

CHIEF NOTES: **SURGERY** (6/09)

- 3rd year resident should assign patients to residents on service in a timely fashion so that all residents can complete rounding and notes prior to General Surgery rounds. Patients should remain with residents unless there are gross imbalances in patient loads.
- Provide attendings with updated patient list daily.
- General Surgery Rounds: 7:30 AM Mon-Fri for teaching rounds.
- ALL RESIDENTS REQUIRED TO ATTEND UNLESS IN O.R. or busy on CALL. IF NOT GOING TO BE THERE PATIENTS NEED TO BE SIGNED-OUT TO CHIEF.
- Peds Ortho to be followed by Surgery Resident. Overnight Adult Ortho admissions to be admitted by Surgery resident and turned over to Ortho attending in AM. Page Ortho PA to check out overnight events on patients. He will page On-Call Surgery resident in PM to sign out Ortho patients. Post Op checks should still be done by Surgery team on Ortho patients.
- Assign residents to cases in OR—update resident names on OR board daily. (assign night before for 0730 cases.)
- Make sure all cases are post-op'd or at least delegated to someone to post-op.
- Cases to scrub: General Surgery has top priority. You may scrub on other surgeries if you want to. If additional surgeries need a resident the order of coverage for the OR should be as follows: OR resident for the day then Surgery Call resident if not busy then Resident at Anacapa. IF all these residents are busy contact Chief on Medicine or 2nd Year Medicine resident on call to see if Medicine Intern on call is available. If they are busy contact Chief Resident (Eric or Joline) for coverage.
- Early in the year, there will be an upper level "Surgery Mentor" resident on call with the interns. They are expected to come to 7:30 rounds to be familiar with the service. They are NOT expected to round on surgery patients in the morning. They will be in clinic until 5pm. After 5pm, they should be available to the intern for any questions, provide oversight with admissions, help with procedures, and respond to all traumas. They can be within 10 minutes of the hospital, as applies to the rest of the surgery team, and should generally be in-house whenever the intern is in-house. They are expected to be at teaching rounds post-call to contribute.
- Provide interns taking surgery call with info regarding resources if questions/problems arise overnight: if they do not have a Surgery Mentor on call with them they may contact the in-house float/ICU resident or Med/Peds H.O. with questions. Feel free to give your teams extra guidance as you see fit (some chiefs in past have been available by pager if interns need help overnight)
- One day a week, a "Guest Surgeon" resident from an outpatient rotation will take surgery call. Their call starts at 6:30, and they are expected to come to 7:30

rounds to be familiar with the service. They are NOT expected to round on surgery patients that morning, but should write notes post-call on the patients they admitted before midnight. Their call and post-call responsibilities are otherwise the same as if they were on the surgery rotation.

- MANDATORY Surgery Morbidity and Mortality Conference at 7am on 3rd Thursday of every month. All surgery residents expected to attend.
- Code Yellow: Interns do not run Code Yellows. It is the Surg 2,3, MP 2 or ICU.
- Residents who participate in c-sections while on call are expected to follow the Mom until d/c. Make sure baby gets added to appropriate clinic attending list and orders are written. If off, discuss with OB chief to arrange rounding.
- Please give tumor/chest pt to MP chief by Wednesday each week.