PGY1 Rotation Orientation Starting your rotation: General instructions

The following is intended to give you a brief introduction to the Trauma Service at Scripps Mercy Hospital. It is not intended to be comprehensive, but it will provide you with the essential information you need to get off to a good start on your rotation.

1. Check in at the Graduate Medical Office (GME, lower level; open 0800 to 1630).
   a. Bring to GME a copy of your TAD orders (in case a copy was not forwarded by your institution already), and
   b. Verify that GME received your completed "Resident Check-in Form, copy of your medical school diploma and medical license, and proof of TB test (within last 12 months).
   c. Obtain a Parking Permit and your computer system access codes for the Scripps network and Epic
   d. Obtain a "Request for Non-Employee ID Badge" form and take it to the Security Office (1st floor) for processing.
2. Check in at Trauma Administration (1st floor, 0730 to 1600) with Administrative Coordinator.
   a. Pick up your assigned pager, keys, and locker.
   b. Pick up current copy of the Trauma Surgeons on call schedule.
3. Obtain Scripps ID badge from Security office (1st floor).
4. **Epic:**
   a) **Must have modules completed 48 business hours prior to starting trauma and checking in with GME**. (If your rotation starts on a Monday, that means modules must be done by preceding Thursday).
   b) **Make sure log in works prior to first day on trauma rotation.** Obtain Trauma List access from team and obtain Trauma/ACS "dot phrases" and trauma order sets.

Duty Hours/Call

1. Call schedule is assigned according to the ACGME standards for resident duty hours.
2. Chief resident and ICU resident call rooms are located on the 9th floor.
3. Your 24-hour duty period begins when you receive the pager at morning chief rounds and ends the subsequent day at the same meeting when you formally hand off to the oncoming resident. The time before 0730 on your call day and after on your post-call day should not exceed 4 hours cumulatively. These 4 hours are considered "TRANSITIONS OF CARE" as defined and verified first-hand by Dr. Krzyzaniak, Dr. Choi, and Dr. Auten with the ACGME. This is how you stay within the 24 + 4 rule.

Code Trauma

1. "Code Trauma" will be heard over the hospital PA system and the trauma pagers.
2. Respond to the "Code Trauma" by going to the resuscitation bay, adjacent to the Emergency Room.
3. Dress in lead, yellow gown, gloves and protective eyewear.

4. Either the on-call PGY-1 or another team member (as indicated by either the Chief Resident or the Trauma Attending) leads the initial trauma work-up using the ATLS guidelines:
   a. Take report from EMS as the patient is transferred to the gurney.
   b. Perform primary survey and announce **loudly** the findings on the initial ABCD's
   c. Take an A.M.P.L.E. history and then secondary survey.
5. Another house officer (resident, intern or PA student) or attending in some circumstances will act as "scribe" and record the history and physical exam on a pre-formatted part of the medical record.
6. The team will decide together about appropriate workup for the patient.

The individual who led the workup and resuscitation should review the results of the imaging study and laboratory data with the attending trauma surgeon to determine patient disposition (discharge, admit to ward or the surgical intensive care unit (SICU) or take to surgery).

INTERN/PA STUDENT: RESPONSIBILITIES AND EXPECTATIONS:

1. For morning shifts, arrive on time at 0600 for start of shift in trauma 10th floor conference room to assign patients for pre-rounding and receive overnight events report from post-call intern.
2. Pre-round on assigned patients prior to 0730. Notify the chief resident, NP, or on-call attending of any new or potential issues.
3. Meet in physician's lounge on 1st floor at 0730 for Chief Rounds to discuss each patient's pressing issues and potential disposition. Begin generation of work list for the day.
4. From 0800-0900, the Attending surgeons perform turnover. During this time complete patient assessment, follow-up all diagnostic/laboratory studies, formulate a plan, and begin discharge planning/dictations as per discussion from Chief Rounds
5. Floor rounds on the 10th floor begin after ICU rounds are completed. Be prepared to present patient information in a standard format. Identify additional issues that may or may not be added to the work list.
6. Participate in attending writing/walking rounds on the 10th floor. Finalize the work list and begin to address the issues on the list.
7. Work as a team to perform discharge planning including discharge paperwork, prescriptions, sign verbal orders, sign discharge list of medications, authorize and sign PT/OT/ST requests, arrange appropriate consultant follow-up plans and complete ward work.
8. Dictate discharge and transfer summaries on the day of discharge. Complete the Diagnosis Summary sheet and place the dictation number that is given at the end of the dictation in the designated space on bottom of the summary sheet. When completed, place in patient chart. It is the responsibility of the intern group to assure that all discharged patient's dictations are complete within 24 hours of discharge. Patients being transferred to another facility will need to have a stat dictation performed prior to discharge. (To make the dictation stat, press the "*" key after the prompt states "Begin dictating now", then beeps).
9. Perform timely diagnostic and laboratory follow-up of newly admitted trauma patients.

10. Maintain an active trauma patient list in Centricity. Add newly admitted patients and delete patients who were discharged.
11. Update daily rounds sheets with new information, diagnoses, operative/procedure dates, consultants, and current plan.
12. Complete the Tertiary Exam Form at approximately 6 hours after admission. Clear c-spine, advance diet and activity levels, and order home medications as soon as possible. Obtain additional past medical history from family when possible. It may even be necessary to contact the patient's pharmacy to obtain a current medication list.
13. Oversee assessment and management of all patients seen by a PA student or medical student including co-signing notes and orders and performing discharge dictation on patients covered by the PA/Med students.
14. Sign ALL verbal orders, including orders given by your trauma team colleagues Unsigned verbal orders place the nurse who carried out the verbal order not only at increased liability risk, but also at risk of losing her/his nursing license and place the hospital at risk for losing JCAHO accreditation. Please limit verbal orders to when you are doing a procedure or when the patient's situation is dire.
15. When a "Code Trauma" is called, the on-call intern will proceed to the trauma bay to direct the trauma resuscitation. One (and only one) other team member should proceed to the trauma bay to provide assistance with care and documentation. The on-call intern will then stay with the patient to review imaging studies and to gather lab values as they become available. The scribe will return to the ward or ICU when the patient leaves the trauma bay. The remaining house officers will continue with ward and ICU work. In the case of more than one simultaneous resus, the deployment of personnel will be directed by the trauma attending of the day.
16. Prior to shift completion, perform a patient care turnover with the Chief Resident, Nurse Practitioner, or Attending.

Transitional Year Intern/Emergency Medicine (R1) Goals and Objectives

Medical / Surgical Knowledge: (suggested reading is from the Parkland Trauma Handbook [PTH] 3rd edition)

Knowledge and critical thinking

1. 1. Develop a comprehensive understanding of the pathophysiology of injury. . PTH pp 24-30
2. Understand the principles of the initial evaluation, triage, and resuscitation of the multiply injured patient. PTH pp 31-42
3. Understand the appropriate and timely use of intubation and mechanical ventilation, spine and pelvis immobilization, control of bleeding, and administration of fluids and blood products. PTH pp16-23, 31-42; PTH 31-34;Sise MJ, et al, J Trauma 2009; 66:32-40; PTH pp93-96; PTH pp 105-108, 163-164,303-311; PTH 43-59.
4. Understand the use of imaging and laboratory studies of the trauma patient. PTH pp 60-70

Clinical diagnosis and management

1. Rapidly and efficiently apply the ATLS algorithms for initial evaluation, resuscitation, and management of injury, including primary and secondary surveys. Quickly identify life threatening injuries, initiate resuscitation, and formulate a management plan.

2. Rapidly and appropriately prioritize and triage trauma patients in working partnership with the emergency medicine service. Function as an integral part of the Trauma Team that includes surgical residents, trauma nurses, and attending staff surgeons.
3. Determine the indications for surgical operation and/or admission to the trauma service, either the intensive care unit or the ward.
4. Take responsibility for the minute to minute management of ward trauma patients with daily surgical faculty supervision.
5. Rapidly recognize, evaluate, and initiate treatment of complications in trauma inpatients.
6. Management of wounds and drains. For chest tubes, know drainage amount and character, suction or water seal, air leak presence, and chest x-ray findings. Mark chest tube output level each morning with a "T" in a circle. For other drains, know placement, type, and drainage amount and character.

Outpatient experience and continuity of care

1. Follow all trauma patients in the hospital until discharge.
2. Follow all trauma patients after discharge in the weekly Mercy Trauma Clinic.

Operative experience

1. Participate in the performance of surgical operations with attending supervision. The type of case and level of responsibility in each case will be determined by the level of experience and demonstrated skill of the resident. Attendings will be present in the operating room for all cases and will determine if the intern has sufficient experience to primarily perform or assist with the following:

a. Endotracheal intubation
b. Emergency cricothyroidotomy
c. Tube thoracostomy
d. Placement of: central venous catheters, arterial and intravenous lines
e. Nasogastric and Foley catheters
f. Diagnostic peritoneal lavage or focused abdominal sonogram for trauma (FAST)
g. Pericardiocentesis

Professionalism

1. Demonstrate respect for diversity, and attempt to modify treatments when necessary to suit a patient's or family's diverse needs.
2. Know the importance of continuity of care; take ownership of patients by offering and providing follow-up of complicated and/or seriously ill patients, or by arranging follow up with the patient's physician
3. Respect patient privacy by demonstrating proper custody of patient medical records and by not discussing patient care in public. Know HIPAA regulations and follow HIPAA instructions with respect to transfer of medical information by fax, e-mail, etc.
4. Maintain high standards of ethical behavior.
5. Adhere to the 80 hour work week and duty hour requirements.

Interpersonal skills and communication

1. Maintain complete, timely, accurate and legible medical records and sign all verbal orders within 24 hours.
2. Consult specialists appropriately in written and/or oral forms.
3. Explain and discuss physical exam and diagnostic findings with the patient and their family in a clear manner while avoiding medical jargon.
4. Effectively counsel the patient and their family on various anticipatory guidance topics.

5. Recognize any language, cultural, educational, socioeconomic or religious barrier to communication or medical treatment and seeks techniques to overcome this barrier.
6. Work well with nurses and support staff, in a manner which is respectful and enhances timely and effective patient care.

Practice based learning

1. Identify their strengths and weaknesses at the beginning of the rotation and strives to improve during the course of the rotation.
2. Demonstrate awareness of their limitations with respect to experience and knowledge base, and appropriately seeks help when necessary.
3. Become adept at searching the medical literature and using internet resources.
4. Actively educate self, patients, parents, faculty, and peers. Tailor education to fit the level of the audience. Use written information or diagrams to reinforce education.
5. Participate in chart review, striving to identify accuracy of documentation, appropriateness of medical and surgical treatment, and medical errors.
6. Participate in weekly review of morbidities and mortalities, with emphasis on education, patient safety, and prevention.

System based practice

1. Use diagnostic studies, medications, and subspecialty referrals in a cost-effective manner that doesn't compromise patient care.
2. Help a patient and their family navigate the civilian medical system when referring a patient to another provider, to a civilian provider, or to a community resource.
3. Know how to access and work with social workers and case managers to optimize medical care delivery to a patient and their family.
4. Know how to advocate for health promotion and disease and injury prevention at both the individual and community level.

Ending your rotation: General instructions

1. Arrange to meet with Dr. Krzyzaniak for an exit interview. You may do this by contacting Ms. Ryan-Walker. This will provide you with an opportunity to get feedback and to provide us with your thoughts on how the rotation might be improved or strengthened.
2. Turn in the pager and keys to the Trauma Administrative Coordinator.
3. Please ensure that all medical records are complete.

A Final Word

We want this rotation to be an exceptional learning experience for you. If you encounter any problems, please share them with Dr. Dr. Krzyzaniak (krzyzaniak.michael@scrippshealth.org) or call 608-239-7149