COLORECTAL SURGERY SERVICE ORIENTATION MATERIALS

Surgeons:

Kevin Train, MD –Interim Division Chief
Emily Groves, MD
Douglas Murken, MD
Keri Mayers, DO
Madaliene Dennison, DO (Oct 2025)

APPs:
Chris Nock, PA-C—Tuesday-Friday
Emily Proud, PA-C—Monday-Thursday

Nurses:
Lucy Albright, RN – Certified Wound Ostomy Nurse
Adrienne Brown, RN—Clinical Nurse Coordinator for Drs. Mayers and Groves
Christine Gyure, RN—Clinical Nurse Coordinator for Drs. Train and Murken

Schedulers:
Susan Willison— Drs. Murken and Mayers
Jennifer Stewart—Drs. Train and Groves

Team and Workflow:
Colorectal surgery is a team-based service with an eclectic mix of patients and case volumes. It is critical to think about each patient as an individual who presents under an array of circumstances: inpatient, outpatient, acute and chronic, with benign and malignant conditions. This variability keeps the field fast-paced and interesting, but also means a new set of challenges and learning opportunities for resident trainees.

This year there are 4 residents per month (PGY5, 4,2,1) and the service is very busy, so organization and communication are paramount. The service will be run by the chief (or PGY4 when the chief is unavailable**). The chief will send out a monthly schedule as well as weekly assignments by email; include staff and APPs on these arrangements.** We ask that you minimize Fridays off, as we have 2-3 ORs running every Friday. Tuesdays and Thursdays are most ideal for the weekdays off.

The staff workflow now consists of a rotating Surgeon of the Week (SOW). The SOW is expected to clear their elective schedule in order to round on all of the inpatients and manage daytime acute patient needs and new consults. The chief and SOW should meet informally on Monday to discuss workflow preferences. All OR cases should be covered by a resident unless they are in protected education time. All Endoscopy needs to be covered as well. If residents are assigned to neither of these, they should be assigned to clinic.

Operating Expectations (including endoscopy):

- Review available data and discuss operative plan, indication and decision making with attending the day prior to the case if possible.
- *Patients should be signed into preop by the assigned resident by 6:45 am for a first start case. This includes the H&P and consent confirmation.*
- Resident will be present and active for the positioning and prep. Be in room before patient arrives.
- Know the steps of the operation.
- Double scrubbing is encouraged once floor work is completed.

Inpatient Expectations:

Rounding/floor issues:

- All patients should be seen on AM rounds unless told not to do so by the SOW.
- Rounds should be completed by 6:45 so you can sign in patients for OR and run the list with the whole team and the SOW.
- Status changes should be communicated to the chief and other team members when appropriate. This may mean coming into the OR to communicate with the chief directly rather than via text message. Also include APPs in team communication.
- The intern should hold the service pager unless they are in conference or scrubbed. They should spend their computer time on 9E if otherwise unassigned. This is where most of our patients are located. Being here will help you develop rapport with the nurses and avoid unnecessary pages. This will also maximize your educational benefit.

Consults:

- Consults are to be seen in a timely fashion and worked up thoroughly. This includes a history and physical exam. This also often includes working to get operative notes and imaging from outside facilities. We want to know that you have assessed all aspects of the patient care, and that the plan you are formulating is thoughtful and comprehensive.
- Consults should be staffed through the 4th year resident or the chief prior to being brought to staff unless there is an emergency, in which case do not hesitate to present to the attending directly.

Clinic Expectations:

- Residents are expected to attend one full day of clinic per week.
- A resident should see no more than 6 clinic patients per day to maximize educational yield. Learning and exposure to imaging/procedures will be emphasized as will be seeing post-operative patients that the resident operated on.
- There are often ambulatory procedures in clinic that are unique to the field of colorectal surgery and provide learning opportunities for residents.

Education Materials:

- The ASCRS Textbook of Colon and Rectal Surgery, Fourth Edition, which is available in electronic format from Dr. Train on request. (I have the PDF of the fourth)
- ASCRS Clinical Practice Guidelines (CPGs) are also available for free from the ASCRS website. https://staging.fascrs.org/healthcare-providers/education/clinical-practice-guidelines