

# 2023-2024 Intern Expectations

## Introduction:

- Welcome to the WVU Residency Program!
- The purpose of this document is to set clear expectations for daily and overall conduct to help you understand your vital role in patient care, and help you achieve maximal educational benefit.
- Use this guide to form good habits, as the habits you form this year will shape your professional path in residency and beyond.
- This was designed by your program leadership and your chief residents to help you have a successful year and develop a strong foundation.

## Section 1: General Expectations

### 1.1 Professional Conduct and Ethics

- Be professional.
- Be respectful.
- Assume responsibility for your patients, your service, and your education.
- Maintain patient confidentiality and privacy.
- Communicate effectively with health care teams and other staff members.
- Demonstrate empathy, compassion, and respect towards patients and colleagues.

### 1.2 Time Management

- It is your responsibility to understand your duty hour restrictions. If your schedule will put you in violation of duty hours, you must inform your chief in a timely manner so that this can be corrected.
- Develop effective time management skills to balance clinical responsibilities, educational responsibilities, and personal well-being.

### 1.3 Attendance

- Attendance is mandatory at all conferences (M&M, Grand Rounds, Didactics) unless otherwise noted.
- Informing attendings of scheduled mandatory meetings is your responsibility.
- Punctuality is expected, and chronic tardiness will result in disciplinary action.
- The use of cell phones during conference is inappropriate.

#### 1.4 Dress Code

- Wearing a white coat is required for all clinics, M&M, and Grand Rounds.
- Clothing and which coats should be neat and clean. There is a white coat laundering service provided. Ask Linda Shaffer for details.
- Scrubs are to be worn in the hospital only. In other words, you must arrive to and leave the hospital in street clothes.

#### 1.5 Administrative Duties

- Log duty hours and cases weekly at minimum.
- Problems completing administrative tasks may result in removal from clinical duties until these administrative tasks are complete.
- Complete evaluations in a timely fashion.

### Section 2: Clinical Competence and Skills Development

#### 2.1 Medical Knowledge

- Your goal for the year is to acquire a strong foundation in medical and surgical principles.
- Stay updated with current literature and evidence-based practices. This requires daily reading. See resources below.
- Complete TWIS quizzes and other assignments.
- Work to incorporate knowledge into daily practice for patient benefit.

#### 2.2 Surgical Skills

- The development of technical proficiency in various surgical procedures require active learning.
- Seek opportunities to assist and perform surgeries under supervision. This may include double scrubbing when your floorwork allows.
- Make a habit of spending time in the STEPs center when possible (3<sup>rd</sup> floor HSC).

### Section 3: Daily Conduct

#### 3.1 Sample Schedule

- Before rounds: Obtain sign out, pre-round and review vitals, labs, etc. You will be responsible for presenting this data to your team on rounds.
- Rounds: usually 6 am or when designated by your chief.
  - Many find it helpful to write check boxes on your list for tasks to complete.
  - Try to formulate a plan for each patient – this keeps you engaged and optimizes your learning.
  - Make sure you understand the plan laid out by the chief resident.

### 3.1 Sample Schedule (continued)

- Task completion
  - Place all orders and call consults.
  - Complete discharges.
  - Physical work: dressing changes, drain pulls, staple removal, etc.
  - Finally, daily progress notes.
- Patient clinical status changes
  - See patients in person for any clinical concerns.
  - Re-evaluate the plan every time a patient's clinical status changes.
  - Check in with your team frequently, even when they are in the OR.
  - Bring any major concerning clinical status changes to the rest of your team quickly to expedite patient care. If they are unavailable, do not hesitate to involve staff.

### 3.2 Working with a care team

- Make yourself accessible to nurses, care managers, and other members of your patients' care teams.
- The preferred work environment is the team's "home workroom" on each rotation, rather than the general workroom on 5N.
- It is important to interface with patients directly as well as the nurses who take care of them.

### 3.3 Night float

- Your workflow will be much different at night than during the day.
- Do casual night rounds by yourself to check in with the nurses on each of the patient floors that you cover. This will help you reduce pages and identify problems early.
- Communicate frequently with your upper levels. Troubleshooting issues on your own is encouraged, but all team members should be updated with clinical changes. This will help you coordinate and necessary moves to the ICU.

### 3.4 Bedside Procedures

- When performing bedside procedures, preparation is key.
- Inform the nurse and premedicate the patient when indicated.
- Have all tools and equipment available and organized before starting.
- Obtain consent and complete a timeout when indicated.
- All procedures should be documented in Epic immediately upon completion of the procedure.

## Section 4: Key Points on Consults

- Consult requests should be called early in the day when possible.
- Every consult should have a specific question that the consultant can address. It is important to clarify this question with your chief when calling a consult.
  - For example: If you are asked to involve Endocrinology on a patient with hyperglycemia which has been hard to manage after an operation, the consult request is to “evaluate and manage acute postoperative hyperglycemia”, not “patient has diabetes”.
  - Similarly, if you are asked to consult on a patient for “history of rectal cancer”, clarify the details of the question being asked. Is this for surveillance of the cancer, a new problem, a stoma issue, or something else?
- All plans for consults should be relayed directly back to the consulting team to ensure closed loop communication.

## Section 5: Communication

### 5.1 Close the loop

- Closed-loop communication with all parties involved in a patient’s care is the most important factor in having an effective team. This starts with you.
  - Clarify any orders or requests that are unclear.
  - Touch base throughout the day with your team members.
  - This includes primary teams, consulted teams, Advanced Practice Providers, Nurses, Case management, PT/OT, and outpatient personnel.
- Most effective patient care is conveyed through direct communication.

## Section 6: Operating Conduct

### 6.1 Pre-procedure

- Case assignments should be done by your chief ahead of time.
- Surgical residency is a process of graduated autonomy. The goal will be for you to do increasingly more difficult steps of an operation. Once you have completed all of the steps, then you will progress to completing the case.
- The first step is knowing the patient. Study ahead on the disease, surgical indications, anatomy, and steps of the procedure.
- Understand common complications, surgical pitfalls, and post-operative management.

### 6.2 Pre-op tasks

- Introduce yourself to the patient.
- Ensure appropriate consent is complete.
- Ensure that there is an H&P within 30 days and write an H&P update. If there is not, write a new H&P. If inpatient, ensure that there is a daily progress note completed.

- Discuss any equipment or positioning needs with OR staff and get your gloves.

### 6.3 Operative Conduct

- **Be present in the operating room when the patient arrives and have any pertinent imaging open for review.** Someone from the surgical team must be present for induction in case there is an airway emergency.
- Position the patient appropriately.
- Consider discussing the steps of the operation with staff or upper level residents, and determine level-appropriate portions of the operating to perform.

### 6.4 Post Op

- Complete the brief op note.
- Accompany the patient to the PACU or ICU and be available for any questions during the handoff.
- Place postoperative orders in a timely fashion.

### Free Resources:

- 1) Access Surgery - <https://accesssurgery.mhmedical.com/>
  - a. Zollinger's Atlas- great resource to check out cases
  - b. Schwartz's Principles in Surgery – general surgery textbook
- 2) Operative Techniques in Surgery – Mulholland et. al.
  - a. Search "Operative Techniques in Surgery" at [library.wvu.edu](http://library.wvu.edu) – ebook access
  - b. Good resource to check out surgeries, indications
- 3) Videos:
  - a. Youtube – watch specific procedures (especially good for robotics).
  - b. Youtube "FLS Expanded Video Tutorial"
  - c. SAGES
- 4) Suturing and knot tying essentials: UCSF Surgical Skills Center Kinesthetic Curriculum
- 5) Podcasts: General/ABSITE – [Behind the Knife](#), Trauma – [Traumacast](#), Vascular – [Audible Bleeding](#).
- 6) Radiologic fundamentals: [Radiopaedia.org](http://Radiopaedia.org)
- 7) UPTODATE!

### Conclusion:

- Your role in patient care is absolutely vital. You are often the first to see a patient, and you set the tone for their care.
- Embrace challenges, seek support, and foster a culture of excellence and collaboration within your surgical community.

