

## Overnight Intensivist Survey

1. For how long have you been practicing Critical Care medicine?

- 0-2 years
- 3-5 years
- 6-10 years
- 11 or more years

2. This set of questions is designed to elicit your opinions about **resident autonomy, supervision and safety overnight**. Consider your experiences as the overnight intensivist when answering these questions. Please rate the extent to which you agree or disagree with the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
For most new admissions, I expect the housestaff to have developed a comprehensive plan without my input.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housestaff are engaged in decision-making about new admissions overnight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been situations overnight where I felt patient safety was at-risk due to lack of supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel patients are equally safe during the day and night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to admit the patients assigned to me overnight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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3. This set of questions is designed to **characterize the educational atmosphere that exists overnight**. Please rate the extent to which you agree or disagree with the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
In general, I feel teaching is one of my duties as the overnight intensivist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is not enough time to teach during my overnight shifts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housestaff are interested in being taught overnight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Approximately, how many times have you **explicitly taught overnight** in the past three months?

- Never
- 1-3
- 4-6
- 6-8
- >10

5. This set of questions is designed to describe **trainee-attending communication overnight regarding clinical situations**. How frequently are you contacted by the housestaff during the following scenarios?

	Always	Sometimes	Rarely	Never	N/A
Patient with new and sustained RR > 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient with new and sustained HR > 130	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient with new and sustained SBP < 85 or MAP < 50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intubation or re-intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accidental or self-extubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiation or addition of vasopressor therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiation or reapplication of non-invasive ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiation of neuromuscular blockade and/or paralytic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of pulmonary vasodilator therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defibrillation or cardioversion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transcutaneous pacing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for urgent/emergent consultation with other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any change in code status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient death (expected or unexpected)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marked nursing concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An angry family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member requesting a meeting with attending physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Consider the areas in which you feel you provide the most guidance or input to the housestaff. Please **select the top five topics that housestaff need your help with overnight**. We recognize that there are situations for which you must be present (e.g. CVL placement). Please only include those situations if you feel you provide significant guidance beyond your supervision.

- Ventilator management
- Antibiotic choices
- Vasopressors
- Sedation
- Tachyarrhythmias
- Transfusion of blood products
- Running a "Code Blue"
- Neuromuscular blocking agents
- Procedures (CVL insertion, arterial line)
- Bedside ultrasound (e.g. TTE, IVC flattening, etc.)
- Family and patient communication
- Nurse-resident conflict
- Intern-resident conflict

7. At what point do you **usually** hear from the on-call resident about a new admission?

- After receiving the bed assignment page
- After ED sign-out has been received
- When the patient arrives in the ICU
- When the patient is ready to be staffed
- Some other time

8. At what point do you **prefer** to hear from the on-call resident about a new admission?

- After they receive the bed assignment page
- After ED sign-out has been received
- When the patient arrives in the ICU
- When the patient is ready to be staffed
- Some other time
- No preference

9. How do you communicate with the housestaff overnight?

- Pager
- Cell phone
- Pager and cell phone
- Some other way

## Overnight Intensivist Survey

The goal of this survey is to improve the interactions between housestaff and the overnight intensivist. Please tell us candidly what does and does not work for you when you are on call overnight in the spaces below.

10. Consider the nights you've been on call and your interactions with the overnight housestaff have gone well. What are some of the behaviors or actions which promote this **positive experience**?

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11. Unfortunately, not all interactions with the overnight housestaff go well, but the Division is working to improve this experience. What are some issues that you've encountered with housestaff overnight? Please do not include the names of specific residents.

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