

<b>This policy applies to: The General Surgery Training Program</b>	<b>Last Approval Date: August 2021</b>
<b>Name of Policy: Protected Education Time Policy</b>	<b>Reference Number to ACGME Common Program Requirements: VI.F.2.a</b>

For our residents to have an appropriate balance between education and patient care, there is a dedicated educational curriculum every Tuesday morning. Attendance is mandated; residents are relieved from clinical duties during this protected time. Tuesday mornings from 7:00 am-11:00 am is reserved for formal educational teaching for our residents. All residents attend Grand Rounds from 7:00 am-8:00 am. Faculty-led didactics (Core Course) follow from 8:00am-9:00am. From 9:00 am-11:00 am, level-specific hands-on simulation courses are conducted to teach and assess technical skills proficiency. In addition, Balance in Life and Program Director meetings are scheduled during this protected time. Residents are also encouraged to schedule health maintenance appointments during this time if no formal activity is planned for their respective PGY year.

We have mandated a coverage plan for every rotation and hospital site to ensure that the residents have dedicated protected time on Tuesday mornings. The program requires 80% attendance for Core Course and 100% attendance (the Program Director must approve absences) for Surgical Skills sessions." The protected nature of our educational sessions foster an accessible and safe space to participate and learn in structured learning where residents may engage in deliberate, mentored practice and raise questions and concerns without fear or intimidation.

### **Tuesday Morning Protected Time Coverage (Tues 7-11am)**

The following outlines coverage plans for the General Surgery residents during Tuesday morning:

#### **SHC**

**General Surgery Consult:** PGY-2 will sign out to EGS attending. ED attending will call EGS attending with general surgery consults from 7-11am. EGS attending will triage and forward consults to specialty attending as appropriate.

#### **Acute Care Surgery**

- Rounding: resident team will round before Grand Rounds.
- Floor calls/patient coverage:
  - Trauma: intern signs out ghost pager to trauma APP (via Stanford paging and Voalte) at 0700 and back to themselves when education over
  - EGS: intern signs out ghost pager to non-categorical PGY-1s (EMed, PRS, etc) (via Stanford paging and Voalte) at 0700 and back to themselves when education is over
- Trauma consults (non-urgent): trauma attending and APPs will cover
- Trauma 97: trauma attending on call, trauma APPs and non-categorical PGY-1s will respond
- Trauma 99: trauma attending on call, SICU fellow, trauma APPs and non-categorical PGY-1s will respond

- OR coverage: either second attending (to be arranged by operating surgeon), SICU fellows (high acuity cases) or non-categorical residents will assist
- Gen Surg Consults: See above. PGY-2 will sign out to EGS attending. ED attending will call EGS attending with general surgery consults from 7-11am. EGS attending will triage and forward consults to specialty attending as appropriate.

### **SICU**

- Rounding: resident team will round before Grand Rounds.
- Categorical gen surg residents (PGY 1, 2 and 3) on SICU will have protected time to attend all education / wellness related activities on Tuesdays from 7-11 am.
- SICU coverage: SICU fellows, rotating Critical Care fellows, and non-categorical residents

### **Colorectal**

- Rounding: resident team will round before Grand Rounds.
- Floor calls/patient coverage: intern signs out ghost pager to on-call CRS attending (via Stanford paging and Voalte) at 0700 and back to themselves when education is over
- OR coverage: Second attending to assist in OR until education is over
- New consults: On-call CRS attending will cover
- Resident will come to clinic and/or OR when education over

### **Endocrine**

- Rounding: resident team will round before Grand Rounds. Anticipated Tues AM discharges will be prepared by residents the day before. Discharge orders and any urgent orders will be placed prior to 7am.
- Floor calls: resident signs out ghost pager to on-call endocrine attending (via Stanford paging and Voalte) at 0700 and back to themselves when education is over.
- OR coverage: Second attending to assist in OR until education is over (operating surgeon will arrange this)
- New consults: on-call endocrine attending will cover

### **MIS**

- Rounding: resident team will round before Grand Rounds.
- Floor calls/patient coverage: intern signs out ghost pager to MIS fellow (via Stanford paging and Voalte) at 0700 and back to themselves when education is over
- OR coverage: NP and MIS Fellow will cover
- New consults: MIS fellow will cover

### **Pediatrics**

- Rounding: resident team will round before Grand Rounds.
- Floor calls: intern signs out ghost pager to APP (via Stanford paging and Voalte), and resident signs out pager to fellow (via Stanford paging and Voalte) at 0700 and back to themselves when education is over
- OR coverage: Fellow will cover OR cases until education is over
- New consults: Fellow will cover
- Conference room in CAM can be used for virtual Core Course

### **Surg Onc/HPB:**

- Rounding: Resident team will round and formally hand-off service to inpatient APP and HPB/Surg Onc fellows before Grand Rounds. Interns will prepare Tue AM discharges the day before.
- Floor calls/patient coverage: intern signs out ghost pager to inpatient APP (via Stanford paging and Voalte) at 0700 and back to themselves when education is over
- OR coverage: HPB and Surg Onc fellows will cover
- New consults: Inpatient APP and HPB and Surg Onc fellows will cover

### **Transplant**

- Rounding: resident team will round before Grand Rounds.
- Floor calls/patient coverage: intern signs out ghost pager to Transplant fellow (via Stanford paging and Voalte) at 0700 and back to themselves when education is over
- OR coverage: Transplant fellow will cover
- New consults: Transplant fellow will cover

### **VAMC**

- General
  - Residents will have protected time to attend teaching from 7am-11am Tuesdays
  - Coverage will be provided by APP (Aida Bruun, RNP or Kim Hwa PA-C) until 11:30am to allow time for residents to return from in-person skills sessions.
  - Intern should contact Aida or Kim to receive sign out on any floor patients, new consults, or post-op patients by 11:30am upon their return.
- Floor and ICU Patient Coverage
  - Residents will round on all patients and place relevant orders prior to education time
  - Residents will sign out service to Aida Bruun, RNP ( Kim Hwa PA-C if Aida is out of town) between 6:45am-7am and forward their pagers to Aida.
  - Effort should be made by resident team to complete discharge orders and instructions, for patients with anticipated Tuesday morning discharges. Discharge summaries can be done after returning by the resident team.
  - Aida Bruun, NP will cover pages, following up on pending issues/consults, and assist with pending discharges.
  - Progress notes should be written by resident team either prior to or after returning from education sessions.
- Consult Coverage
  - Aida Bruun, RNP ( Kim Hwa PA-C if Aida is out of town) will see new General Surgery consults received between 6:30am and 11am and staff with the on-call attending, Aida will complete Consult H+P and admit orders, if indicated.
- OR Coverage
  - Aida Bruun, RNP or Kim Hwa PA-C will assist attendings with OR cases Tuesday morning
  - On Tuesdays with two ORs requiring assistance, attendings will assist each other
  - Chief Resident should coordinate OR needs with attendings and include Aida and Kim on weekly OR assignment schedule for Tuesday morning.
  - Aida Bruun, RNP and Kim Hwa PA-C should be notified no later than Monday 5pm of assigned OR cases.

### **SCVMC, Kaiser and Valley Care**

- Residents at SCVMC, Kaiser and Valley Care (Pleasanton) are not required to come in before Grand Rounds and Core Course on Tuesdays
- They will report back to work after educational activities end (i.e. after 11am most weeks or after 1pm if there is a special skills sessions)

### **Attendance Requirements**

Which resident is required to attend Core Course (Didactics) and Surgical Skills sessions is dependent on the resident category, which is defined as follows:

- Categorical general surgery residents
- Preliminary residents interested in going into general surgery
- Preliminary residents going into another specialty (e.g. anesthesia, interventional radiology)
- Subspecialty residents who are part of a Stanford surgical subspecialty residency program (e.g. ENT, ortho, plastic, urology, vascular surgery)

### **CORE COURSE**

1. Core Course (Didactics) is required for all categorical general surgery residents and preliminary residents who are interested in going into general surgery (>80% attendance).
2. Subspecialty residents who are to attend their own conferences are NOT to attend Core Course (see below “Didactic Schedule for Residents”). They can only choose one education session per week.
3. Preliminary residents going into another specialty are not required to attend Core Course; it is optional.

### **SURGICAL SKILLS**

1. Surgical Skills is required for all categorical general surgery residents and preliminary residents who are interested in going into general surgery (100% attendance; exceptions will be grants on a case by case basis. Residents are to notify Dr. Spain if he or she cannot attend.
2. Subspecialty residents and preliminary residents going into another specialty are required to attend all training and VOP testing sessions that have been mandated by their respective program directors (see below “Resident Skills Proficiency Requirements by Specialty”). This holds true even if residents are on a non-general surgery rotation for that particular month. Respective program directors will be notified of any failure to complete the training and testing sessions.

