Emergency Medicine Australasia (2019) 31, 122-123

TRAINEE FOCUS

The game: Tips on owning the night shift

Emma CARLIN

Emergency Department, Hutt Valley District Health Board, Lower Hutt, New Zealand

You have been playing the night shift game for a few years and have the basics under your belt. You can reset your body clock like a Swiss watch, you have a slick pre-nights routine, and you know where serves the best late night coffee/early morning beer.¹ This is not your first rodeo. But now the moment has come and everyone is looking to you – it is time to step up.

Pregame prep

Arrive 10 min early. Sit somewhere quiet with a cup of coffee, tea or whatever else ritualistically comforts you and open the tracking screen. Before handover, go through the board by yourself to see what is in store. Quickly read through the plans so that when handover happens you have a head start and already know what is going on.

Handover

Be brutal. This is where mistakes happen.^{2,3} Ask every question you need to and then one more. Pin people down for plans and do not be afraid to ask people to do some tasks before leaving. It seems harsh when people are trying to go home, but it will make your life easier and it is better for patient care. Get a solid grasp of what the problems are and what potential problems could arise. Make sure you are happy with the department before your on-call consultant heads home. Try to get the late shift off on time - chase them out if you have to.

Logistics

At night you will learn how your department actually works. Flow is no longer just a problem for urologists; know what is already here, what is coming in next and what is stopping patients from leaving. Think about the staff you have, where they are being deployed, and what extra help you can get if everything turns to chaos. Liaise with your Co-Captain - the Nurse in Charge. Run through the board with them regularly and make sure you are both on the same page.

The game plan

Night shifts are a different ballgame. You are working with half a team but the patients seem to be sicker. They are certainly drunker.³ Go back to basics: You live and die by the vital signs. The elderly have more pathology and present abnormally. Beware the drunks – most are fine but they look identical to the ones that are not.

Are you happy sending that patient home? If the answer is no then keep them. Sometimes a clear head and a fresh set of eyes will solve the problem.⁴ People might grumble in the morning handover but people have been grumbling in morning handovers since medicine began. Trust your instincts.

Ask for help. An arrogant registrar is a deadly registrar. If you play this game long enough you will have to call your boss in at some point so

Correspondence: Dr Emma Carlin, Emergency Department, Hutt Hospital, High Street, Lower Hutt 5010, New Zealand. Email: Emma.Carlin@ccdhb.org.nz

Emma Carlin, MBBChBAO, BA, Emergency Registrar.

Accepted 16 December 2018



get over that stumbling block now. FACEMs in general are a friendly bunch and they would rather you woke them up than caused a patient harm.

Take care of your team

ED is a team sport and you need to know yours. Know who never fails intravenous cannulas or who is an ultrasound guru. Delegate early and often. At night you need to come up with inventive ways to fix problems so talk to your team – you will be surprised what skills people have hidden. Know your specialty teams too and leave the fights for daylight – at night we all play on the same pitch.

Look out for your team and they will look out for you. Make sure breaks are taken and let the SHO take a nap when it is quiet.⁵ Make cups of tea for triage nurses and have a kind word for the surgical reg. Bring communal snacks and encourage post nights breakfast. You will not be able to fix everyone's problems but if you treat your team with kindness then everyone's lives are easier. And one day when you need that kindness your team will be there for you.

Look after yourself

Take your breaks. Eat well and consistently.⁶ Keep snack bars and a water bottle on hand. Go to the bathroom. Bring a sweater for 04.00 h when your circadian rhythm punishes you for arrogantly assuming you could ignore human nature. And sometimes when it all gets too much take 5 min. We have all been there my friend. We know what it is like.

Stop, breathe and then get back out there.

The final score

The night shift is where most of us get the taste of running the department for the first time. You will learn more about medicine, leadership and yourself during those twilight hours than ever before. Stepping up is scary but keep your cool, trust your team and remember – the night shift is our game and we play to win.

Competing interests None declared.

References

- Best of the web on night shift and fatigue management. *Emerg. Med. Australas.* 2014; 26: 505.
- Marmor GO, Li MY. Improving emergency department medical clinical handover: barriers at the bedside. *Emerg. Med. Australas.* 2017; 29: 297–302.
- Farhan M, Brown R, Vincent C, Woloshynowych M. The ABC of handover: impact on shift handover

in the emergency department. *Emerg. Med. J.* 2012; 29: 947–53.

- Marcus L, Liew D, Knott J. The effect of nightshift on emergency registrars' clinical skills. *Emerg. Med. Australas.* 2010; 22: 211–5.
- Purnell MT, Feyer A, Herbison GP. The impact of a nap opportunity during the night shift on the performance and alertness of 12-h shift workers. J. Sleep Res. 2002; 11: 219–27.
- 6. Gupta C, Dorrian J, Centofanti S et al. The impact of a meal, snack, or not eating during the nightshift on driving performance. J. Sleep Res. 2017; 26: 6.