

## **House Staff Rules (This is common sense)**

- 1. Patient care is always first.** Take responsibility, be patient no matter how tired you are, and make sure your patients have what they need.
- 2. Be honest.** Trust is easy to lose and hard to gain.
- 3. Be dependable.** If you say that you are going to do something, do it.
- 4. Be on time.** In general, if you are early, you are on time; if you are just on time, you are late. This applies to everything: ward rounds, OR, Grand Rounds, M&M, conference, etc. If you are going to be late, inform your senior resident.
- 5. Be prepared.** On the ward, you will have the primary data that is required to make clinical decisions for your patients. In the OR, you will know the patient, the planned operation, the indication, and the major steps. In Core Course, you will be prepared to answer questions about the topic in a thoughtful manner. When you call your senior resident about a patient issue, you will have the pertinent information, a tentative assessment, and a tentative plan for evaluation and management. Disclaimer: Some situations may be very acute in which case it is always ok to call a rapid response or code blue. Similarly, in more urgent situations it is ok to simply notify a senior without having all of the necessary information (see load the boat below).
- 6. Communicate.** Inadequate communication is the root cause of most of the errors made by surgical teams. Become an expert communicator, and use your skills when communicating with everyone around you, e.g., colleagues, consultants, nurses, patients, families, etc. Face-to-face communication is best, followed closely by a telephone conversation. If the person with whom you are trying to communicate is operating, go to the OR. Sign-out is the time when these skills can make the difference. **Load the boat.** If the ship (the patient's status) is going down acutely, get as many people on board as possible to relieve yourself from ultimate responsibility of a possible poor outcome (ICU chief resident, service senior resident/chief resident, attending). Call up the chain-of-command with anything that suggests a change in status or a new diagnosis. Independent thought is desirable, independent action can be damaging if you are actually wrong.
- 7. Trust, but verify.** If notified of a change or pertinent development go to the bedside and verify. Complaints, lab results, radiologic abnormality, etc. you have heard about should be verified and never assumed to be accurate. This is particularly important on night service.
- 8. Get along with everyone.** Nurses and ancillary care staff can be your most loyal colleagues or your worst enemies. Moreover, they have a heavy influence and have direct access to attendings to provide any feedback, good or bad, ie SAFE reports.
- 9. Follow up.** Anticipate confusion with orders and discuss with the nurse before pages are sent back to you or your senior/attending for clarification. Don't assume that all orders you entered will be done. It is your responsibility to follow up and make sure orders are completed. Be the first to know the results of the labs/studies/consults.
- 10. Look the part.** Your patients and this program demand that you maintain a high standard of professionalism. This includes your dress code and appearance.
- 11. Complete work hours, operative logs, and evaluations.** These are requirements for professionalism, and delinquencies will be rectified.