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TSC Position Statement on Night Shift Working During Emergency Medicine Training

Emergency Medicine (EM) is a 24-hour specialty. The spectrum and complexity of patients that present to Emergency Departments (ED) overnight does vary compared to during the daytime. Staffing numbers and skill mix within the ED and in the rest of the hospital also varies with the time of the day. For the purpose of this document the term night shift will refer to the hours between midnight and 8am. The expectation is that EM Resident Doctors in Training (RDiT) work a full shift rota which includes night shifts.

TSC recognises that some RDiT may not be able to work night shifts due to certain health conditions. This document seeks to describe the essential training and learning experiences provided by working overnight in the ED. Appendix 1 suggests areas of curriculum competency that could be affected by not working nights.

Night shifts working in EM provides the following experience and opportunities:

1. Decision making: When the EM consultant is not present, and reduced availability of specialty support overnight, the EM RDiT is exposed to higher level decision making in real life regarding the clinical management of patients.
2. Complex discharge decisions.
3. Difficult and complex referrals.
4. Supervision of the clinical team's patient load
5. Leadership and management of the department / EPIC role and responding to unforeseen changes in department capacity and function (for example unanticipated EPR downtime).
6. Handover of the department at the beginning and end of the night.
7. Supporting the wellbeing of staff, the impact of night shifts can be significant.

Lack of experience in these areas may make it difficult to achieve sign off at entrustment level 4 (with no supervisor involvement) for many of the clinical and generic competencies. (See appendix 1)

An assessment regarding the ability to work night shifts should be made jointly by Occupational Health, the RDiT, the Head of School (HoS) or training faculty lead (in Scotland) and the employer. This assessment should be reviewed every 6 months. The RDiT should also be offered Professional and Wellbeing support via local deanery services.

If an EM RDiT is unable to work night shifts, they will need to seek alternative ways to achieve the required curriculum competencies to level 4 entrustment. The HoS and TPD should make reasonable adjustments to the rotation of the EM RDiT to ensure their exposure to the EPIC role has been maximised. The EM RDiT will need to work closely with their ES & CS to ensure they are able to achieve any missing competencies.

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Appendix 1

Examples of Curriculum Competencies met by night shift working

- Able to support the pre-hospital, medical, nursing and administrative team in answering clinical questions and in making safe decisions for discharge, with appropriate advice for management beyond the ED. (KC 1; SLO 2)
- Safe decisions for discharge are different overnight than they are during the daytime, or evening.

- Aware of when it is appropriate to review patients remotely or directly and able to teach these principles to others. (KC 2; SLO 2)
- An overnight HST (higher specialty trainee) (often as the only Senior Decision Maker), has to decide which patients need to be reviewed first hand, and which can be relied upon to be reviewed remotely, as the staffing resources are limited, with no ability to delegate this overnight.

- Be expert in fluid management and circulatory support in critically ill patients (KC 2; SLO 3)
- Overnight there are limited senior ED staff, and depleted critical care staff, sometimes with varying seniority and competency.

- Effectively lead and support resuscitation teams (KC 5; SLO 3) with depleted staff and resources overnight this can be challenging.

- Provide expert leadership of the Major Trauma Team (KC 2; SLO 4) Able to provide expert leadership, particularly in a TU where the consultant can be up to half-hour away, as per the TQUIN TU standards is also a key skill demonstrated overnight with a limited pool of clinicians and seniority.

- Be able to lead a multidisciplinary paediatric resuscitation including trauma (KC 2; SLO 5)
  The ability to lead a paediatric resus, particularly if traumatic when the usual back-up services of paediatrics are less familiar / comfortable with the situation. Or when working in a department with no in patient paediatric services to provide immediate support.

- Have the knowledge and psychomotor skills to perform EM procedural skills safely and in a timely fashion (KC 2; SLO 6)
  If a procedural skill is required overnight, the RDiT HST will need to be level 4 / independent as there is unlikely to be any back up.

- Able to supervise and guide colleagues in delivering procedural skills (KC 3; SLO 6)

- Have expert communication skills to negotiate manage complicated or troubling interactions (KC 1; SLO 7)

- Behave professionally in dealings with colleagues and team members within the ED (KC 2; SLO 7)

- Work professionally and effectively with those outside the ED (KC 3; SLO 7)

- Able to provide support to ED staff of all levels and disciplines on the ED shift (KC 1; SLO 8)

- Able to liaise with the rest of the acute / urgent care team and wider hospital as shift leader (KC 2; SLO 8)

- Will maintain situational awareness throughout the shift to ensure safety is optimised (KC 3; SLO 8)

- Will anticipate challenges, generate options, make decisions and communicate these effectively to the team as lead clinician (KC 4; SLO 8)
    - all the four KCs in SLO 8 (leading the shift) will require them to be demonstrated in the absence of another member of staff onsite in the ED to supervise them, or bounce things off. Often when there is only one HST, as is the case in smaller depts., it is up to the HST to determine who their sounding board will be if they require one; is it the NIC (Nurse in Charge), or do they potentially look at nominating a “wing-person” e.g. an ST3, relatively senior SAS / LED; or even competent & sensible senior SHO (tier 2 grade), and knowing when to ring, and not ring the consultant