

The EGS Service will function 24 hours a day / 7 days a week,
As a Chief Resident Run - EGS Attending Supervised

EGS Attending of the Week:

1. Oversees and supervises the service with the chief resident, and has ultimately responsible for all aspects of patient care and management
 - a. OR, Clinic, Floor
 - b. House staff: Chief resident, R3, R1, NP
 - c. Case Management
2. Runs Daily Teaching Rounds
3. Completes weekly resident and medical student evaluations.
4. Is available for emergent / urgent consultations while on service (Clearing weekly schedule for availability)
5. Back-up EGS attending should be on campus and can help staff additional cases.

Chief Resident

1. **Administrative Responsibilities:**
 - a. Manages the day to day workings of the service.
 - b. Add input to Junior level and Medical Student clinical evaluations
 - c. Prepares the call schedule for the house staff and medical students
 - i. Maintain 80 hours work week.
 - ii. Will assign one of the following responsibilities to the R1's: On call (floors call), OR responsibilities or post-call (home by 11am).
 - iii. Will assign cases to residents based on skill levels
 - d. Elective EGS Cases: Residents are "*welcomed, but not expected*" to cover the cases. The chief resident will notify the attending if a case will be covered.
2. **Clinical Responsibilities:** Distributes work load based on the level of clinical experience needed for the individual patient
 - a. OR
 - i. The operating surgeon (with the attending) on major cases.
 - ii. Will be expected to be the teaching surgeon to a junior resident for junior level cases.
 - iii. Will be expected to come in for after hour cases. (With the exception of minor cases).
 - b. EGS Clinic
 - i. Will Run the Chief Resident EGS Clinic - pre-operative and post-operative management.
 - c. Hospital / Floor / ICU
 - i. Runs Work Round on a daily bases and seeing every patient on the service daily
 - ii. Make daily decisions on EGS patients
 - iii. Discusses with families clinical course
 - iv. Plan hospitals discharges / dispositions
 - v. Follows the EGS evidence-bases / patient practice management protocols (www.traumburn.com)in place.

- d. Consults Responsibilities
 - i. Will see all consults with the junior resident(s), prior to staffing with the attending (When appropriate).
 - ii. helps coordinate appropriate work-ups, resuscitation, and dispositions
- 3. **Educational Responsibilities:**
 - a. Should independently run a weekly Medical Student EGS Conference
 - b. Trauma/EGS / ED Resuscitation Conference (Monday 11am)
 - i. Present pertinent EGS / ED cases from the past weeks
 - c. Acute Care Conference (Tuesday 12:00 noon)
 - i. Once a month the Chief resident or R4 will present a case management conference
 - d. M&M Conference (Wednesday 6:30 am)
 - i. Prepare for M&M

R4 Senior Resident

- 1. **Administrative Responsibilities:**
 - a. Manages the day to day workings of the service.
 - b. Add input to Junior level and Medical Student clinical evaluations
- 2. **Clinical Responsibilities:** Distributes work load based on the level of clinical experience needed for the individual patient
 - a. OR
 - i. The operating surgeon (with the attending) on major cases.
 - ii. Will be expected to be the teaching surgeon to a junior resident for junior level cases.
 - iii. Will be expected to come in for after hour cases. (With the exception of minor cases).
 - b. EGS Clinic
 - i. Will run Chief Resident EGS Clinic - pre-operative, and post-operative management.
 - c. Hospital / Floor / ICU
 - i. Runs Work Round on a daily bases and seeing every patient on the service daily
 - ii. Make daily decisions on EGS patients
 - iii. Discusses with families clinical course
 - iv. Plan hospitals discharges / dispositions
 - v. Follows the EGS evidence-bases / patient practice management protocols (www.traumburn.com)in place.
 - d. Consults Responsibilities
 - i. Will see all consults with the junior resident(s), prior to staffing with the attending (When appropriate).
 - ii. helps coordinate appropriate work-ups, resuscitation, and dispositions
- 3. **Educational Responsibilities:**
 - a. Should independently run a weekly Medical Student EGS Conference
 - b. Trauma/EGS / ED Resuscitation Conference (Monday 11am)
 - iii. Present pertinent EGS / ED cases from the past weeks

- c. Acute Care Conference (Tuesday 12:00 noon)
 - iv. Once a month the Chief resident or R4 will present a case management conference
- d. M&M Conference (Wednesday 6:30 am)
 - v. Prepare for M&M

Junior Resident (R2/3)

1. Clinical Responsibilities:

- a. OR
 - i. The operating surgeon (with the attending) on major cases.
 - ii. Should be the operative or assisting surgeon on EGS consult patients assessed by the R/23
- b. EGS Clinic
 - i. Will participate in the Chief Resident EGS Clinic - pre-operative, and post-operative management.
- c. Hospital / Floor / ICU
 - i. Manages the ICU and active consult patients with input of the Chief Resident / EGS Attending
 - ii. Make daily decisions on EGS patients
 - iii. Discusses with families clinical course
 - iv. Plan hospital discharges and Disposition
 - v. Follows the EGS evidence-bases / patient practice management protocols (www.traumburn.com) in place.
- d. Consults Responsibilities
 - i. The **Junior (R2/3)** is the **Primary Resident** responding to all EGS consults
 - ii. Must respond to all EGS consult pages in a timely manner
 - iii. Must Call the Consulting physician in a timely manner
 - iv. Must go see the patient in a timely manner
 - v. Starts a coordinate work-ups, resuscitation, and dispositions of the EGS consult patient
 - vi. Notifies the Chief Resident / EGS Attending in a timely manner for to staff all consults prior to final disposition.

2. Educational Responsibilities:

- a. Is the primary beside educator of the R1 and Medical Students
- b. EGS / ED Conference (Monday 11am)
 - i. Participates / presents pertinent EGS / ED cases from the past weeks
- c. Acute Care Conference (Tuesday 12:00 noon)
 - i. Once a month the Chief resident or R4 will present a case management conference
- d. M&M Conference (Wednesday 6:30 am)
 - i. Participates and may prepare / present at M&M
- e. Participates in the weekly EGS Chief Resident / Medical Student Conference

1. Clinical Responsibilities:

- a. OR
 - i. The operating surgeon (with the attending) on appropriate level cases.
 - ii. Should be the operative or assisting surgeon on all EGS consult patients assessed by the R1
 - iii. Will be assigned one of the following responsibilities: On call (floors call), OR responsibilities or post-call (home by 11am).
- b. EGS Clinic
 - i. Will participate in the Chief Resident EGS Clinic - pre-operative, and post-operative management.
- c. Hospital / Floor / ICU
 - i. Manage the floor patients with input of the Chief Resident / R3
 - 1. Is the first call for all floor patients
 - 2. Making daily decisions on EGS patients
 - 3. Discusses with families clinical course
 - 4. Plan hospitals discharges / disposition
 - 5. Follows the EGS evidence-bases / patient practice management protocols (www.traumburn.com)in place.
 - ii. Is the initial back-up for the NP for the floor patients
- d. Consults Responsibilities (When the R2/3 /4/ Chief Resident is unavailable)
 - i. Must respond to all EGS consult pages in a timely manner
 - ii. Must Call the Consulting physician in a timely manner
 - iii. Must go see the patient in a timely manner
 - iv. Starts a coordinate work-ups, resuscitation, and dispositions of the EGS consult patient
 - v. Notifies the Chief Resident / EGS Attending in a timely manner

2. Educational Responsibilities:

- a. Is the primary beside educator of the Medical Students
- b. Trauma/EGS / ED Resuscitation Conference (Monday 11am)
 - i. Present pertinent EGS / ED cases from the past weeks
- a. Acute Care Conference (Tuesday 12:00 noon)
 - ii. Once a month the Chief resident or R4 will present a case management conference

Nurse Practitioner

1. Administrative Responsibilities:

- a. Dictates All Discharge Summaries and prepare prescriptions
- b. Coordinate Patient Disposition with Case Managers on a daily bases
- c. Identified Study Patients for EGS Research

2. Clinical Responsibilities:

- a. EGS Clinic
 - i. Will participate in the Chief Resident EGS Clinic
 - 1. Pre-operative, and post-operative management per NP Protocols

- ii. Participate in all faculty EGS Clinic(s)
 - 1. Pre-operative, and post-operative management per NP Protocols
 - b. EGS Service Patient phone calls
 - i. Responsible for clinical patient calls (Refill Rx provided by EGS Clinic RN)
 - ii. Follow up calls for work-ups, Rx, medical reports, medical provides.
 - c. Hospital / Floor / ICU
 - i. Manages the floor patients with input of the Chief Resident / R4
 - ii. per NP protocols
 - 1. Management, care & patient teaching of the following:
 - a. Wounds
 - b. Wound Vac systems
 - c. Ostomy
 - d. Drains
 - e. Lines & drains
 - iii. Discusses with families clinical course
 - iv. Plan hospitals discharges and dispositions
 - 1. Patient Teaching
 - 2. Wound Management Coordination
 - v. Follows the EGS evidence-bases / patient practice management protocols (www.traumburn.com)in place.
 - d. Consults Responsibilities (When the R1 / R3 / Chief Resident / EGS Attending is unavailable)
 - i. Must respond to all EGS consult pages in a timely manner
 - ii. Must Call the Consulting physician in a timely manner
 - iii. Must go see the patient in a timely manner
 - iv. Starts a coordinate work-ups, resuscitation, and dispositions of the EGS consult patient
 - v. Notifies the Chief Resident / EGS Attending in a timely manner
- 3. Educational Responsibilities:**
 - a. Trauma/EGS / ED Resuscitation Conference (Monday 11am)
 - i. Present pertinent EGS / ED cases from the past weeks
 - b. Acute Care Conference (Tuesday 12:00 noon)
 - i. Once a month the Chief resident or R4 will present a case management conference

Current Clinic Times:

Monday: Diaz 1pm-4pm
Tuesday: Miller 10am-12pm
Wednesday: Collier 10am-11:30am
Riordan 10am-11:30am
EGS resident 2pm-4pm
Thursday: Gunter 10am-11:30am
Friday: EGS NP Clinic 2pm-4pm

New Clinic Times: Starts August 1, 2009

DAY & CLINIC	CLINIC TIMES
Monday	
May	1300/1500
Tuesday	
Miller	1000/1145
Wednesday	
Collier	1000/1100
Thursday	
Gunter	1100/1145
Riordan	1000/1215
Diaz	1300/1445
Guillamondegui	1100/1130
Friday	
EGS Clinic	1300/1600

Acute Care Surgery Conference

□ **Concept:** Weekly conference designed to provide Acute Care Surgery Fellows with in-depth knowledge of topics pertinent to the advanced delivery of care and operative management in trauma and emergency general surgery. The conference will alternate in format between didactic topics to be presented by the faculty, and problem-based lectures presented by the 2nd yr fellows alternating with the EGS Chief Resident. Also, the fellows will be expected to give a didactic lecture during the year.

□ **Format:**

Didactic Lectures: The faculty will give a didactic lecture series in trauma and emergency general surgery which will directly involve operative management skills and intra-operative judgment. The 2nd year fellows will be expected to give at least 1 didactic lecture every 6 months (1 trauma, and 1 EGS).

□ **Topics:**

Emergency General Surgery

Acute Appendicitis
Acute Cholecystitis
Cholangitis and Choledocholithiasis
Duodenal and Gastric Ulcers
Pancreatitis
Diverticulitis
Acute Abdomen in the ICU
Skin and Soft Tissue Infections
Necrotizing Fasciitis
Liver Abscess
Small and Large Bowel obstruction
Mesenteric Ischemia – all types
Hernia – Incarcerated and Strangulated –all types
The Percutaneous Tracheostomy
Enteral Access: PEG, PEGJ, etc.

Trauma

ED Thoracotomy
The Trauma Laparotomy & Damage Control
The Trauma Thoracotomy / Median Sternotomy
Operative Pulmonary Injuries
Operative Cardiac Injuries
Operative Liver Injuries
Operative Spleen Injuries
Operative Stomach Injuries
Operative Pancreatic Injuries
Operative Bowel Injuries
Operative Renal Injuries
Operative Bladder and Ureteral Injuries
Operative Management of Penetrating Neck Injuries
Vascular Injuries – Damage Control
 Chest
 Abdomen
 Extremities

Emergency General Surgery Service

Director: Jose J. Diaz, Jr., MD

Standard Operating Procedures

Revised July 2009

Case Management Presentation: A recent clinical case will be presented by the 2nd yr fellow (trauma) alternating weekly with the EGS Chief resident (EGS). Must have occurred within the last month, had an operative component, and close to discharge.

Clinical Presentation: H&P
Radiographic or pre-operative workup
Operative Procedure
Post-operative Course
Review literature review. (min. 3 articles)

□ **Participants:** This is the second year fellow's operative conference and is directed to them. All Division of Trauma and Surgical Critical Care faculty, fellows, Chief Resident, R-4's on the Trauma and Emergency General Surgery Services will be invited.

□ **Attendance Policy:** No conflicting obligations are to be scheduled during conferences if at all possible. Availability of Trauma faculty and timing of conference generally should enable the Acute Care Surgery fellows to attend conferences the vast majority of the time. Occasional acute care situations that arise during conferences may require a specific fellow's attention.

□ **Administrative Responsibilities:**

1. **The administrative fellow** is ___ will be the primary ADMINISTRATIVE DIRECTOR for this conference and responsible for this conference.
2. **Dr. Jose J. Diaz** will be the faculty supervisor.
3. **Penny Northcutt** will provide administrative support and distribute schedules.
4. The **administrative director** is responsible for determining the format each week, selecting the speakers, topics, or assigning journal club and articles for the conference with close assistance and supervision by Dr Diaz.
5. The administrative fellow will obtain from the EGS Chief Resident the topic to be presented by Friday of the week before, and the articles to be reviewed.
6. All articles to be reviewed during an Acute Care Surgery - Case Management Presentation must be e-mailed out to all participants the week before the conference. An electronic library will be developed to store the reviewed articles.
7. Attendance records will be maintained for RRC and CME documentation purposes