.

Remember, the goal is to provide a comprehensive and clear picture of the patient's condition and management plan. Keep practicing and you'll continue to improve.

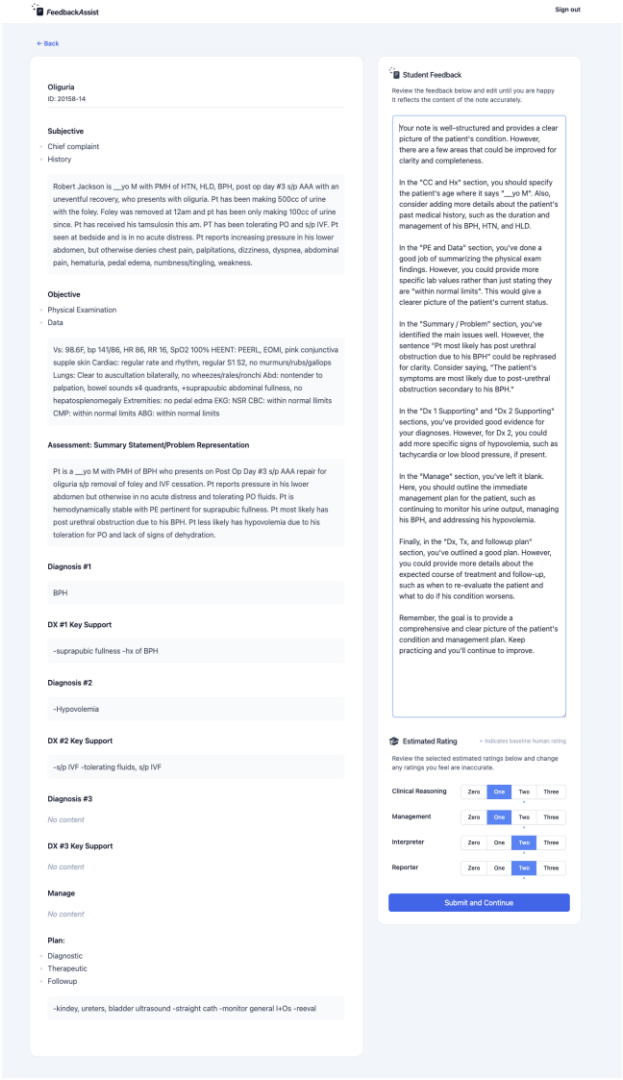
Estimated Rating

* Indicates baseline human rating

Review the selected estimated ratings below and change any ratings you feel are inaccurate.

Clinical Reasoning	Zero	One	Two	Three
Management	Zero	One	Two	Three
Interpreter	Zero	One	Two	Three
Reporter	Zero	One	Two	Three

Submit and Continue



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Diagnosis #2

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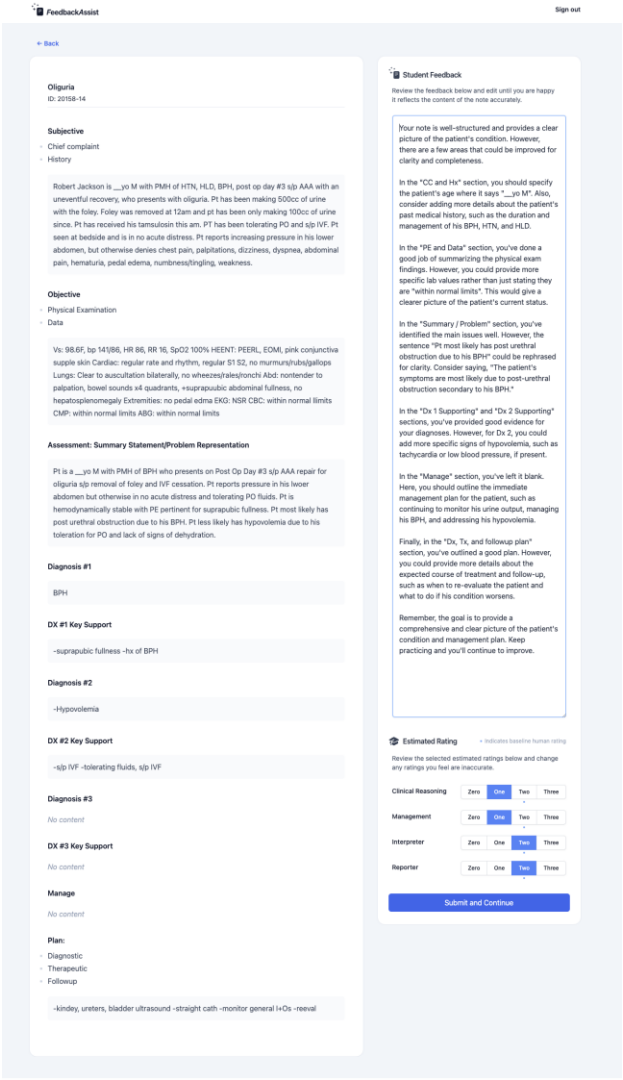
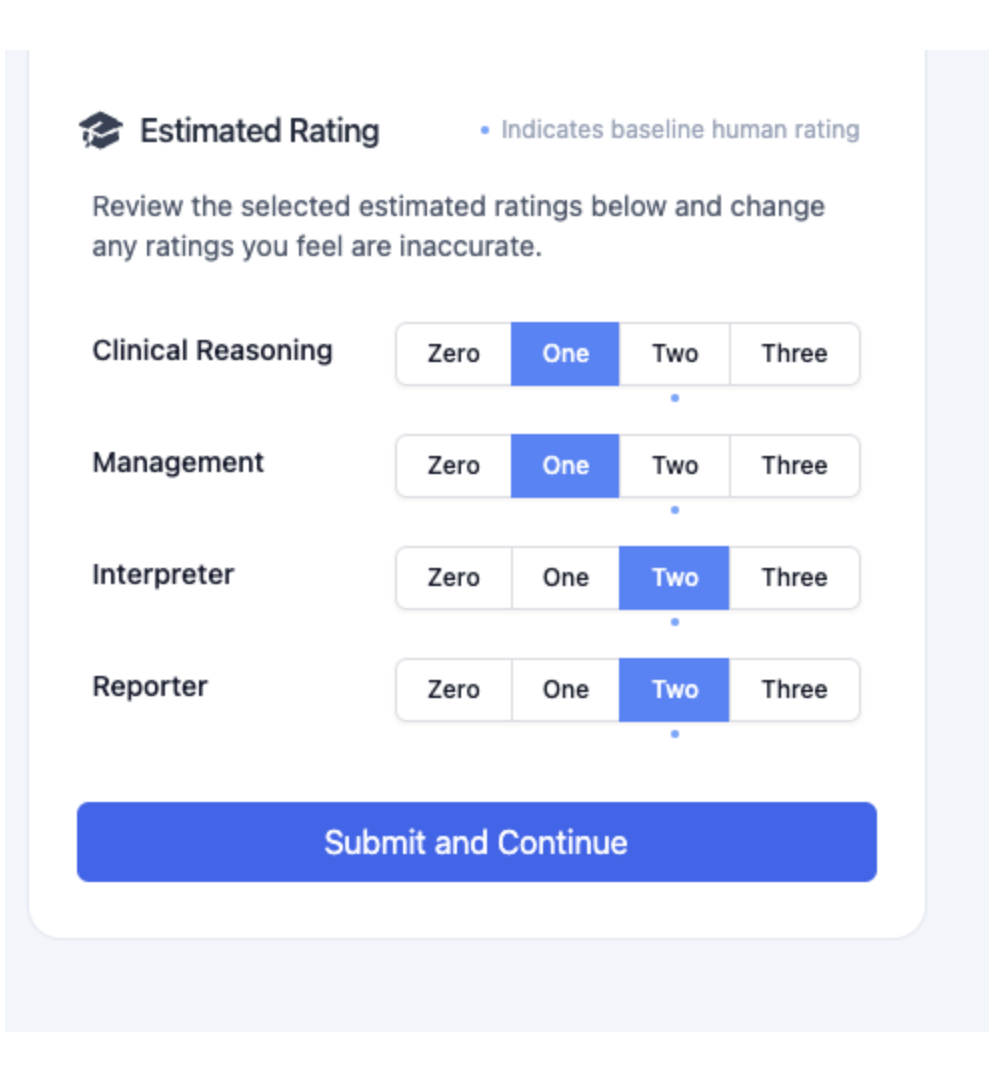
Reporter	Zero	One	Two*	Three

Submit and Continue


FeedbackAssist
Sign out
← Back
Oliguria
ID: 20158-14
Subjective
Chief complaint
History
Robert Jackson is __yo M with PMH of HTN, HLD, BPH, post op day #3 s/p AAA with an uneventful recovery, who presents with oliguria. Pt has been making 500cc of urine with the foley. Foley was removed at 12am and pt has been only making 100cc of urine since. Pt has received his tamsulosin this am. PT has been tolerating PO and s/p IVF. Pt seen at bedside and is in no acute distress. Pt reports increasing pressure in his lower abdomen, but otherwise denies chest pain, palpitations, dizziness, dyspnea, abdominal pain, hematuria, pedal edema, numbness/tingling, weakness.
Objective
Physical Examination
Data
Vs: 98.6F, bp 141/86, HR 86, RR 16, SpO2 100% HEENT: PEERL, EOMI, pink conjunctiva supple skin Cardiac: regular rate and rhythm, regular S1 S2, no murmurs/rubs/gallops Lungs: Clear to auscultation bilaterally, no wheezes/rales/ronchi Abd: nontender to palpation, bowel sounds x4 quadrants, +suprapubic abdominal fullness, no hepatosplenomegaly Extremities: no pedal edma EKG: NSR CBC: within normal llimits CMP: within normal limits ABG: within normal limits
Assessment: Summary Statement/Problem Representation
Pt is a __yo M with PMH of BPH who presents on Post Op Day #3 s/p AAA repair for oliguria s/p removal of foley and IVF cessation. Pt reports pressure in his lwoer abdomen but otherwise in no acute distress and tolerating PO fluids. Pt is hemodynamically stable with PE pertinent for suprapubic fullness. Pt most likely has post urethral obstruction due to his BPH. Pt less likely has hypovolemia due to his toleration for PO and lack of signs of dehydration.
Diagnosis #1
BPH
DX #1 Key Support
-suprapubic fullness -hx of BPH
Diagnosis #2
-Hypovolemia
DX #2 Key Support
-s/p IVF -tolerating fluids, s/p IVF
Diagnosis #3
No content
DX #3 Key Support
No content
Manage
No content
Plan:
Diagnostic
Therapeutic
Followup
-kindey, ureters, bladder ultrasound -straight cath -monitor general I+Os -reeval
Student Feedback
Review the feedback below and edit until you are happy it reflects the content of the note accurately.
Your note is well-structured and provides a clear picture of the patient's condition. However, there are a few areas that could be improved for clarity and completeness.
In the "CC and Hx" section, you should specify the patient's age where it says "__yo M". Also, consider adding more details about the patient's past medical history, such as the duration and management of his BPH, HTN, and HLD.
In the "PE and Data" section, you've done a good job of summarizing the physical exam findings. However, you could provide more specific lab values rather than just stating they are "within normal limits". This would give a clearer picture of the patient's current status.
In the "Summary / Problem" section, you've identified the main issues well. However, the sentence "Pt most likely has post urethral obstruction due to his BPH" could be rephrased for clarity. Consider saying, "The patient's symptoms are most likely due to post-urethral obstruction secondary to his BPH."
In the "Dx 1 Supporting" and "Dx 2 Supporting" sections, you've provided good evidence for your diagnoses. However, for Dx 2, you could add more specific signs of hypovolemia, such as tachycardia or low blood pressure, if present.
In the "Manage" section, you've left it blank. Here, you should outline the immediate management plan for the patient, such as continuing to monitor his urine output, managing his BPH, and addressing his hypovolemia.
Finally, in the "Dx, Tx, and followup plan" section, you've outlined a good plan. However, you could provide more details about the expected course of treatment and follow-up, such as when to re-evaluate the patient and what to do if his condition worsens.
Remember, the goal is to provide a comprehensive and clear picture of the patient's condition and management plan. Keep practicing and you'll continue to improve.
Estimated Rating
• Indicates baseline human rating
Review the selected estimated ratings below and change any ratings you feel are inaccurate.
Clinical Reasoning
Zero
One
Two
Three
Management
Zero
One
Two
Three
Interpreter
Zero
One
Two
Three
Reporter
Zero
One
Two
Three
Submit and Continue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Zero
One
Two
Three
Submit and Continue

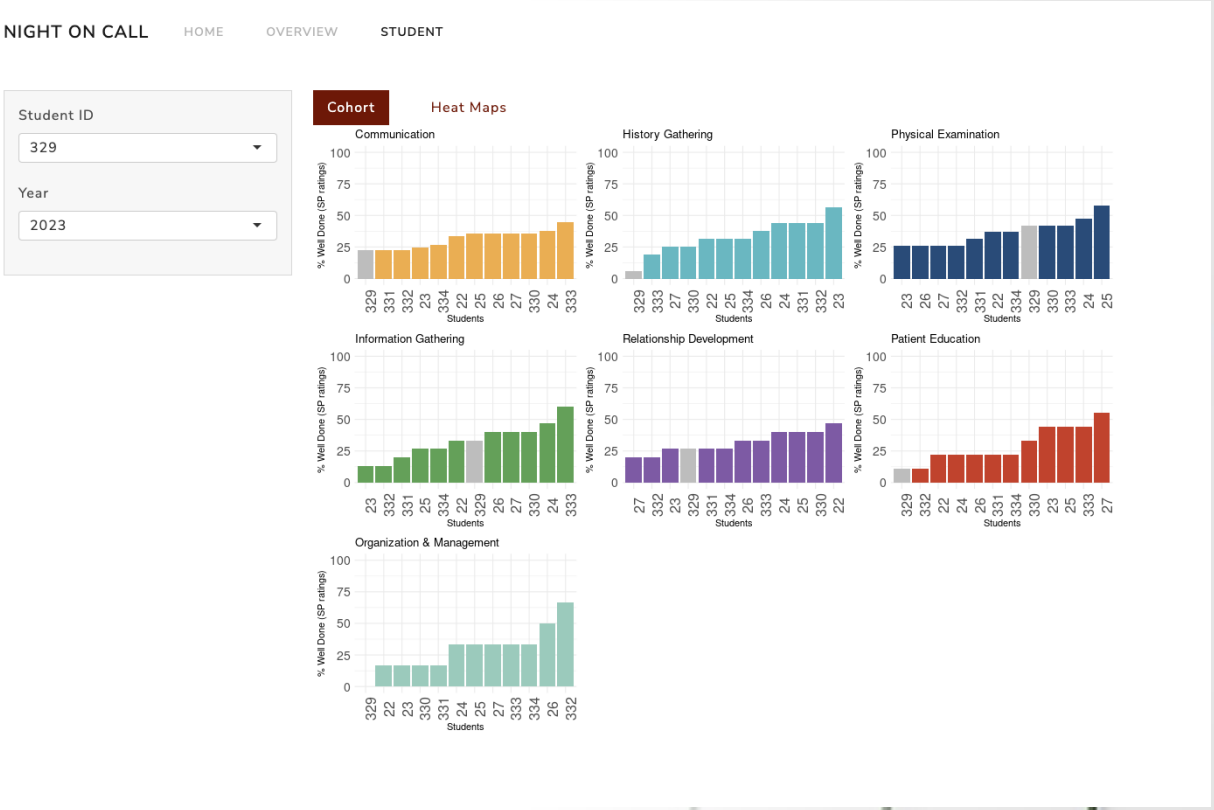
What do we envision?

Faculty can use FeedbackAssist to provide meaningful feedback to students and assist in grading

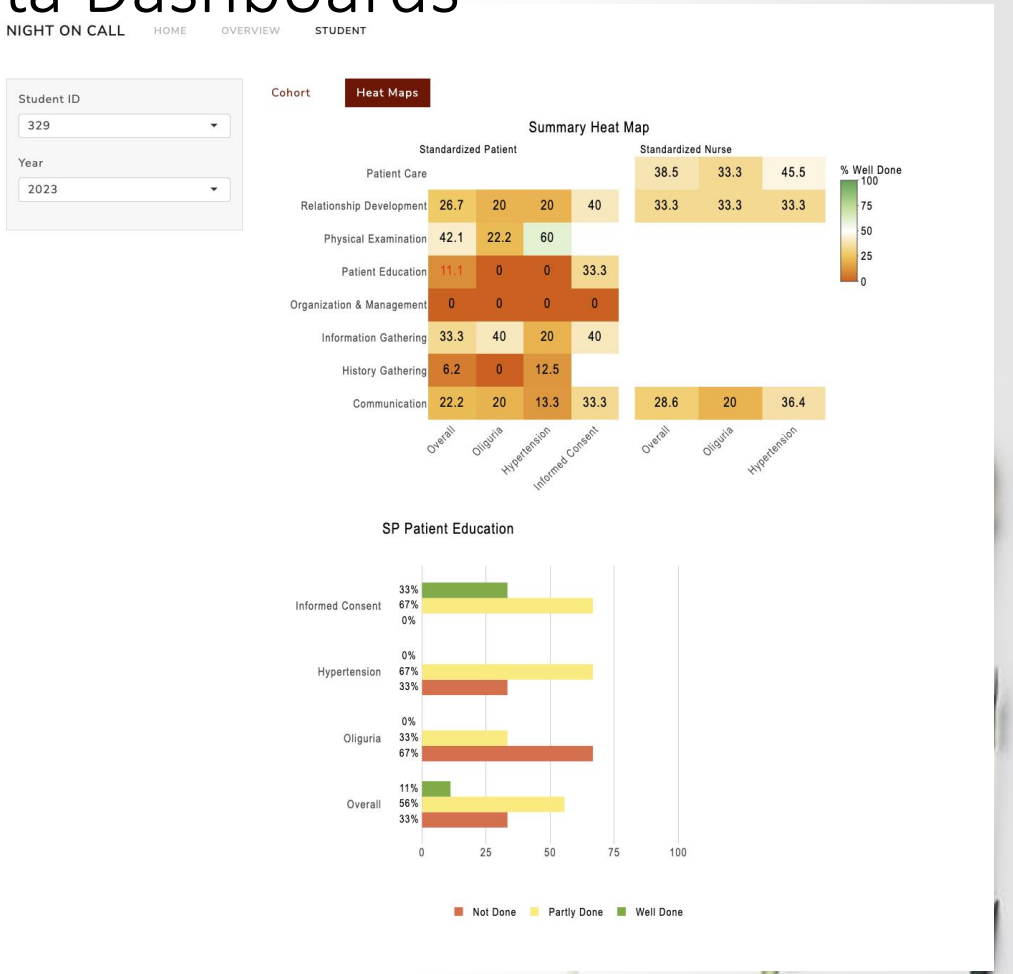
For students, we can use FeedbackAssist to tell students when notes are incomplete/ungradable; and a learning module

Data Dashboards

Data Dashboards



Data Dashboards



Data Dashboards

NIGHT ON CALL HOME OVERVIEW STUDENT STATISTICS

Relability

IRT: Subdomains

Information Gathering

Use the filters to sub-select from each category

CASE	DOMAIN	RATER	YEAR	NUMBER ITEMS	ORDINAL ALPHA
All	All	All	All	All	All
Oliguria	Communication	SPatient	2020	15	0.925
Hypertension	Communication	SPatient	2020	15	0.928
Informed Consent	Communication	SPatient	2020	15	0.905
Oliguria	Communication	SNurse	2020	9	0.825
Hypertension	Communication	SNurse	2020	10	0.838
Pain Management	Communication	SNurse	2020	4	0.671

NOC APP

Data intake to Dashboards

Ready to use data capture and educational reporting system for Night On Call.

The online software application is a comprehensive data capture system and provides individual reports for medical learners and important educational analytics in a secure, instant and frictionless system.

- Built for Seamless Data Capture and Reporting +
- What does the App Capture +
- Reporting & Dashboards +
- Training Modules +
- Competencies & Entrustables +

https://www.nightoncall.org

DISCUSSION & QUESTIONS

CONCLUSION & NEXT STEPS

- Explore our website using the QR link.
- Pick up our flyer to learn more about joining the consortium and membership.
- If you are interested in collaborating with us or want to learn more about Night-onCall, please email abigail.henderson@nyulangone.org

Night-onCall website

FeedbackAssist website