Resident Expectations, Duties & Advice

Ward Work

You are responsible for the care of the ward patients on your team, in conjunction with your senior and/or chief resident and your staffperson.

Charts

Daily notes are to be completed on each chart. The only exception is the ALC patient awaiting placement. Those charts should have notes at least each week, and if they are any changes in the patient's condition, or plans for placement.

Discharge summaries must be dictated for each patient that is admitted for 7 days or longer or for any patient who has multiple issues, or needs multiple follow-up investigations or appointments. If there are any issues that are expected to be followed by the family doctor in the short term, it is best to place a call to the family doctor to update them.

The face sheet of the chart needs to be completed for each patient regardless of length of stay. This must be done in detail including all patient diagnoses, and procedures.

All procedures on patients must be documented in the progress notes; central lines have a separated sheet that needs to be completed.

If the clinical clerk is writing daily progress notes, you are responsible to monitor the quality of those notes.

Patient Rounds

You are expected to round on your patients prior to the beginning of 0715 teaching rounds. Although you may not be able to finish at that time, you should check on the ward to be sure there are no urgent issues and to look in on your sickest patients. You may complete more thorough rounds later in the am. It is essential to check your patients prior to going to the OR for the day. Afternoon rounds should also be done, to check on investigations, labwork, and patient progress. This round should not take you too long and must be done before you go home. If there are any
ongoing concerns, or additional issues that need to be followed through the evening, please communicate with the resident on call for the evening.

Most wards have clipboards at each end of the ward that need to be checked each day and the issues dealt with, this includes medication reorders, and other nursing identified issues for you to deal with.

Please look for the nurse assigned to your patients when you are seeing patients. Make sure you communicate directly with the nurse regarding patient care, and any new orders or changes to existing orders. The ward nurses are with your patients all day and night. Talk to them; ask them for their opinion about the patients. Check with the nurses, do they have any orders that need to be written or co-signed, do they have any concerns about the patients.

When your Staffperson arrives on the ward, greet them and check to see if they want you to accompany them on walk around rounds. Even if you have already seen the patients, with your senior, here if an opportunity for your staff to give you bedside teaching. Ask the staffperson questions, especially around physical exam findings and what is normal for the post op courses of your patients.

**Multidisciplinary Rounds**

Check with your particular unit if these rounds are being held. Typically these are held once per week per team. These rounds allow all the involved health care providers to review patient progress and plans. It is especially valuable for discharge planning and for communication amongst your colleagues. Please make every attempt to attend these rounds.
Surgical residents are expected in the operating room whenever their staff person has a case. They are expected to arrive in sufficient time to assist with patient transfer, positioning and review the chart if they are not already familiar with the case. Residents participating in the surgery are expected to be familiar with the patient’s history, physical findings, investigations, the rationale for the planned operation, and the specific steps and surgical techniques. You are expected to be ready to discuss the case, and actively participate in the discussions. This is essential to good patient care. Many aspects of excellent surgical care involve the pre-operative planning and communication. Do not ever show up late to the operating room, unprepared, and expect to start cutting. Just as the staff surgeon is expected to manage his/her time schedule to show up on time, so must the resident.

If you are post call, you are expected to still come to the Operating room if your staff is operating. You may leave at 12:00 as per the PAIRO guidelines. You ultimately are only cheating yourself of experience if you leave earlier.

Junior residents are expected to scrub into cases. You are encouraged to demonstrate any knowledge you have acquired with relevant questions. During the case, a junior resident can learn through observation: for example, what incision is being used and why, how do you get the best retraction, lighting, exposure. What are the steps of the operations, what are the pitfalls at each point in the operation? Which instruments are being used and why? How is the best way to hold and use those instruments? What are the alternatives? How can you contribute as an assistant? Learning to be a good assistant is one of the first steps in becoming a good surgeon. Gradually, junior residents will be assigned certain tasks within an operation, and with time the frequency and number of tasks will increase.

Introduce yourself to the operating room staff and let them know your position. Make sure you are present at the end of the case to assist with patient transfer off the OR table and then into the PACU. Some operating rooms want the resident to get out their own gowns and gloves to give to the scrub nurse with each case; check with your nurses, what they prefer.
More senior residents should make a point of discussing their particular learning goals in the Operating room with each surgeon they work with. Take the lead in asking for feedback on technical skills, and any advice the staffperson has for you.

Offservice residents will also be expected in the operating room. This will provide them with exposure to common cases, living anatomy, and principles of surgical decision making. They may also be needed as surgical assistants.

**Emergency Department coverage**

When your staffperson is on call, you will be on call for general surgery consultations during the day 0800 – 1700. The emergency physician may call you directly with a referral. If you are a junior resident, it is best to let your senior know about the referral. If you have a conflict with your required attendance in the operating room or in the clinic, please discuss it with your chief resident or your staffperson. Patients in the ER are not to be left waiting. It is reasonable to expect the patient to be seen within one half hour of referral, sooner if the patient is unstable, or deemed urgent by the Emergency Physician. If you have any doubt, call for backup to your chief resident or staffperson.

No patient seen in consultation in the ER is allowed to be discharged, admitted, transferred, referred to another service or have any type of invasive procedure performed upon them without the knowledge of the attending surgeon.

All patients seen in the ER are to have a note dictated. Clinical clerks are allowed to dictate only after you have personally reviewed the case with them. You are then responsible for the quality of that dictated note. If it needs to be revised you will be invited to do so.

Please keep the green sheet from the ER record to give to your staff person.
Clinics

Residents are expected to attend at least one outpatient clinic per week. Please check with your staffperson for times and locations. If you have more than one staffperson, you may not be able to attend both clinics, each week.

“LUMPS & BUMPS”/ ENDOSCOPY

Be sure to attend as many of these out-patient procedure clinics as possible. This is an excellent chance to get extra experience with cases that you will never see done in the operating room.

On Call Duties

All Residents are expected to participate fully in the on call schedule. If you are junior you may be paired with a senior resident until you are deemed capable to take call on your own. The frequency of call will depend upon the number of residents participating, holidays, etc, and within PAIRO agreements. Please see the call guidelines for the General Surgery Program. When on a General Surgery rotation, a General Surgery resident is expected to take one in four call regardless of the number of residents. This is to maximize your operative exposure. When there are two residents on call, first call will go to the senior resident. The senior resident will then decide whether to send the intern or junior resident or clinical clerk to see the patient. Clinical clerks should not be sent to the emergency room by themselves until the senior resident has had a chance to personally review the referral and be certain it is appropriate for the clerk to start with. If there are pediatric surgery referrals in the ER and you are detained in the OR, please let the pediatric surgeon know so they may attend to the patient. This principle holds true for all surgical referrals, patients referred from the ER should not be left waiting. If you are detained with other responsibilities, let the attending surgeon know.

Please see the guidelines regarding the notification of the Most Responsible Physician.
On the lighter side:

Grant's Rules to Survive a Surgical 32.1 Residency (modified By Walton)

1. Trust no-one, take names. Anything important, check it yourself.
2. Eat when you can, sleep when you can.
3. Don't mess with the pancreas.
4. Friday is bow tie day (or once a week wear something nice, so everyone knows you still own clothes).
5. Don't make the Nurses the enemy. Treat them with respect, and try to get along. Don't forget however, that they will all jump off a sinking ship together, leaving you to drown.
6. With respect to rule #5, you will always pay if you piss off the enemy.
7. Everything you know, someone taught you. Pass it along. Not only will they appreciate it, but it will make your job easier. If you have a junior/intern/clerk on call with you, any time they save you in not having to write notes etc, you should spend teaching them something.
8. The only bleeding you should panic about is that which you can hear (and your own).
9. All bleeding stops eventually.
10. The spleen is not your friend. Platelets and the stomach are your friends.
11. The boss is always right. It is a privilege to take care of their patients.
12. In the event that the boss is wrong, see rule # 11. Remember he or she has years of experience, and it is their patient. (The above two rules may be ignored in the case of an ethical decision, unless of course you have no morals).
13. There are only two reasons for not doing a rectal exam: i.) no finger and ii.) no rectum.
14. Big Brother is watching. Although it may not seem like it, everyone knows who works hard, and who goes the extra mile.

Rules of Surgery 32.2

1. The Staff Surgeon is always right
2. If the Staff Surgeon is wrong refer to Rule Number One
3. The stomach and the platelets are your friends. The pancreas and the spleen are not
4. All bleeding stops
5. If you do not eat you die
6. Always scope the patient yourself

D.C. Downie M.D., 1996
Tips for Success on the Wards

These Tips Come from a Variety of Sources: Your Staffpeople, Nurses and Previous Residents.

- Call Computer Services for a password and access to the hospital EMR
- Fill in requisitions for tests.
- Inform the RN of any STAT orders
- Flag all other orders
- Discharges need to be planned in adequate time to meet patient/family and home care needs. Discuss discharge plans with R.N. and attending physician. Write orders and scripts the day before discharge.
- Organize your bloodwork, i.e., try to order everything you want the first time so the patient isn't poked multiple times
- If you tell a patient you are going to change an order or their diet, don't forget to write the order.
- It's OK to peek under dressings or take them off, just make sure you let the nurse know that you have done that so she can redo it.
- When you first come to the ward, let the staff know who you are and who you are working with and what your pager number is.
- Try to return pages promptly, check your pager in between cases in the OR
- Sign out your pager when you are off call or not in the hospital
- If you want a consult from another medical service, you must call them yourself.
- Learn how to work the ECG machine. (contact the ECG technician to arrange a teaching session if required.)
- Call your senior resident when you are unsure about something, or if a patient is sick, it is always better to call than to have to answer in the morning why you didn't call.
- Before retiring at night (if you get a chance!) go to the ward and check to see if they need anything, best time to check is around 11 o'clock, this might save you some phone calls later.
- If you have any questions, concerns or suggestions, please let your CTU director know.