GUIDE TO THE R1 YEAR

STANFORD GENERAL SURGERY

2017-2018

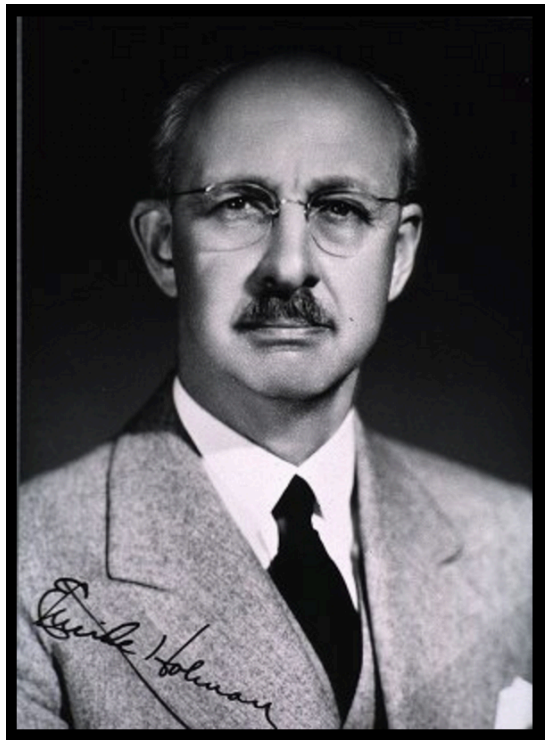
STANFORD
SCHOOL OF MEDICINE

Stanford University Medical Center

Welcome to Stanford Surgery

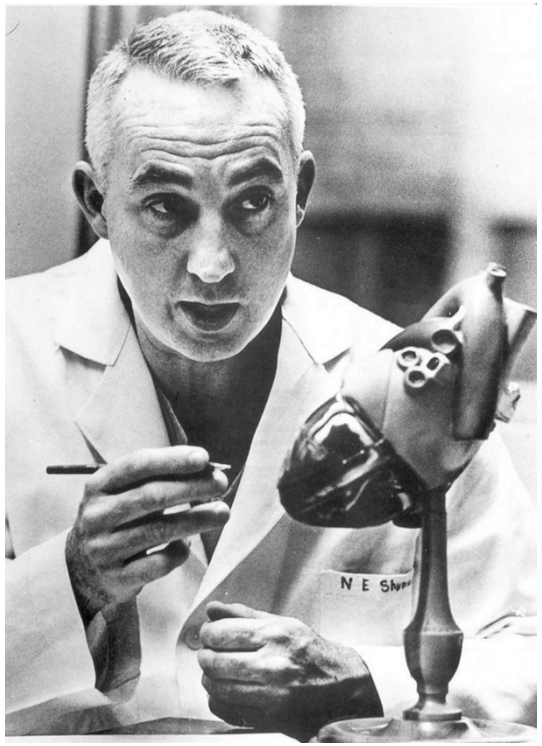
- History of and Present Day Stanford Surgery
- Expectations
- Intern Ward Duties/Patient Care
- Night Service
- Duty Hours
- Schedule
- Conference Schedule
- Chiefs' Journal Club
- Chiefs' Rounds and Social Events
- Balance in Life

History of Stanford Surgery



Emile F. Holman, M.D.
Chair 1926 – 1955

Halsted's last resident
Brought surgery west



Norman E. Shumway, M.D.
Cardiac 1958 – 1993

Father of heart transplantation
"Best first assist"

Thomas M. Krummel, M.D.
Chair 1999 – 2015

ECMO, Innovation, Biodesign
6 Divisions, >60 faculty

Department of Surgery – Present Day

Mary Hawn, MD
Chair of Surgery

Marc Melcher, MD/PhD
Program Director

- 6 Divisions
  - Clinical Anatomy, General Surgery, Pediatric General Surgery, Plastic & Reconstructive Surgery, Abdominal Transplantation, Vascular Surgery
- More than 60 faculty; 130 adjunct/affiliated clinical faculty
- Continued growth/upward trajectory
  - New Adult (2018) and Children's hospitals (Summer 2017)
  - Development of Surgery HSR Program
  - Actively recruiting new faculty across all divisions

Division of General Surgery

- **Acute Care Surgery/Trauma:** Drs. Badger*, Browder, Maggio, Spain, Staudenmayer, Weiser, Nassar
- **Breast:** Drs. Dirbas & Wapnir
- **Colorectal Red / White:** Drs. Shelton, Morris, Kin & Kirilcuk – division TBD
- **Hepatopancreatobiliary (HPB):** Drs. Dua & Visser
- **Minimally Invasive Surgery (MIS):** Drs. Azagury, Lau, Morton, & Rivas
- **Surgical Oncology 1:** Dr. Norton
- **Surgical Oncology 2:** Dr. Poultsides
- **Surgical Oncology 3/Endocrine:** Drs. Cisco, Lin, Wheeler

Other Surgical Divisions

- **Pediatric General Surgery:** Drs. Bruzoni, Chao, Fuchs, Hartman, Krummel, Lund, Mueller, Powell, Sylvester, Wall
- **Abdominal Transplantation:** Drs. Bonham, Busque, Concepcion, Esquivel, Gallo, Melcher
- **Vascular Surgery:** Aalami, Chandra, Dalman, Harris, Lee, & Mell
- **Plastic & Reconstructive Surgery**
- **Clinical Anatomy**

Additional training sites

- Lucille Packard Children's Hospital (LPCH)
- Palo Alto Veterans Hospital (PAVA)
- Valley Medical Center (VMC)
- Kaiser (R2-R5 only)

Stanford Surgery

- Grounded in the Halstedian tradition of clinical excellence and education (embodied by Shumway)
- Dedicated to the future (sits in a very forward-looking Silicon Valley)
  - Opportunities are plentiful (clinical, academic, industry...)
- YOU are part of this future

Mark and Krummel, *Arch Surg* 2004

Expectations

- Patient care is **always** first
  - Honor and privilege to care for our patients
  - Patients will be incredibly thankful (some just have unique ways of showing it)
  - How would you want your family member treated?
- Honesty is required (with your colleagues, patients, and yourselves)
- Be dependable
  - Come early and come prepared (“Fortune favors the prepared mind.” – Louis Pasteur)
- Be professional
  - Treat others with respect, support your colleagues, ”dress for success”, complete your work hours/case logs/evaluations/etc. in timely manner

Patient Care

- What you do matters...

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Variation in Hospital Mortality Associated with Inpatient Surgery

Amir A. Ghaferi, M.D., John D. Birkmeyer, M.D., and Justin B. Dimick, M.D., M.P.H.

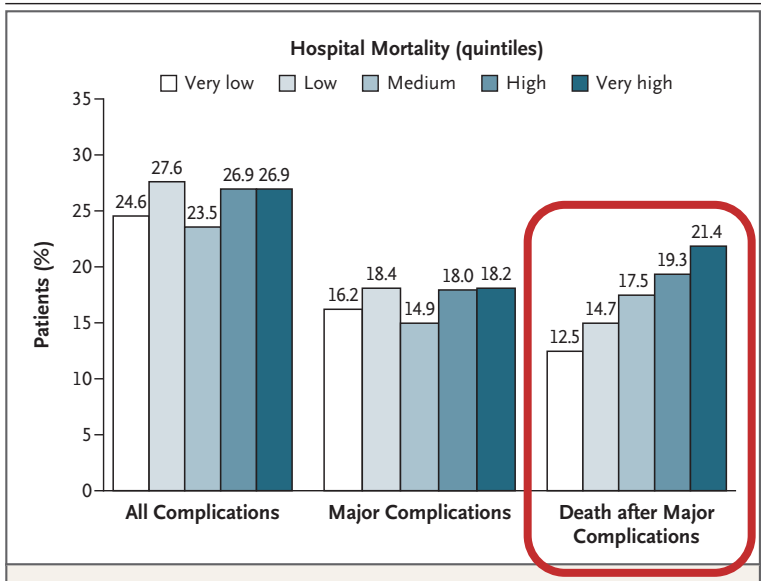


Figure 1. Rates of All Complications, Major Complications, and Death after Major Complications, According to Hospital Quintile of Mortality.

Although rates of all complications and major complications did not vary significantly across hospital mortality quintiles, the rate of death in patients with major complications was almost twice as high in hospitals with very high overall mortality as in those with very low overall mortality (21.4% vs. 12.5%, P<0.001).

- Difference in hospital quality based on “rescue” from complications (“Failure to rescue”)
- You are our eyes and ears, our first responders
- Answer is **always** to evaluate the patient

  (you have minimal experience → not ready to trust telephone/RN/EM evaluation)

Intern Ward Duties

- Sign-in, pre-rounding (numbers)
- Lead AM rounds
- Orders
- Discharge patients
- Call consultants
- Documentation
- Answer pages
- Make independent rounds and Lead PM rounds
- Maintain the list/census
- Sign-out

Sign-in and Pre-rounding

- Arrive early enough
  - Get thorough sign-out from night intern
  - Prepare census
  - Get numbers (vitals, I/O, labs, imaging) – discuss with your chief what should be written down / format
  - Photocopy list for remainder of team
  - Bottom line: **YOU** need to know what's going on with your patients
- Medical students expected to help – it's your job to help them help you

Lead AM Rounds

- Have a plan for leading rounds efficiently
- Notify Chief of any urgent issues from the start
- Patient presentation
  - Concise, accurate, clear – remember, we are surgeons
  - Make an assessment and present a plan (this is how your learn)

Write Orders

- 1st priority is to institute plan from AM rounds
  - Orders – talking to people still matters
    - Get them in EPIC
    - Run the list with Charge RN or bedside RN
    - TPN → Discuss with pharmacy
    - Imaging → **Discuss with radiologist every time** to ensure scan performed to our likening
    - PICC → Discuss with PICC RN to ensure it gets done
  - MDR (~10am with Charge RN, CM, SW, Dietician, etc.)

Discharges

- Goal: before 11am
- Can set-up day before with “Conditional Discharge”
- Discharge Orders
  - Know which home meds to resume, which to hold, what requires new Rx
    - Plan ahead – ask your chief about this the night before or on AM rounds so it doesn’t hold things up
    - Confirm discharge pharmacy with patient
    - Rx (triplicate) must be accurate (avoids unnecessary phone calls, long drive back to hospital for patient/family)
  - Know activity, dietary, bathing restrictions; wound care; follow-up plan

Discharge Summaries

- Discharge Summaries
  - Not a summary of every event during their hospital stay
  - Can serve as progress note for the day if it includes a physical exam
  - Summary of events you would care about when evaluating that patient at follow-up
    - Surgery, Complications, Recovery (final “CYA” line), Final path, Follow-up, Physical exam
    - Use a template

Consultations

- Call early
  - Be respectful, but okay to be firm – if your chief asked you to call the consult, the answer is YES, we do want them to actually see the patient and leave a note. No debate.
  - Know the patient and specific question before calling

Documentation

- Every patient requires a note from a physician (or APP) every day
  - Must include PE and A/P
  - Medical student notes DO NOT count; nor does a cosigned student note
  - Students CANNOT write under your account (illegal as this is Medicare fraud)
- Use templates (can ”steal” from other residents in Epic)
- Must be done in a timely fashion (but patient care come first)
- Copy-forward function is **dangerous**; best to avoid
- Update the Problem list

Documentation

- Be specific
  - Billing/Coding folks will message/call/page (frustrating but the future of medicine)
  - e.g., ”CKD” → “CKD, Stage 4”
- Document Quality Metrics – these actually help us help patients!
  - Urinary catheter (if yes, then reason)
  - Central line (if yes, then reason)
  - Antibiotics (indication, length, end date)
  - VTE prophylaxis (or why not)

Answering Pages

- You are our eyes and ears while we operate
- This is a team effort
  - BE PROFESSIONAL. Anything else is unacceptable.
  - Play well with others; Do not throw sand in the sand box; *All I Really Need to Know I Learned in Kindergarten*
  - Be respectful, be prompt; “kill them with kindness”
    - Not knowing the answer is not an acceptable reason to ignore the page
    - Answering the page with “let me run it by the chief” better than ignoring...
  - You represent your team, your attending, your program, and Stanford Hospital

Follow-up Daily Tasks and Lead PM Rounds

- Use a system that works for your (check boxes, etc.)
- Ensure that labs, imaging, studies, etc. are completed in timely fashion (again – talking to people in person is best for this)
- Keep your Chief updated with the results
  - come to OR and/or text
- Make independent rounds if Chief in OR late into evening (and update Chief), or
- Prepare for PM rounds each afternoon

Maintain the Census

- Keep the list updated
- Summary line important for covering intern/team

Sign Out

- ACGME Requirements:
  - Minimize transitions of care
  - Monitored signout (by service Chiefs/Fellows)
  - Documented process to ensure effectiveness of transitions
- IPASS System

I-PASS
BETTER HANDOFFS. SAFER CARE.

I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

Sign Out - IPASS

- **I – Illness severity**
  - Stable, “Watcher”, Unstable
- **P – Patient summary**
  - “44M w/ HTN, CAD s/p CABG, HLD now POD0 from his distal gastrectomy. He has an epidural for pain (managed by pain) and should be strict NPO with his NGT to lcws; do not manipulate his NGT.”
- **A – Action list**
  - “POC around 8pm, follow-up his labs, text chief when they’re back”
- **S – Situation awareness and contingency planning**
  - “If pain control inadequate, call pain service. If blood pressure low, text chief.”
- **S – Synthesis by receiver**
  - Ask questions, reiterate plan

Postoperative Checks

- Requirement for every postoperative patient (within 4-8 hours)
- Must document (if no note in chart, did not happen)
  - Does not need to be a novel!

Patient Care - Summary

- Call for help: call early (trust your gut; error on side of patient safety)
- Never hesitate to call your chief
  - Keeping your chief in the dark is NEVER acceptable
  - Text messages are free **(but if no response, assume not received).** Text → Call → Page
- Do not call your chief in the OR; come to the OR (unless patient too unstable to leave the bedside)
  - If too unstable, chief occupied → call or page SICU chief/fellow or call RRT/Code Blue
  - RRT gets you Crisis RN and RRT; Code Blue gets you the Code Team
- Document events/your decision-making (brief SOAP note suffices)
- ANY JUNIOR OR SENIOR RESIDENT SHOULD HELP YOU IF YOU ASK – YOU ARE NEVER ALONE!!!

Night Service

- Stanford roster at night: R4, R2-Consult, R2-SICU, R1 x 2
- Safety Net (in addition to Chief at home)
  - Use the R4 at night (R4/R5 on Sat)
    - R4 is the first stop at night
  - Seems minor and R4 in OR → Consult R2 or SICU R2

Night Service

Intern Responsibilities at Night

Trauma Intern – "Triple Ts"

- Covers ACS (trauma), thoracic, transplant
- Runs / documentation for all minor traumas (97), helps with major traumas (99)
- Obtain face-to-face signout each night
- Complete assigned tasks (POC, studies, etc)
- Manage all direct admissions (eval, H&P, staff with Chief, etc)

Onc/CRS/... Intern – "the 9s"

- Covers Breast; Colorectal (x2); HPB; MIS; Surg Onc 1, 2, & 3, Vascular
- Helps with minor (97) and major (99) traumas
- Obtain face-to-face signout each night
- Complete assigned tasks (POC, studies, etc)
- Manage all direct admissions (eval, H&P, staff with Chief, etc)

Night Service

Pearls to live by:

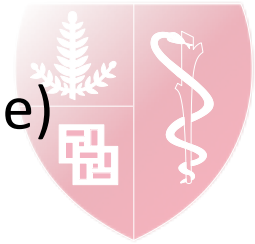
- Be concerned. Assume the worst.
- Understand how your best plan will fail.
- See the patient. In person. DON'T BE LAZY.
- Communicate early and as often as needed.
- Ask for help.
- It is better to wake up the chief overnight than to be woken up by the chief the next day… Trust us.

Trauma

- It’s a team effort
- On nights and weekends, BOTH interns should have trauma IDs turned on and plan on helping with new trauma activations unless otherwise detained (run traumas, scribe, etc)
- The more you watch, the more you learn
- Master the primary and secondary survey!
- ATLS: get the book / app / podcast – whatever it takes
- Trauma manual

Surgeon Talk

- "Conservative management of SBO" → Nonoperative management
- "Outside hospital" → Referring facility (hopefully has walls/roof)
- "Gallbladder pain" → Biliary colic, symptomatic cholelithiasis…
  - Gallstones with RUQ pain can be biliary colic, cholecystitis, choledocholithiasis, cholangitis, biliary pancreatitis...
- "Pain on exam" → Pain is a symptom, tenderness is a sign
- Do NOT auscultate bowel sounds (if you do, please do not share with anyone)
- No silly noun-verbs (e.g., Coumadinize, surgerize)
- No adding –wise to the end of organ systems (e.g., Respiratory-wise, Neuro-wise)



OR

- Come to OR early and often
- We will involve you as much as we can
- You can learn a ton watching surgery
- Stepwise progression... (prove you can walk before we let you run)
  - Practice, practice, practice
  - OR is not the place to practice your knot throwing, how to palm a needle driver…

Duty Hours

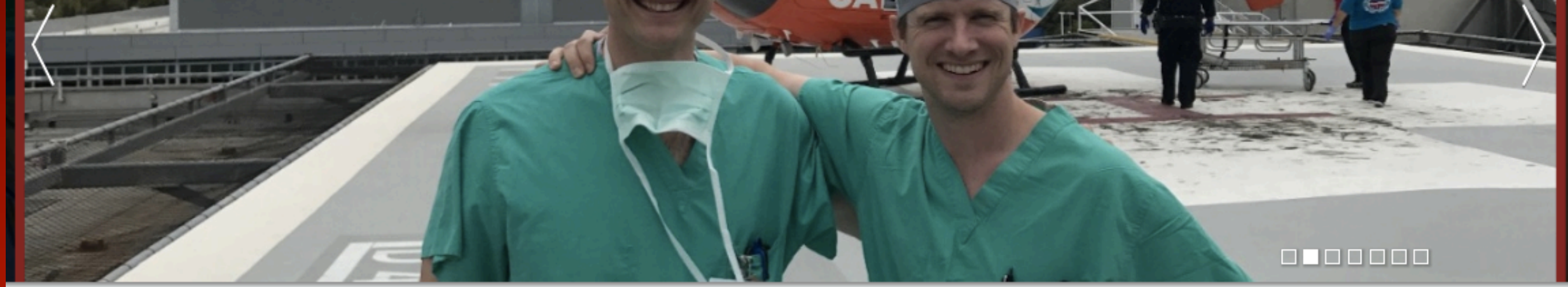
- Duty hours
  - 100% compliance is NOT a goal, it is a **requirement** (reality, MedHub, ACGME survey)
  - Your education matters
  - In reality, there is no reason to be over the 80-hours, 6 days per week limit
- Identify problems early → consult with chief early
  - A text message Friday night that you will be over hours is poor planning
  - If you are struggling with hours and service chief not helping → email admin chiefs
  - This is a shared responsibility that takes communication and planning!!

Duty Hours

- 80 hours per week, averaged over 4-week period
- 1 day free of duty every week, averaged over 4-week period
  - 1 day = 24 hours
  - Allows golden weekend and black weekend as long as it averages out
  - Vacations mean everything averaged over 3 weeks instead
- PGY1: Able to do 24h shifts
- PGY1: Should have 10 hours, must have 8 hours free of duty between duty periods
- PGY1: No home call

Schedule

- Know both **Call schedule** and **Rounding schedule**
- Call schedule available on Amion (via Scalpel homepage)
- **Amion schedule is final**
- We will try to complete these well ahead of time (help us out...)



SCALPEL

- ABS Requirements
- ACGME Requirements
- General Surgery Training Program Website
- Our Residents
- Research
- Residency Handbook

Program Highlights

Resident Resources

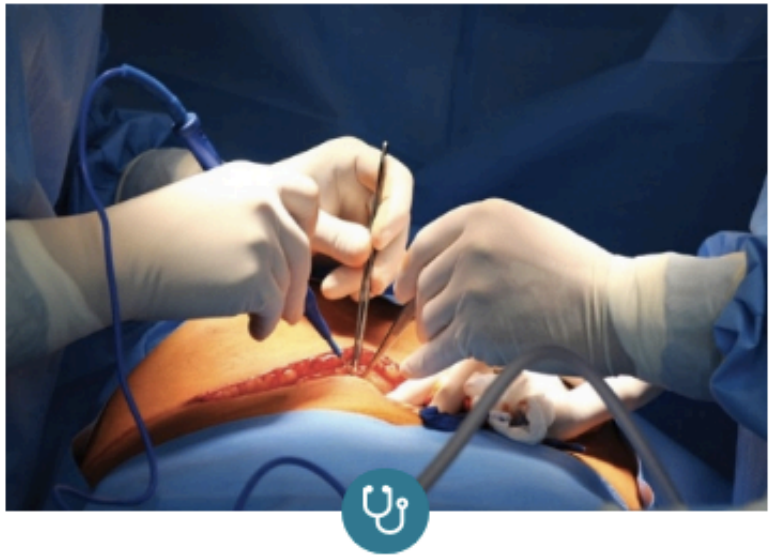
QUICK LINKS

ON CALL | EHR | OTHERS

- Stanford On Call
- VA On Call
- SCVMC On Call
- PD On Call
- VA PD Moonlighting

1/3

EDUCATION



Core Course Schedule (view Resident Calendar)

SCORE Portal & TWIS Quiz

Schedule – Your Responsibility

- Know your schedule and identify any errors or potential conflicts
  - Review your block schedule when it is posted → identify errors early
  - Spend about ~10 minutes; help us out (we are trying hard to help you by getting it done early)
  - Email us if you see a **real** problem (e.g., working week of vacation, working 36 straight days...)
- Anticipate issues and troubleshoot – and COMMUNICATE
  - Examples: Transition from night service or a night call, vacation interfering with rounding requirements…
  - Email next service chief EARLY to warn them you are coming off nights
- DO NOT email us with the problem:

Identify the problem, offer a solution, and then email us

Schedule Intricacies

- To meet duty hour requirements, you must have 1 day off every 7 days (averaged over 4 weeks)
  - If 1 week of vacation, then average over 3 weeks (you do NOT get credit for vacation week)
  - 1 day off = 24 hours
  - If you are on call Sat night and rounding Sunday:
    - You must leave the hospital early enough on Fri night to have 24 h off → NO EXCEPTIONS

Schedule Example

Call Schedule

Week 1	Mon 7/18	Tue 7/19	Wed 7/20	Thu 7/21	Fri 7/22	Sat 7/23	Sun 7/24
Floor (Surg Onc/CR/MIS) before 5pm	/22					K. Spradling	Y. White
Floor (Surg Onc/CR/MIS) after 5pm	C. Liu	C. Liu	C. Liu	C. Liu	C. Liu	A. Zhou	C. Liu
Thoracic/Transplant before 5pm						J. Barrera	K. Tran
Thoracic/Transplant after 5pm	K. Perrone	K. Perrone	K. Perrone	K. Perrone	K. Perrone	W. Hong	K. Perrone
Trauma Intern before 5pm	[ED1]	J. Barrera	[ED1]	J. Barrera	[ED1]	(J. Barrera)	[ED1]
Trauma Intern after 5pm	K. Perrone	K. Perrone	K. Perrone	K. Perrone	K. Perrone	(W. Hong)	(K. Perrone)
Trauma Sr until 6 pm	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]		[TRAUMASRN]
Trauma Sr after 6 pm	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRD]		[TRAUMASRN]
Consult before 6 pm	K. Bessoff	K. Bessoff	K. Bessoff	K. Bessoff	K. Bessoff		F. Salipur
Consult after 6 pm	F. Salipur	F. Salipur	F. Salipur	F. Salipur	K. Bessoff		F. Salipur

Rounding Schedule

Service	Sat 7/23		Sun 7/24
Surgical Oncology	T. Pong	K. Spradling	K. Velaer
CRS	Y. White		Y. White
Trauma	J. Barrera		[ED1]
Transplant	C. Regan		-
Thoracic	-		W. Hong
MIS	J. Chandler		(A. Zhou)
Breast	(J. Chandler)		A. Zhou
Vascular	*TBD*		K. Tran

Instructions

1. Duplicate this sheet
2. Enter the start date of the block here -> START DATE 7/18/16 END DATE
3. Replace the names in Table 1 - Master List with the appropriate names
4. Enter the vacations in Table 2.
5. Enter the PD and PGY3 call schedule for Saturdays as needed (see PD schedule on Scalpel)
6. Adjust the call schedule as needed for vacations. Check Table 1 so that nobody has more than 2 weekends shifts (except sometimes the ED residents can take an extra traum
7. Check that everyone has enough days off in Table 1. The number can be 3 if someone is on vacation
8. The SICU schedule will come from the SICU chief, the PGY4 ACS chief schedule comes from the two chiefs on service
9. The trauma senior schedule will be worked out among the SO1, SO2, HPB, colorectal, MIS, and Stanford elective chiefs
10. Send the call schedule to administrative chiefs to review and edit. They will return it to JoAnn.
11. Once JoAnn and the chiefs have reviewed it, the chiefs will distribute to the residents for review and posting

Week 2	Mon 7/25	Tue 7/26	Wed 7/27	Thu 7/28	Fri 7/29	Sat 7/30	Sun 7/31
Floor (Surg Onc/CR/MIS) before 5pm						K. Velaer	A. Titan
Floor (Surg Onc/CR/MIS) after 5pm	C. Liu	C. Liu	C. Liu	C. Liu	C. Liu	J. Chandler	C. Liu
Thoracic/Transplant before 5pm						J. Barrera	T. Pong
Thoracic/Transplant after 5pm	K. Perrone	K. Perrone	K. Perrone	K. Perrone	K. Perrone	C. Regan	K. Perrone
Trauma Intern before 5pm	J. Barrera	[ED1]	J. Barrera	[ED1]	J. Barrera	(J. Barrera)	[ED1]
Trauma Intern after 5pm	K. Perrone	K. Perrone	K. Perrone	K. Perrone	K. Perrone	(C. Regan)	(K. Perrone)
Trauma Sr until 6 pm	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]		[TRAUMASRN]
Trauma Sr after 6 pm	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRD]		[TRAUMASRN]
Consult before 6 pm	K. Bessoff	K. Bessoff	K. Bessoff	K. Bessoff	K. Bessoff		F. Salipur
Consult after 6 pm	F. Salipur	F. Salipur	F. Salipur	F. Salipur	K. Bessoff		F. Salipur

Service	Sat 7/30		Sun 7/31
Surgical Oncology	K. Spradling	K. Velaer	T. Pong
CRS	A. Titan		A. Titan
Trauma	J. Barrera		[ED1]
Transplant	-		C. Regan
Thoracic	W. Hong		-
MIS	-		J. Chandler
Breast	-		(J. Chandler)
Vascular	*TBD*		*TBD*

Table 1 - Master List

		Days off	Weekend Day Shifts	Weekend Night Shifts	Total Weekend Shifts
ACS day intern	J. Barrera	4	4	0	4
ED #1 (TBD)	[ED1]	3	3	0	3
ED #2 (TBD)	[ED2]	1	1	0	1
ACS night interns	C. Liu				
	K. Perrone				
SO1	T. Pong	4	2	0	2
SO2	K. Spradling	4	2	0	2
HPB	K. Velaer	4	2	0	2
CRS (Red x 2, White x 2)	Y. White	4	2	0	2
CRS (White x 2, Red x 2)	A. Titan	4	2	0	2
Vascular	K. Tran		2	0	2
Breast	A. Zhou	5	0	2	2
MIS	J. Chandler	4	0	2	2
Transplant	C. Regan	5	0	2	2
Transplang Vac Cov (8/1 - 8/7)	A. Rashan		0	0	0
Thoracic	W. Hong	4	0	2	2
Trauma Senior Day (Dates)	[TRAUMASRD]				
Trauma Senior Night (Dates)	[TRAUMASRN]				
Trauma Senior Day 2 (Dates)	[TRAUMASRD2]				
Trauma Senior Night 2 (Dates)	[TRAUMASRN2]				
Day consults (7/18-7/31)	K. Bessoff				
Night consults (7/18-7/31)	F. Salipur				
Day consults 2 (8/1-8/28)	E. Makris				
Night consults 2 (8/1-8/28	K. Bessoff				

Week 3	Mon 8/1	Tue 8/2	Wed 8/3	Thu 8/4	Fri 8/5	Sat 8/6	Sun 8/7
Floor (Surg Onc/CR/MIS) before 5pm						T. Pong	Y. White
Floor (Surg Onc/CR/MIS) after 5pm	K. Perrone	K. Perrone	K. Perrone	K. Perrone	K. Perrone	A. Zhou	K. Perrone
Thoracic/Transplant before 5pm						J. Barrera	K. Tran
Thoracic/Transplant after 5pm	C. Liu	C. Liu	C. Liu	C. Liu	C. Liu	W. Hong	C. Liu
Trauma Intern before 5pm	[ED2]	J. Barrera	[ED2]	J. Barrera	[ED2]	(J. Barrera)	[ED1]
Trauma Intern after 5pm	C. Liu	C. Liu	C. Liu	C. Liu	C. Liu	(W. Hong)	(C. Liu)
Trauma Sr until 6 pm	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]		[TRAUMASRN]
Trauma Sr after 6 pm	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRD]		[TRAUMASRN]
Consult before 6 pm	E. Makris	E. Makris	E. Makris	E. Makris	E. Makris		K. Bessoff
Consult after 6 pm	K. Bessoff	K. Bessoff	K. Bessoff	K. Bessoff	E. Makris		K. Bessoff

Service	Sat 8/6		Sun 8/7
Surgical Oncology	K. Velaer	T. Pong	K. Spradling
CRS	Y. White		Y. White
Trauma	J. Barrera		[ED1]
Transplant	A. Rashan		-
Thoracic	-		W. Hong
MIS	J. Chandler		(A. Zhou)
Breast	(J. Chandler)		A. Zhou
Vascular	*TBD*		K. Tran

Week 4	Mon 8/8	Tue 8/9	Wed 8/10	Thu 8/11	Fri 8/12	Sat 8/13	Sun 8/14
Floor (Surg Onc/CR/MIS) before 5pm						K. Spradling	A. Titan
Floor (Surg Onc/CR/MIS) after 5pm	K. Perrone	K. Perrone	K. Perrone	K. Perrone	K. Perrone	J. Chandler	K. Perrone
Thoracic/Transplant before 5pm						J. Barrera	K. Velaer
Thoracic/Transplant after 5pm	C. Liu	C. Liu	C. Liu	C. Liu	C. Liu	C. Regan	C. Liu
Trauma Intern before 5pm	J. Barrera	[ED2]	J. Barrera	[ED2]	J. Barrera	(J. Barrera)	[ED2]
Trauma Intern after 5pm	C. Liu	C. Liu	C. Liu	C. Liu	C. Liu	(C. Regan)	(C. Liu)
Trauma Sr until 6 pm	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]	[TRAUMASRD]		[TRAUMASRN]
Trauma Sr after 6 pm	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRN]	[TRAUMASRD]		[TRAUMASRN]
Consult before 6 pm	E. Makris	E. Makris	E. Makris	E. Makris	E. Makris		K. Bessoff
Consult after 6 pm	K. Bessoff	K. Bessoff	K. Bessoff	K. Bessoff	E. Makris		K. Bessoff

Service	Sat 8/13		Sun 8/14
Surgical Oncology	T. Pong	K. Spradling	K. Velaer
CRS	A. Titan		A. Titan
Trauma	J. Barrera		[ED2]
Transplant	-		C. Regan
Thoracic	W. Hong		-
MIS	(A. Zhou)		J. Chandler
Breast	A. Zhou		(J. Chandler)
Vascular	*TBD*		*TBD*

Table 2 - Vacations

Name	Rotation	Dates
A Zhou	Breast	7/25 - 7/31
C. Regan	Transplant	8/1 - 8/7

Underlying basic rules

Scheduling changes

- Assume the answer is NO.
- That said, certain things come up during residency. We get through this together

① Email us for approval (include dates, reason, and plan for coverage → we expect to you problem-solve)

- This means you will have emailed the involved parties to work out a solution
- **Unless it's an emergency, this should be done ONE WEEK IN ADVANCE**

② Admin Chiefs will review the switch

③ If approved, we will email all involved parties as well as the administration

Scheduling changes

- About rotations or vacations: admin chiefs
- Emergencies: admin chiefs and service chiefs
- Day to day schedule requests (ONE WEEK IN ADVANCE)
  - Stanford: service chiefs for ROUNDING, admin chiefs for CALL
  - LPCH: R3
  - VA: R4
  - VMC: Tanya Johnson and service chiefs (R4/R5)

Duty Hours and Other Regulations

- MedHub (online timecard)
  - Must be filled out every week → no excuses
  - Allows us to identify problems early (though the hope is problems identified before this point)
  - Must be filled out honestly
- ACGME survey
  - Not our opportunity to identify duty hour problems (should be fixed via personal accountability and then via MedHub)

Scheduling Step 3

- You will take Step 3 during your R1 year
- Paid for by GME office (go to their website for details)
- Schedule your test based on your service and obligations. For example:
  - If on Ortho, ENT, Cardiac, Vascular: schedule while on Anesthesia
  - Breast or MIS (especially when there is an R3/R5 doing an elective) > Surg Onc/CRS
  - UNACCEPTABLE TIME TO SCHEDULE:
    - ACS Day/Night
    - When R1-R5 on service is on vacation

QI M&M, Grand Rounds, and Core Course

- Absences are rarely excused
- Tardiness is rarely excused
- For Grand Rounds: Sitting in the back row is acceptable if the front rows are filled
- For Core Course/Journal Club: Sit in the front rows
  - Come prepared
- For Subspecialty services: You may attend Gen Surg Core Course **OR** your subspecialty conference **(not both)**
- Do **NOT** delay your return to off-site services

Sign-in Sheet for QI M&M

- Monday mornings
- Breast Intern vs MIS Intern
- YOUR responsibility to be sure it is there by 6:55, no later, NO EXCUSES
- If vacation, find coverage

Logistics

- Use Stanford email only
- Add SECURE: to subject of any email including patient information
  - e.g., “SECURE: patient update for weekend rounds”

Feedback

- Provided to you (resident) **real time**, monthly (MedHub evals), and during twice-yearly feedback sessions with PDs
- You (resident) provide feedback after every rotation
  - **Anonymous** (collated by GME, faculty only sees after 6 months or certain “n” reached)
  - Meaningful (changes made every year based on resident feedback)
  - Be honest, critical, but professional
- Part of the ACGME survey → so if not sure re: process, ask!

Tips and Tricks to Succeed

- The answer is always “yes”
  - Cases, clinic, consult, presentation, tumor board
  - This will make your life easier, your chief’s life easier, and your attending’s life easier
- Do not burn bridges
  - You represent our department and our attendings
  - Kill ‘em with kindness... or just “do what you get paid for”
  - As chiefs, we are not interested in cleaning up your interpersonal messes. BE PROFESSIONAL.
- Read...

Original Investigation | PACIFIC COAST SURGICAL ASSOCIATION

Reading Habits of General Surgery Residents and Association With American Board of Surgery In-Training Examination Performance

Jerry J. Kim, MD; Dennis Y. Kim, MD; Amy H. Kaji, MD, PhD; Edward D. Gifford, MD; Christopher Reid, MD; Richard A. Sidwell, MD; Mark E. Reeves, MD, PhD; Thomas H. Hartranft, MD; Kenji Inaba, MD; Benjamin T. Jarman, MD; Chandrakanth Are, MD; Joseph M. Galante, MD; Farin Amersi, MD; Brian R. Smith, MD; Marc L. Melcher, MD, PhD; M. Timothy Nelson, MD; Timothy Donahue, MD; Garth Jacobsen, MD; Tracey D. Arnell, MD; Christian de Virgilio, MD

Figure 1. Residents' Level of Satisfaction With Primary and Secondary Study Sources

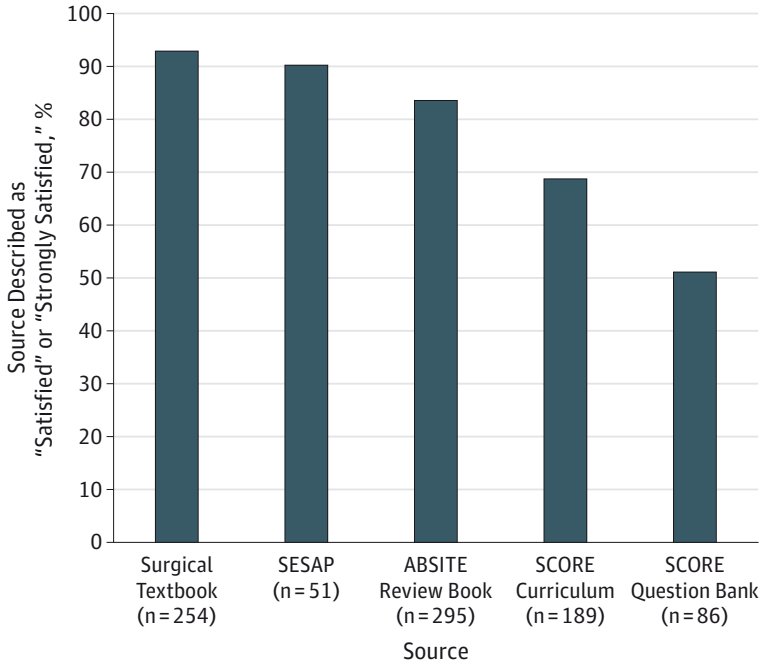


Table 4. Factors Associated With ABSITE Performance

Factor	Effect (95% CI)[a]	*P* Value
Positive correlation		
USMLE 1 score, per 1-point increase	0.1 (0.02 to 0.14)	.03
USMLE 2 score, per 1-point increase	0.3 (0.19 to 0.44)	<.001
MCAT score, per 1-point increase	1.2 (1.3 to 2.0)	.002
Having an equal study focus on ABSITE and patient care[b]	11 (7 to 15)	.009
Daily studying for patient care or clinical duties[b]	13 (4 to 23)	.02
Surgical textbook as study source[b]	11 (6 to 16)	.02
Level of satisfaction with study material (Likert scale)	[c]	<.001
Opinion of ABSITE significance (multiple choice)	[c]	<.001
Negative correlation		
Prior ABSITE remediation[b]	−26 (−36 to −16)	.002
Lack of study[b,d]	−12 (−21 to −9)	<.001
SCORE questions as primary source[b]	−14 (−19 to −9)	.01
Internet search engine as source[b]	−21 (−30 to −13)	.04
Primary focus on patient care when studying[b]	−9 (−14 to −5)	.009

Table 5. Predictors of ABSITE Performance on Multivariable Analysis

Predictor	Effect (95% CI)[a]	*P* Value
USMLE 2 score	0.4 (0.2-0.6)	<.001
MCAT score	0.6 (0.2-1.0)	.003
Equal study focus on ABSITE and patient care	6.1 (0.6-11.5)	.03
Opinion of ABSITE significance (responses 1-4)[b]	9.2 (6.9-11.6)	<.001

Chiefs' Journal Club

- Organized by Drs. Mazer and Brubaker
- ALL residents participate, during core course time
- Categorical General Surgery R2 Residents will present
- Critical analysis of the studies with powerpoint slides
  - R2 will present, followed by discussion
- Followed by ongoing 'discussion' on Tuesday evenings – not at work!

Social Events

- Post- Journal Club Tuesday evenings
- Stanford Football Tailgate(s)
- Holiday Parties
- Annual BIL retreat
- Resident vs. Faculty softball game
- Resident Appreciation Day (Graduation day)

- Graeme Rosenberg (PD resident)

Professionalism Curriculum

- Topics range from:
  - Financial Planning
  - Time Management
  - Dress for Success
  - Resiliency in Residency and Career
  - Transition from Residency to Practice
  - Contract negotiation

Balance in Life

- Class and whole program sessions
- Evolving each year

- End of the day: We are a family
- Life keeps happening during residency
- Look out for each other, support each other
- Mental and physical health needs active management and care

- *"It doesn't matter what you say you believe – it only matters what you do."* - Robert Fulghum
- *"Science isn't one success after another. It's mostly one success in a desert of failure."* - Judah Folkman, MD
- *Ever tried. Ever Failed. No matter. Try Again. Fail Again. Fail Better.* - Samuel Beckett (... and Tom Krummel, MD)
- *"Opening of the abdomen is not to be advised with too light a heart. The dextrous hand must not be allowed to reach before the imperfect judgment."* - Sir Zachary Cope
- *"The man who can drive himself further once the effort gets painful is the man who will win."* - Roger Bannister