

GS VA Call Policy for PGY-4, PGY-2, PGY-1, and PD residents

- All consults should be seen in a timely manner (<30min).
- Cases should be presented to the senior resident and attending after consultation is completed.
- During week days, when possible, the PGY 1 should discuss and present the consult to the PGY 2 they can provide feedback and help with medical decision making.
- Patients with critical findings such as free air, hypotension, meeting sepsis criteria, hemorrhage must be evaluated and discussed with the chief resident and attending as quickly as possible.
- Consult notes will be placed under the Consult tab in CPRS with the attending on call listed as the expected co-signer.
- General Surgery Consult H/P template with the attending documentation language must be used for the note.
- On weeknight nights where there is a PD moonlighter on the schedule the PGY 4 will have that night free from call.
- On Friday nights when the PGY 4 is on call as well as a PD resident, the PD resident should present the consult to the R4. If the R4 believes that the patient is seriously ill, the R4 should immediately come to the hospital to further evaluate the patient and present the patient to the attending on call. If the R4 believes that the patient does not require urgent surgery and/or is not seriously ill, the R4 does not need to come in and see the patient and the R2 can call the attending with the consult information.
- OR coverage: it would be ideal for any on call OR cases that both the PGY1 or 2 and PGY 4 (when on call) were present to allow the PGY 4 to act as a teaching resident in appropriate cases.