

VA PGY 2 Roles and Responsibilities

The PGY 2 should optimize their education experience by taking opportunities to acquire experiential knowledge in the OR and clinic, as well as engage in a reading program around cases and consults.

Patient Care: The floorwork will be primarily completed by the PGY1 but with the assistance of the PGY2 as needed. The PGY2 will serve as a resource for teaching/training interns who are new to the VA. The PGY2 will assist in the PGY1 role when the PGY 1 is on vacation, in the OR, or when the workload requires. The PGY2 will serve as the Chief while the PGY4 is on vacation.

Consults: When the workflow allows the PGY1 should see the consults and then present to the PGY2 and PGY4 at the same time. The PGY2 will then coach the PGY1 presentation skills and review the proposed diagnosis and plan. The team will then go see the patient and then present to the on call attending. When the PGY1 is the OR and not available to see consults, the PGY2 should step in to help. When the PGY4 is not available, the PGY2 should serve as the senior resident to supervise the PGY1 evaluation of consults.

ICU: The PGY2 will take primary patient care responsibility for presenting ICU patients on rounds, writing notes on ICU patients, writing ICU transfer orders, and communicating with the ICU team at the chief's or attending's direction.

OR: The PGY2 should plan on scrubbing on all lap bilateral hernias (to do 1 side), anorectal cases, sleeve gastrectomies (to perform division of short gastrics and EGD), and lap cholecystectomies. The PGY 4 will also take the PGY 2 or PGY 1 through selected cases at the discretion of the surgical attending.

Teaching Cases: At the discretion of the surgical attending, the PGY 2 should begin serving as teaching assistant for PGY1 on soft tissue excisions, open umbilical hernia repair, and open inguinal hernia repair with the goal of the PGY2 taking the junior through at least 1 case by the end of the rotation.

Robotic Surgery Training: The PGY2 should aim to complete all assigned online and simulation modules during their VA Rotation. PGY2 should serve as bedside assistant for robotic cases in order to meet the required 10 bedside assist target. For PGY2 residents who have completed the online modules, simulation modules, and 10 bedside assist cases, at the attendings discretion they may begin to sit at the console to close the peritoneal flap for robotic hernia repair.

Weekends: The PGY2 will be on call as the service chief on average every other weekend. The PGY2 will round with the PGY1, set the plan, and then staff the patients with the attendings.

Clinic: Every other Thursday the PGY2 will go to the Livermore VA clinic with Dr. Liebert for General Surgery clinic and minor surgeries. The other weeks the PGY2 will do clinic at VA Palo Alto.

Teaching: The PGY2 will actively teach medical students and PGY1 in knot tying, basic procedures, wound closures, I/D of abscess, wound care, and new patient assessments. The PGY2 will attend the weekly journal club when not at Livermore clinic. The PGY2 should lead at least 1 formal teaching session with the PGY1 and students during the rotation.

Journal Club: The PGY 2 should present an article at Journal Club at least once during their rotation.