

## **Guidelines for Kuakini Medical Center General Surgery Rotation** (Formulated by a previous Chief Surgical Resident)

Welcome to Kuakini Medical Center! The typical patient is in the Geriatric age group. As such, you will see a great variety of disease processes and participate in the surgical management of these conditions. You will also have a chance to become familiar with the unique challenges of working with the Geriatric population including changes in physiology with age and chronic disease and the associated psychosocial issues. Please take a moment to review these guidelines. This sets the ground rules for a meaningful rotation. If you have any questions please ask the Chief Resident.

### **Surgery Team Care:**

The Surgery Team is comprised of a Chief Resident and three PGY 1 residents. The Chief Resident is your immediate supervisor. Only attendings with Team Care privileges are allowed to participate with the Resident service. Residents can only provide patient care or participate in procedures with the supervision or authorization of a Team Care Faculty Attending. Those Attendings not on the Team Care Service will be told to you by the Chief Resident, and the Program Office has a listing.

A Team mentality is essential to a successful rotation. **YOU CANNOT DO EVERYTHING ALONE.** Know when to ask for help and be willing to help when you can. You will need to cooperate with your fellow Residents and Medical Students to get things done in a timely manner.

<b>Average call schedule:</b>	every third night in house
<b>Days Off:</b>	one day a week (either Saturday, Sunday or Monday)
<b>Average patient load:</b>	2-10 patients
<b>Average admits on call:</b>	0-3 patients
<b>The day ends when:</b>	by noon when you are post-in house call and you are excused by the Chief Resident.

Your patient list will be comprised of patients you admitted on your on-call days as well as the patients operated on by the Chief Resident on your on-call days. You will assist in the management of these patients with the Chief Resident.

The ACGME 80 hour work week will be strictly enforced. As such, **efficiency is the key** to maintaining excellent patient care. Emphasis should be on:

- Ordering studies in a timely manner so they are available before you leave.
- Following up on all studies and patient-care issues prior to leaving the facility.
- Efficient communication with all members of the team, especially the Attending Surgeon, Chief Resident and Resident on-call.

Please let your Chief Resident know of any violations of the ACGME work hour regulations immediately.

**Despite the work hour regulations – you are still required to provide comprehensive and quality patient care and ensure that patient-care issues are not ignored when you are away.**

During your day-off, your patients will be seen by your other Team members. It is essential that adequate sign-outs be provided and that you take care of all foreseeable issues before your day-off to help your Team in caring for your patients.

### **When On-Call:**

You will be on call every third night. The call schedule is made to provide a fair and balanced amount of calls for all Residents within the ACGME guidelines. **You may not change the call schedule without permission from the Chief Resident and the Program Director of the General Surgery Residency. All on-call schedules are also submitted to the Program Office for the Program Director to concomitantly review.** There is limited flexibility in the call schedule. As such, you can expect that your personal activities outside of work may conflict with your call schedule. You are to make the appropriate arrangements to ensure that you meet your professional and educational obligations.

**The call room and conference room is for sole use by the Surgical Residents and Medical Students rotating on Surgery. Guests are not allowed to stay in the call room at any time.**

**Sleep, although valuable, is not mandated during a call night. You should only sleep when all tasks are completed and all patient-care issues addressed. This includes completing all dictation and medical record obligations.**

Each call period lasts 24 hours, beginning at 0600 to 0600 the following day.

You will have six hours beginning at 0600 to 1200 on your post-call day to:

- Follow-up on patient-care issues (labs, imaging, consults, etc.)
- Communicate with Attendings and staff regarding patient management.
- Scrub in on cases of patients already admitted to your service.
- Provide adequate sign-out to your Team members.

You **must** leave the facility by 12 noon on your post-call day.

On-Call duties include:

- Assessing all surgical consults through the Emergency Department.
- Assessing all surgical consults from other Services in the Hospital.
- Addressing all patient-care issues on patients admitted to Team care.
- Keeping the Chief Resident informed of all cases that may need emergent surgery or require attention beyond your capabilities.
- Covering operative cases.
- Fulfilling all tasks assigned to you by your Team members.
- Checking all patients 4-6 hours after surgery and writing a post-op note in the chart.

**When called by the nursing staff that a patient's condition has changed (i.e. worsening pain, shortness of breath, chest pain, low urine output, increase drain output, etc.) you are to physically see the patient and complete a thorough assessment and plan. If necessary, the Chief Resident and Attending Surgeon should be notified immediately after you have assessed the patient.**

## **ICU Patient Care**

There is no separate ICU team. Intensivists do not automatically follow patients unless consulted. Daily plans and orders are discussed during morning ICU team rounds. On-call Residents are expected to visit the ICU during evening and night shifts to monitor patients' clinical status.

Residents are to participate in ventilator management with the pulmonologist or intensivist. Only Respiratory Therapists are allowed to physically manipulate the ventilator settings.

No "routine" ICU labs or X-rays exists. Do not order daily labs or X-rays.

## **Educational Conferences:**

Attendance for these conferences is **mandatory for all residents**. With rare exceptions, no resident is to be in the OR. During Wednesday Morning Conferences at The Queen's University Tower, no Resident is to return any pages until all academic activities are completed. This is protected educational time. During your rotation you will be asked to present at Attending Rounds, Tumor Board and Morbidity and Mortality Conferences. You are expected to be prepared for these conferences and participate fully in the discussions.

Wednesday: 0700 – 1100. Educational Conferences at The Queen's University Tower  
1130 – 1230 Attending Rounds with Dr. A. Oishi or Dr. J. Machi at Kuakini Medical Center

Thursday: 0730 – 0830 Tumor Board Conference  
1130 – 1230 Attending Rounds with Dr. M. Mugiishi

Friday: 1245 – 1345 Mortality & Morbidity Conference

## **Medical Students:**

There are usually 2-3 Medical Students rotating and taking call alongside you on the Surgery Service. It is your responsibility, as those before you, to teach them and provide guidance. Your attitude and interactions with them can greatly affect how meaningful this rotation becomes. Your duties include:

- Providing timely constructive criticism and praise in a professional manner.
- Providing "clinical pearls" that will aid them when they become residents.
- Reviewing their notes and orders and allow them to function as Team members in patient management.
- Supervise any procedures as needed.
- Assisting them in learning to write notes, orders, admissions, discharges, consults.
- Involving them in all aspects of patient care.
- Ensuring that the learning experience is meaningful.

## **Professionalism**

You are expected to perform your duties in a professional manner following the ethical standards established by your profession. Some of the basic expectations are that you:

- Dress appropriately. Clean scrubs with a clean white lab coat are appropriate. Wear your Identification Badge at all times.
- Maintain your personal hygiene. Bathroom facilities are available in the call-room.
- In keeping with HIPAA guidelines, keep all patient information confidential.
- Communicate with all Hospital personnel in a respectful manner.
- Communicate with all patients and their families with respect and compassion.
- Sexual harassment, as defined in the Resident's Handbook, will not be tolerated.
- Avoid any physical or verbal confrontation.
- Abuse of any kind, either from you or towards you, will not be tolerated and should be reported immediately to the Chief Resident, to the Director of Surgical Education, or to the Program Director and Chairman.

## **“THE DAILY GRIND”: A Typical Day At Kuakini Medical Center**

### **Morning Pre-Rounds: Wake up and give yourself enough time to see all your patients!**

All Residents are expected to round on all their patients before team rounds at 6:30 am.

- Review all the events and orders since you last saw the patient.
- Review all pertinent laboratory data and imaging studies.
- Complete a focused interview and physical exam

Enter a complete progress note in the patient chart following the “SOAP” format.

Write appropriate orders. More expensive studies including: CAT scans, MRI, invasive procedures, physician consults and the removal of drains should be discussed with the Chief Resident. If you have any questions, consult the Chief Resident.

Only the Chief Resident will determine which patients do not need to be seen in the morning.

Notify the Chief Resident immediately when unforeseen events will prohibit finishing your patient rounds prior to Team rounds

Medical Students' notes are for educational purposes. You are responsible to review their notes and provide timely feedback. Co-sign these notes only after thorough review and corrections. It is acceptable to make your own note brief when the Medical Student's note is appropriate. Your note, however, should include an independent assessment and plan.

### **Team Rounds: 0630 in the ICU (if no ICU patients meet in the conference room)**

Be on-time!!

Each Resident should be **thoroughly** familiar with their patients. This is the only time that the full Team formally meets and systematically reviews all patients.

Be ready to present assessments and plans to the Chief Resident. Read ahead of time.

ICU patients are presented by organ systems.

Any patient care issues discussed during team rounds should be taken care of immediately.

### **Operating Room Duties: First cases usually start at 0730**

Your cases will be assigned by the Chief Resident at least a day in advance. You are expected to read about your cases and be prepared.

See all patients before surgery and write a brief pre-op note in the patient chart.

- Patients are either located in the 1<sup>st</sup> floor ambulatory center or Operating Room holding area.
- Interview and exam patients and make sure there is an H&P in the chart.
- Review their medical history as this will impact on your post-operative management.
- Make sure the appropriate consents are filled-out and signed.
- Ensure that the appropriate preoperative antibiotics are ordered and available.
- Establish your relationship with the patient and their family.

Assist in transporting patient onto/off the Operating Room table. Help place lines, foleys, venodynes, etc.

Assist Attending/Chief Resident during the procedure

- Help with retraction
- Assist with keeping the field clean and visible (suction, dabbing blood, etc.)
- Be prepared to cut sutures when needed.
- Practice your knot-tying since you may be asked to place ties.
- Practice suturing techniques. (extra suture and ties are available in the conference room)
- Increased participation will be at the discretion of the Faculty Attending.

Write post-operative orders.

Immediately write a brief operative note in the patient chart.

Immediately dictate the procedure if you did 50% or more of the case.

Post-op check your patients before you go home or sign this out to the Resident on-call.

### **Mid-Day Rounds: To be done when you are free from any other duties**

- You are expected to see your patients later during the day to evaluate progress, reassess, review notes from the Attending, consultants, ancillary services, etc.
- A note is not necessary unless it is to update your morning note of any important events or data.
- Write appropriate orders based on any new information.
- Be proactive in patient care. When unsure, discuss all issues with the Chief Resident.
- **Update the Surgical Team Care Patient List on the computer at least once a day. This provides readily available information to your Team members on the Service and aids in cross-coverage.**

### **Discharging Patients:**

- Fill out the discharge order forms appropriately.
- You may order, “Discharge if OK with Attending.”
- **Medications, especially narcotics, are not to be prescribed by Residents for discharge at Kuakini. You may fill out the script, but leave it for the Attending to sign with their DEA number.**
- Discharge/transfer summaries should be dictated ASAP, preferably before discharge.

### **Medical Records & Dictations:**

You are required to complete all dictations and medical records in a timely manner. The patient load at Kuakini Medical Center is such that you should be able to keep up with your charts without problems.

Your dictation number and instructions on the dictation system will be provided at the beginning of your rotation. Dictated summaries should provide all the necessary information that details a patient’s hospital course. Dictations that are inadequate will be returned to you for your revision.

Patients being transferred to another facility will require that a STAT transfer summary be dictated.

**You are also required to dictate an interim summary at the end of your rotation on patients you are handing over to the incoming Residents.**

### **Bedside Procedures:**

Interns (PGY-1) are not allowed to perform central venous catheter placements or tube thoracostomies without supervision by an Attending Surgeon or the PGY-5 Chief Resident, until they are signed off formally, based on turning in of the requisite procedure cards to the Program Office in The Queen’s University Tower (see Section in this Guide, “Resident Responsibilities” for additional information). These procedures require informed consent.

Portable ultrasound is available for difficult venous access in the Emergency Department.

**No procedure can be done without a Team Care Surgical Faculty Attending on record.**