

INTERN 101

Your Insider's Guide to the Intern Surgical Rotations

Last updated: June 14, 2017

Welcome to your surgical intern year. It's going to be great! You will be expected to hit the ground running every month. This will help you achieve those goals.

The information in this booklet is subject to change. Please notify the Surgery Education Office if you see something that needs to be updated (because if you don't, no one will).

Also visit the residentportal for additional information:

<http://residentportal.surgery.ucsf.edu/services/rotations/rotation-information.aspx>

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Rotation: UC Cardiac Surgery

Team composition: 1 Fellow, 1day intern, 2-3 day NP/Pas, Night float or NP/PA at night

Fellows: Merry Uchiyama (3rd year), Melissa Coleman (2nd year)

Service Pager/Chief Pagers: Cardiac pager: 443-2624 Thoracic pager: 443-5864

Cardiac Phone: 415-203-8852

Call Room: Room L1081, at end of 10 Long hallway across from atrium, door nearest the Long elevators, code 2-1-4

Important Codes:

ICU is badge access

10 South Pantry 1-0-5-7

10 Long Pantry and Supply room 4-1-5

10 Long Waste room 1-1-3-3

10 ICU carts 5-1-5-0

Parking Options: Parking garage across the street (~\$180/mo) or street parking in Inner Sunset; Parking free in visitor lot from 4:45pm-9pm daily and all weekend

Weekly Schedule (OR days, Clinic days):

Work is split up between the PA's and the interns (usually PA's will take the ICU and the intern will take the floor or vice versa). Nightfloat covers both cardiac and thoracic services until 6 am. There is no clinic.

Wed AM Protocol: Ok to leave for Grand Rounds, leave the pager with the PAs

Morning Signout: 6am, 10 ICU, east side computer area station between bed 6 and 7. Interns, PA's, and fellow meet with NF at 6AM. The nightfloat will have gotten numbers on the ICU patients.

Rounding:

- Starts at 6:00am

- Nightfloat gets the ICU numbers, you just read them off, or occasionally will stay for ICU rounds. No wound bag to carry.

Daily responsibilities:

- Daily notes, order entry, covering consults, d/c summaries, interim summaries, and updating the list are shared equally among interns and PA's.
- The different attendings frequently like to round with the intern on their patients later in the day, which can take up a significant amount of time, so be prepared.
- OK to go to the OR to double scrub cases if the floor is not too busy, NP/PAs will hold the pager

Evening Signout: 6pm, 10ICU, east side computer area, same as morning signout- print out a list for the nightfloat, but no need to get numbers. PA's/interns prep list together.

Rotation-specific Conferences:

- CT Conference is Thurs 7am across the street in Milberry Union 4th floor. Breakfast is provided. Occasionally you will be asked questions but you do not need to do any presentations. No journal club.

Scrub Machines:

Women's Locker Room, 5th Floor Long (at the same position as where the call room is), code 1-7-3-9-5

Men's Locker Room, 5th Floor Moffitt right in front of elevators, ID badge access

Can also go to Linens in basement/ beg at the OR front desk if machines are out of stock/full

Additional Need to Know:

- You'll be given a handbook with outlines of the different attending and procedure specific protocols- keep this handy as it tells you exactly what to do for post op orders each day
- Don't make any major changes without d/w either the PA's, fellows, or attendings first, especially with narcotics, benzos, and NSAIDs. Don't pull out chest tubes or pacer wires until shown how by an NP/PA/fellow.
- Notify other team members about abnormal labs/studies or anticipated labs/studies immediately
- If you can't reach the fellow, call the attending yourself (it's okay on this service).

Rotation: KTU

Team composition : 1 transplant surgery fellow, 1 transplant nephrology fellow (medicine), 1 nephrology fellow (medicine), 1 surgery R3, day and night NPs, 1 pharmacist, 1 transplant coordinator, 1 intern

Fellow: use cell or personal pager

Service Pager: 443-9358 Service Phone 353-1094

Call Room: at end of 9Long hallway, closest to Long elevators

Parking Options: Parking garage across the street or street parking in Inner Sunset; Parking free in visitor lot from 4:45pm-9pm daily and all weekend.

Weekly Schedule:

No clinic days. OR schedule highly variable and depends on organ availability. Usually one to two living donor pairs scheduled per week. Tuesday afternoon is your scheduled OR time- Sue will take the pager.

Wed AM Protocol: Able to leave for Grand Rounds, usually Sue will come in and get sign out if you have skills lab and won't be there for rounds.

Morning Signout: 6:30am or 6:45 in 9 Long computer workroom (926) behind nursing station

Rounding: You present patients on rounds and write orders starting at 10:00am. The attendings are on the service for one to two weeks.

Daily responsibilities:

7AM-9AM – Pre-round on all patients (get numbers and physically go see them). Update list including medications, dictate discharge summaries, review patient list with fellows, call in studies or consults, get breakfast, start writing notes.

9:45-10:15AM - Print list with numbers and labs. Make double sided copies. The copier is in a locked room at the back of 9L. The key is in the desk at the nursing station.

10:15AM - Rounds (Rounds follow interdisciplinary meeting that attending and fellows (not you) attend). Rounds start in solarium on 9L. You sit at the center table and briefly present each non-ICU patient. On rounds take notes as to the plan for each patient. R3, Heather, and Kathleen will help write orders. Afterward you physically go see the patients. ICU patients are presented at the bedside. For all other patients, just briefly review the plan before going in the room.

1:30- 2:00PM - Get Prograf (Tacrolimus) and cyclosporine levels for each patient, have numbers ready to review with the fellow in the afternoon. You must review levels prior to 5pm so the pharmacy has time to make changes in PM doses.

- Update list with any dose changes in meds and plans for the day, updated cultures, ultrasounds, etc

Evening Signout: 6PM in 9 Long computer workroom behind nursing station (926)

Rotation-specific Conferences: Weekly transplant surgery M&M Fridays at 7am on the ground floor of the medical school. You have no responsibilities at this meeting, but are expected to attend.

Scrub Machines: Women's Locker Room, 5th Floor Long (at the same position as where the call room is), code 1-7-3-9-5

Men's Locker Room, 5th Floor Moffitt right in front of elevators, ID badge access

Can also go to Linens in basement if machines are out of stock/full

Additional Need to Know:

- Attendings dictate notes daily. You are only responsible for discharge summaries, post-op check notes, and donor nephrectomy patient daily notes.
- When in doubt, call the transplant coordinator.
- When getting a new admission for transplant, ask the coordinator where, when, and how the patient receives dialysis, and what studies need to be obtained pre-op (trays, serology, etc.)
- Some renal biopsy patients go directly to the LSU (Limited Stay Unit). The renal fellow is responsible for H&P and orders for these patients unless they are admitted to the ward for treatment of renal allograft rejection. Then you take over- but the renal fellow should still write H and P. Night float checks post-biopsy HCT and covers night orders for these pts, so get some info about these patients before you sign out.

http://residentportal.surgery.ucsf.edu/media/7426239/Adult_Kidney_Transplant_Service_Guidelines_10-2014.pdf

http://residentportal.surgery.ucsf.edu/media/7426242/KTU-Intern-Cheat-Sheet_10-2014.pdf

Rotation: LTU

Service Pager/Chief Pagers: Service Pager: 443-5751; Spectralink phone: 353-9187

Fellows: Shareef Syed, Babak Orandi, Jay Gardner

NP: Jennifer Smart

Resources: See intern guide in shared team folder. Download AgileMD app (use UCSF email). In the app download the UCSF Liver Transplant Manual

Parking Options: Parking garage across the street (\$203/mo) or street parking in Inner Sunset (watch out for random street cleaning times); Parking free in visitor lot from 4:45pm-9pm daily and all weekend

Team composition: 1 transplant surgery fellow, 1 GI fellow, 1 Hepatology fellow, 1-2 surgery interns, 2 medicine interns, 1-2 NPs

Wed AM Protocol:

Remind your team the day before that you have Grand rounds and teaching the next day. You go straight to grand rounds and return around 12pm on skills lab days and get your signout, write notes/discharges on your patients. No need to get sign out at 6:30am before grand rounds.

Morning Signout: 926 Long (Computer room behind nurses station on 9L) @ 6:30am

Rounding: After sign-out you round on your patients, get all pertinent labs, study results, etc. Prepare for rounds which start at 8:45am in the 9 long solarium (back left corner of 9L). You sit at the center table and each intern/NP briefly presents their non-ICU patients by problem. On rounds take notes as to the plan for all patients (you will cross-cover for Medicine interns and vice versa). Afterward you physically go see the patients. ICU patients are presented at the bedside by system. You then go see the floor patients; briefly review the plan before going in the room. On weekends, you still get sign out at 6:30am, but then discovery rounds start at 7am at the first ICU patient. The night float presents the ICU patients to the team and writes the ICU patient notes.

Daily responsibilities:

Write notes on all your patients, including those who will be discharged that day. Everyone must have a note everyday they are in house, co-signed to the hepatology attending (not the surgery attending). Write discharge summaries; co-sign operative patients to the surgeon. Order studies and call consults early in the morning and always follow up that they are done. Update cover list. If you are needed to help with a transplant, sign-out your patients to the other interns/ NP's who will cover while you are in the OR. You will cover the medicine interns' patients while they are at their teaching (every weekday from 12-1 and Thursdays from 10-11) as well as their half day of clinic each week. Each day there is a designated "late intern" who takes signout from everybody else once the work is done.

Evening Signout: 7pm Sunday-Thursday and 8pm Friday-Saturday in 9L workroom (926)

Scrub Machines: Women's Locker Room, 5th Floor Long (at the same position as where the call room is), code 1-7-3-9-5

Men's Locker Room, 5th Floor Moffitt right in front of elevators, ID badge access

Can also go to Linens in basement if machines are out of stock/full

Rotation-specific Conferences: On Mon and Tues from 2-3 and Wed from 3-4 there is mandatory teaching by either Hepatology attending or fellows. Wednesday around 12:30-2pm there is Transplant selection conference, if you have a patient who needs to be presented, you will be the one presenting them. The Hepatology fellow will show you the selection note template in Apex. M&M on Friday mornings.

Rotation: UC Red (ACS & EGS Dunphy) + UC HBOP (EGS Galante)

Service Pager/Chief Pagers:

ACS (acute care surgery) (NP/R1/R3): 443-0939 and ACS consult SOD (R3): 443-5061

EGS (elective general surgery) Dunphy (NP/R1/R3): 443-3173

EGS Galante (R1/R5): 443-7036

Scheduling requests should be emailed to Stephanie Castillo and CC Dr. Harris well ahead of time (aka 1 month or more before your rotation starts to be safe), however the finalized schedule may not come out until the 20th or so of the month prior.

EGS Dunphy covers mostly general surgery cases and bariatric/foregut procedures performed by attendings Rogers, Posselt, Lin, Carter, Lebares.

UC HPB (aka EGS Galante) is surgical oncology and HPB by attendings Harris, Corvera, Nakakura, and some transplant surgeons.

Call Room: 1318C in the hallway between 13L and the ICU, opens with badge

Important Codes: all important documents are at T:\Red Surgery or <http://surgery.ucsf.edu/res/ResHandbook/services/red/red.htm>

Parking Options: Parking garage across the street or street parking in Inner Sunset; Parking free in visitor lot from 4:45pm-9pm daily and all weekend.

Team composition: Red is composed of 2 teams- ACS with one R3 (chief), and one intern, and EGS Dunphy composed of one R3 (chief), one R1 intern, and most of the time one NP. ACS patients are managed by the attending of the day. EGS is run like a private service, where each attending follows the patients he/ she operated on. There is a R3 SOD (surgeon on duty) who takes consults and covers cases. The two R3s normally switch on the 15th of the month.

Weekly Schedule: The Galante R5 will send out the weekly schedule assigning cases and clinic days. Clinic: Mondays Dr. Lin, Tuesdays Dr Huang, Wednesdays Rogers, Posselt, Carter (bariatric, foregut clinic), Wednesday afternoon with Dr. Harris, and Friday with Carter

Wed AM Protocol: Hand off pager to NP and go once AM rounds are finished.

Morning Signout: Around 5:40 in NP workroom on 13L, hidden in the back of the nursing computer workstation. Adjust time depending on number of pts so you're ready to start rounds promptly at 6:00.

Rounding: You present every patient starting with ICU. Prepare.

Daily responsibilities: The NP will split the floor work with you when available. BE NICE to the NPs and they will make your life so much better.

Evening Signout: 6PM in NP workroom on 13L.

Rotation-specific Conferences: Monday at 7:00 AM in the Surgery Chair Conference Room (S-322). Be on time.

Scrub Machines:

Women's Locker Room, 5th Floor Long (at the same position as where the call room is), code 1-7-3-9-5

Men's Locker Room, 5th Floor Moffitt right in front of elevators, ID badge access

Can also go to Linens in basement if machines are out of stock/full

1. Stay on top of discharge summaries. They can pile up quickly.
2. Try to read for next day's cases. The service is very academically oriented and will reward your efforts.
3. Be nice to the NPs. They can make or break your experience.
4. You usually use computers outside the NP workroom for work, NOT in the room (except on weekends).

Rotation: UC Vascular

Service pager is 443-4461

Fellows: Joy Walker (2nd year), Bian Wu (1st year)

Call Room: On 9th floor in hallway between Long and Moffitt - M916 - outside door 5-4-3, inside door (54)-(32) the inside door can be sticky so just play with the knob a bit

Parking Options:

Parking garage across the street or street parking in Inner Sunset

Parking free in visitor lot from 4:45pm-9am (with badge) daily and all weekend

Team composition: Two fellows (junior fellow who runs rounds, senior fellow who runs service/consults), one R3 (OR/consults), two interns (rotate between days/nights), 1-2 NPs (at least one is there every weekday, off on weekends)

Weekly Schedule: Day/night intern switch weekly. Day intern works Tuesday through Sunday, comes back on Monday night for one night shift, has the rest of Tuesday off, then comes back on Wednesday night for night shifts. Night intern works Wednesday through Saturday night, has the rest of Sunday and all of Monday off, then comes back Tuesday morning for day shifts. Tuesday is OR day for day intern. Day intern sometimes has to go to clinic after Wednesday teaching.

Wed AM Protocol: Rounds start at 6am (7am on weekends), and the fellow will break rounds if they start eating into Grand Rounds. NP will carry the pager since interns go to teaching.

Morning Signout: 6am, meet in 10ICU by front desk. Nightfloat should have lists ready with all ICU and floor numbers written on sheets and copies for everyone (ask outgoing interns of current team composition and number of lists needed).

Rounding: Nightfloat leads rounds and presents all the patients starting in the ICU at 6am.

Daily responsibilities: Day intern/NP split list, intern carries pager and forwards pages to NP for NP's patients. Day intern does clinic and preadmission H+P's, and helps with consults when necessary (R3 usually handles all consults, but may be in OR), writes notes for their patients, discharges for their patients, and updates list. R3 usually preops first cases of day, but day intern may help preop cases to follow. R3/fellows usually place post-op orders and call to sign out patient.

Evening Signout: NP signout at 3:30 PM with fellow and day intern in 10ICU (by the windows at end of ICU), then 6PM signout to night intern in 10ICU with fellow.

Rotation-specific Conferences: Journal club usually once a month on Wed evenings, you will usually be asked to present an article. They will email you if it's happening.

Scrub Machines: Women's Locker Room, 5th Floor Long (where the R3 call room is), code 1-7-3-9-5

Men's Locker Room, 5th Floor Moffitt right in front of elevators, ID badge access

Can also go to Linens in basement if machines are out of stock/full

Additional Need to Know: Vascular is famous for the unexpected admissions, either from clinic or pre-admits or transfers and you may not always be aware of them. You will need to be proactive to find out about these admits. They tend to show up between 4-6pm, which means the floor intern will be swamped all of a sudden just before they need to sign out. You can prepare yourself for these admits by looking at the OR list ahead of time and seeing who is getting angios, etc the next day...these folks may need to come in for pre-hydration or contrast ppx the night before. It is also helpful to call the transfer center at the start of each shift. You will receive a Vascular pearls pdf before the rotation starts; this is extremely helpful with regards to general pre and post-op management of most vascular patients, definitely read this resource

http://residentportal.surgery.ucsf.edu/media/7375394/Vascular-Pearls_8-27-14.pdf

Rotation: UC Plastics

Service pager: 443-7307. Since you don't take AM signout in person you can have the pager forwarded to your personal pager each morning and just leave the plastics pager in the 13L signout room for the moonlighters.

Call Room: 593M Plastic Surgery Office in 5F Moffitt in hallway between Medical Sciences and Moffitt; will need to get a key from previous intern

Team composition: Chief resident (R6 or R5), junior resident (R4), one intern, one PA (Sarah Choi). PA primarily does clinic and changes wound vacs but sometimes available to help with floorwork.

Weekly Schedule: 6a-6p Monday to Saturday every week. Sunday is covered by the senior.

Wed AM Protocol: PA comes in early to round and will hold the pager during intern teaching.

Morning Signout: The ACS moonlighter overnight will call or text you with updates. Have lists (by pure gravity, with ICU patients on each respective floor first) with vitals, labs, JP outputs ready for morning rounds. The list is located at T:_____Plastic Surgery_MoffittPatientList
Come in about 30 minutes before rounds to have time to get signout and make the list.

Rounding: Senior decides when to round each day, usually meet at around 6am. You carry the wound supplies bag.

Daily responsibilities: All floorwork, first pass at consults/hand call. Hand call schedule alternates with ortho. You will also get patient questions from the physician answering service and the clinic for patients you don't necessarily know. No formal multi-disciplinary rounds but try to touch base with CM Divyani each day when you can (x31543) to facilitate dispos.

Notes: **.wlprognotebrief** for primary patients, **.wlprognoteextrabrief** for consults

Flaps: **.micro** for many flap patient documentation templates

Dispos: **.dcinstruct** for dc instructions

Consults: **.dmbconsult** for consult template

Try to finish your notes, orders, and dispos early so you can go scrub. The circulators on plastics are usually happy to help with your pager.

Evening Signout: 6PM signout at 13L workroom to the ACS/PSU moonlighter. Get there early to sign out before ACS!

Rotation-specific Conferences: Tuesday AM plastics conference 6-8a.

Rotation: MB Colorectal aka Gold

Service Pager 443-2262

Chief R4 Pager: personal pager

Call Room: C4459 F, first to on the Right outside of elevators (badge in, then key, usually unlocked)

Resident Lounge: C2933 & C2931, code: 1324-12

Code to all keypads: 201000

Parking Options: Parking pass (same as Parnassus)

Team composition:

Intern, R3, and chief (R4) and Nuala McNulty, NP. Sometimes have 3rd year med students and or a sub-i.

Weekly Schedule (OR days, Clinic days):

OR daily, mostly chief level cases, but can have intern level cases which are usually the first cases of the day. Always welcome to join for the other cases as long as work is done. If you have time, try to preop patients and don't forget to initiate the "Colorectal Eras Pathway" in apex (<http://eras.surgery.ucsf.edu/>).

Clinic: You are usually required to go to clinic (you will be assigned days), but you don't have to wear dress clothes if you anticipate being needed in the OR that day. You will email H&Ps to the attending rather than write them in apex. For Dr. Kim's clinic, no note-writing, just presenting and procedures.

Wed AM Protocol: You will meet for rounds and depending on how long rounds take, can usually make it to some of Grand Rounds. (Blue or Black Shuttle)

Morning Sign-out: Between 5:30-5:45am in 6th floor workroom

Rounding: Rounds start at 6am. Bring a cow for rounds (rolly computer). The R3 will put some orders and do some notes usually.

Daily responsibilities:

You are in charge of writing orders (or ensuring they were written) and making sure plans happen for the day. When Nuala is there, she holds the pager, writes orders, and works on discharges. You write the daily notes and discharge summaries. Nuala leaves around 2 and will sign out to you before she leaves.

Evening signout: 6pm in 6th floor workroom

Rotation-specific Conferences:

Gold conference on Thursday. You are usually responsible for doing the H&P for case presentations and the senior will do the literature review, but you may also be asked to give one presentation. Topic of your choice. Depending on senior, may have to do case list as well which is usually saved on the team drive.

Scrub Machine: 2nd floor, once you come out of elevators turn left, then immediate RIGHT. Go down long hallway until the end, and turn Right to get to the locker rooms. CODE: 201000. There is also a locker room behind the Adult ORs - hard to describe in writing. Ask for directions when you get there. It also has a scrub machine.

Discharges: call or email the respective attending's practice assistant for clinic scheduling and any specific follow-up needs. Keep track of weekend discharges while cross-covering Surg Onc.

Rotation: MB Surgical Oncology (aka "White")

Chief Pagers: personal

Service pager 443-8138

Chief is an R5. Ask them for time off requests.

Call Room: C4459 F, first to on the Right outside of elevators (badge in, then key)
Resident Lounge: C2933 & C2931, code: 1324-12

Codes to Supply rooms: 201000

Parking Options: Parking pass (same as Parnassus, works on both campuses)

Team composition: R5, R1, usually 3rd yr med student

Wed AM Protocol: Round first, then run to grand rounds with pager. (blue or black shuttle)

Morning Signout: Between 5:30-5:45am in 6th floor workroom

Rounding: You present (if ICU pt, start in ICU). Med stud should pick up one or two patients and present them.

Daily responsibilities: You write notes and d/c summaries, scrub into the OR whenever you're free. Weekends and nights the gold and white services combine. If you d/c a gold patient, either do the summary or save the patient's page from the last day's list so the gold intern can do it.

Evening Signout: 6pm in 6th floor workroom

Rotation-specific Conferences:

In clinic building conference room 3rd floor on the clinic side of the hospital. You will need to update and print 10 copies of case list, on team share drive T:/white surgery/case lists.

Scrub Machine: 2nd floor, once you come out of elevators turn left, then immediate RIGHT. Go down long hallway until the end, and turn Right to get to the locker rooms. CODE: 201000

Discharges: call or email the respective attending's practice assistant for clinic scheduling and any specific follow-up needs. Keep track of weekend discharges while cross-covering Colorectal.

Rotation: MB Zion Head and Neck Surgery

Service Pager/Chief Pagers:

-- Service Pager 443-0825

Call Room:

-- Resident Room in 2380 Sutter 2nd floor

-- Locker in 4th floor locker room code 2-24-10

Parking Options:

-- get parking pass from previous intern

Team composition:

- R5, R4, R2, intern
- fellow acts as attending

Weekly Schedule:

- AM rounding times variable 6:15-7:00AM
- First priority is to staff OR cases, when cases filled next responsibility is to go to clinic (Orloff, Eisele, Courey get preference)

Wed AM Protocol:

- for OHNS residents more valuable to go to MZ tumor board with team

Morning Signout:

- Get paged from covering intern/R2 about overnight events. If complicated will sign-out by phone

Rounding:

- Print out lists, tabulate JP drain output per nursing shift, quick presentations on rounds by intern.

Daily responsibilities:

- Daily notes, discharge paperwork, and dictations are primarily the intern's responsibility but other team members will help.

Signout:

- evening rounds when OR done
- get/give signout from Parnassus resident after 6pm

Rotation-specific Conferences:

- Monday 5-8pm OHNS grand rounds and teaching
- Wednesday 7:30-9AM head and neck tumor board

Scrub Machine: 4th floor, once you come out of stairs, go through double doors on left and follow hallway around to the left. Scrub machine in a small alcove on your left.

Rotation: SFGH Trauma

Service Pager/Chief Pagers:

- Service pager (intern) 327-8080 or 327-8081
- Chief pager 327-8084 (R4) or 327-8085 (R5)
- Wenia Lee organizes the schedule and is the person to contact for time off (wlee@sfghsurg.ucsf.edu)

Call Room: Ground floor, rooms 8 and 13 (but check with Wenia for updated info)

Important Codes:

- 3A (surgery offices): 5757

- 3A copy code: 3217
- 3B Bunker: 7937 or 717597
-

Parking Options:

- Parking is free when you are on call or on night shift (Wenia Lee gives you a parking pass); OR/clinic intern does NOT get free parking
- Daily parking is \$12
- Monthly parking options available
- Free all-day parking can be found on certain streets across the freeway on Potrero Hill in the northeast direction (drive across the freeway on 23rd, there's a pedestrian bridge on 22nd that crosses back over). HOWEVER, be careful around the neighborhood and NEVER LEAVE visible and/or valuable items in your car (break-ins happen).
- You can look into signing up for "Pre-Tax Parking", where money gets deducted from your paycheck pre-tax. By signing up, you get a debit card for the funds, and it saves you some \$.
http://campuslifeservices.ucsf.edu/transportation/services/pretax_savings_program/pretax_parking

Team composition: interns (5-6, 2 per day), R2 (3), R3 (1), R4 (2), R5 (1), and NPs (3-4), trauma fellow. The floor is run by NP's and interns who report to R4. Consults are run by the R2 and R3 who report to the R5. R5 is also in charge of the OR. The floor is divided into trauma A/B and general surgery A/B. The NP's cover the trauma services during the day and the interns cover the general surgery services. There is an NP who will cover the unit patients during the day. At night, the A intern covers trauma A and general surgery A and the B intern covers trauma B and general surgery B. Night interns cover the unit patients on their respective services.

Wed AM Protocol: Interns on days do not come in until after lecture/skills (remind the team).

Morning Signout: Get signout **before 6am in the 3B**. At 6:30am in the 3A conference room, you will go over the imaging studies obtained on the patients the day before and discuss new patients. You will then start rounds in the ICU followed by the floor rounds. On the weekends, you meet in the 3B at 7am for radiology and walk rounds.

Rounding: The night interns will present the ICU patients and subsequently leave. For the floor interns, feel free to break away to finish getting numbers and start the work for the day- just be sure to keep tabs on the team so that you are ready to go when the team gets to your patients. It really slows down rounds to have to go searching for interns or come back to skipped patients. The day interns/NPs (or medical students) will present the floor patients. Notes are outlined by the night interns before rounds, who have rounded and gathered vital signs and Ins/Outs, and handed to the day interns/NPs. Any addendums should be made on rounds and the notes dropped off in the chart.

Daily responsibilities:

- Night interns: Meet at 5:45p in the bunker for signout which can run to 7:30pm and beyond. As you only will be covering ½ the patients, if you print off notes in advance you can be filling those out during the signouts for the patients you are not covering- just make sure all the post-op dates are accurate for the next morning. After sign-out, try to pre-round on all your patients as early as possible as you never know when things will get crazy. You are expected to respond/help with all 900 traumas, and if multiple 911 traumas come in rapid succession. In general, the R2 will admit the incoming patients and tell you about them, but the intern needs to add them to the list and follow-up on whatever needs doing.

The night intern is also responsible for getting numbers on the notes for all the ICU patients, as well as the vitals for the floor patients.

- Day intern: You are expected to present the floor patients at rounds in the morning (based on the note that your co-intern wrote). You complete anything that needs to be done for your patients (orders, imaging studies, lab studies, TPN orders, etc). You follow up on anything that you ordered or that was ordered previously. You discharge patients who are ready to go home and dictate them. You update the list. You present your patients at afternoon signout to the chief (R4) with any results of labs or imaging studies that you obtained during the day.
- OR/clinic intern: Expected to preop patients going to the OR and write orders on patients who are coming out of the OR in addition to participating in the operations. Expected to help out in clinic on clinic days.

Evening Signout: In the NP's office in 3B (end of the hallway on the right) at 5:45pm daily. NP's go first.

Scrubs: Wenia will give you a code to the scrub machine. You are NOT ALLOWED to wear your green scrubs outside of the hospital or off campus. If an OR administrator or attending sees you, you'll get in trouble. They are strict about this (unlike at other sites), so change once you get here.

http://residentportal.surgery.ucsf.edu/media/8164508/Trauma_Resident_Survival_Guide_6-22-15.pdf

Rotation: SFGH Neurosurgery

Service Pager/Chief Pagers:

Service Pager: 327-9546 (consult), 327-2207 (floor), 327-3566 (ICU)

Chief: Neurosurgery chief personal pager

Contact NP Dan about time off

Call Room: New building, 3rd floor room in suite F309 (just past the doors next to the family waiting room), room H3025 (first door on right).

Sub-I Call Room: 3B, 2nd door on the right, next to blue linens cart, code 4323

Important Codes :

- OR: badge
- 34 ICU: ask an RN for pyxis access
- ED Pyxis: unknown, rarely need pyxis in new ED

Parking Options:

Will receive parking card for garage when on call

Team composition:

1 chief resident, 1-2 NPs, 1 day intern, 1 night intern, possibly 1 Sub-I

Weekly Schedule:

OR Wed/Friday plus emergency cases other days, 1 clinic day (Tuesday), interns rarely go to clinic

Wed AM Protocol: Night intern signs out to the NP about overnight events and imaging, then go to Grand Rounds. The day intern shows up after lecture/ skills.

Morning Signout: Meet in the call room at 5:30AM/PM for floor signout (6:30AM/PM on weekends). Head down with the night intern to the Neuroradiology film room in HB420, pull up imaging of all consults from the past 24 hours on PACS at computer. If the day intern is returning from the prior day, they will present the consults from the prior day and the night intern will present the overnight consults. If the day intern from the prior day is not returning, then the night intern will be responsible for presenting all of the consults from the previous 24 hours. The on-call resident is responsible for updating list.

Rounding:

Meet in neuroradiology film room in the mornings to review all new consults and imaging from consults and for all patients from previous day. Then the night intern resident leads ICU rounds. Prior to rounds will need to have collected all numbers and done a neuro exam on all floor patients and written this on the notes. The day intern takes the remainder of the notes and reads off of them for the floor patients.

Daily responsibilities:

Written progress notes are completed as you round. After rounds, NPs and new on-call residents divide up responsibilities. If there are 2 NPs on call, they will cover the floor and ICU and the intern covers all new consults/usually is responsible for calling consults to other services or following up on consultant recommendations. If there is only 1 NP, the intern will usually take the floor pager and consult pager. There are no curbsides and you have to fill out an "Initial Encounter Note" for every consult call you receive no matter how small. Ortho and Neurosurgery split spine call, so be aware of who is on spine that day. For discharges, you have to fill out an ePDP and a neurosurgery discharge instruction form, write a discharge summary in Salar (Team Notes), print out/send med prescription list, and write "D/C IV, D/C home" orders.

Scrubs: Badge access.

Additional Need to Know:

- You have a different ID number at SFGH.
- All orders are hand-written on the unit, as well as for all pediatric patients REGARDLESS of whether they are on the pediatric floor SFGH. Adult floor patient's orders are electronic in LCR.
- You can find floor vitals and labs on the electronic system (LCR) as well as order outpatient meds.
- The ICU (3rd floor) has their own computer system where they record numbers, this has the same login as the PACS system.
- The NPs are super helpful and will have an orientation with you the first day.
- The patient list is found on Salar (Team Notes)
- The night intern is responsible for writing all notes and preparing the list with numbers for rounds in the morning. Preparing the list takes longer than you'd think at the beginning (a couple of hours even). If you are getting consults at the same time it obviously takes longer. Start getting numbers early to leave enough time.
- You need to fill out all the numbers for the ICU notes but can leave the exam portion blank for rounds. You do, however, need to record a neuro exam with vitals for all floor patients.
- Residents get an allotted amount of food money for each meal which can only be used at certain times during the day. The goal of rounds is to be done before the cafeteria closes at 9:30am.

Rotation: SFGH OMFS

Service Pager:
443-7250

Call Room: Next to Ortho work room, keys shared between interns and usually kept in drawer in 1N Resident Room

Important Codes:
Back entrance to 1M: 8400
1N all rooms: 6549 (6640)
Copier in 1N: User: 2008, Pass: 2008

Parking Options:
Take the shuttle
Pay for parking at SFGH lot (\$120, but only from first of month on)

Team composition
Chief resident (PGY 5 or 6 in oral surgery), 1 OMFS resident (PGY 1-4) , 1 Dental GPR intern, 1 Plastics/ENT intern, 3-6 Dental students

Weekly Schedule:
Clinic Monday 8-4, Wednesday 8-4, Friday 8-4
H&P clinic on Thursdays from 8-4, only the residents/interns attend this clinic, no dental students.
OR: Thursdays and occasionally Mondays.
Tuesday morning is reserved for service conferences or other educational pursuits. Administrative responsibilities at SFGH to prepare for OR after teaching.

Wed AM Protocol:
Make sure that you are not on call Tuesdays.

Morning Signout:
There is no signout.

Rounding:
On-call intern prerounds and presents patients during rounds. There are typically 0 inpatients, in which case there is no rounding.

Daily responsibilities:
See patients in the clinic, perform procedures in clinic, assist in OR, take call with OMFS interns. Notes are written only when post-call.

Rotation-specific Conferences:
Tuesday 7-10am: OMFS service conferences that we attend. Afterwards, often head back to SFGH for a few hours to take care of some OR paperwork.

Scrubs: you should have a scrub pin code to use at scrub machine

Facial trauma call: Also known as Max-Face. This is frequently confused with Oral and Maxillofacial Surgery Service. OMFS splits facial trauma call with Plastic Surgery and ENT. Call is from 8am-8am. Most non-displaced facial fractures are non-operative and can follow up in 1 week in clinic. Facial lacerations should be repaired promptly.

Rotation: VA ICU

Service Pager/Chief Pagers:

Service pager 708-9450

Contact for time off: Leslie Zimmerman (medicine ICU head), cc Karen Barnett (surgical coordinator VA)

Parking Options: supposedly you are to purchase a monthly pass for something cheap (around \$12) and hang it on your window, however, I have never gotten a ticket for not having a pass. Neighborhood parking also available, watch for street cleaning!

Team composition: 2 attendings/week that change every week (usually a medicine ICU, and then an anesthesia ICU or surgical ICU), 3 residents (2 medicine R4, 1 anesthesia), 1 medicine intern, 1 surgical intern, one pulmonary critical care fellow

Weekly Schedule: 7am-430pm daily, no clinic

Wed AM Protocol: do not come into preroound from 7-8 but show up after Wednesday events are finished

Morning Signout: Building 203, ICU 3rd floor, look for the O/N resident

Rounding: the intern usually pre-rounds and presents an A/P on 3 patients daily. Your particular patients are chosen the day before, you will never pre-round on any new admissions to the ICU O/N.

Daily responsibilities: Pre round, present and write progress notes on your patients, update the list with your patient's events, see new post op ICU patients (NSU, ENT, Ortho, Neuro), write their H/P and add to list. Occasionally you will be asked to do interim summary at time of D/C from ICU especially if you have been the person primarily rounding on the patients. Attend CODE blues and ask if you are needed at the rapid responses.

Evening Signout: ICU 3rd floor

Rotation-specific Conferences: 8am-9am medicine educational lecture of various topics and/or pseudo-codes with SIM man

Scrub Machine: On 3rd floor of Building 200 in hallway behind OR in front of elevators, or in locker rooms. Also one on the 2nd floor in the hallway bridge connecting Buildings 203 and 200.

Additional Need to Know: Free meal cafeteria vouchers are available in limited quantities from Karen Barnett, as well as, coupons for surrounding restaurants. There is lunch provided everyday either for daily medicine lectures (1A) and/or medical grand rounds (auditorium). Occasionally you will have a medical student (who is rotating through their surgery rotation) on the service.

Rotation: VA Cardiothoracic Surgery

Service Pager/Chief Pagers:

Service Pager: 739-7810

Chief: Sometimes intern-only service, sometimes R3 from UCSF East Bay

Call Room:

In ICU hallway on the left after entering ICU, room 121, code (45)-2

Important Codes:

OR front code: 0804*

ED code: 1225*

Parking Options: Free (unofficially, \$1/day officially) in the visitor parking lot/structure or street parking all day, just watch for street cleaning. I have never heard of anyone getting a ticket without paying for parking - nobody checks

Team composition: Intern, R3 from East Bay (sometimes), Pharmacist

Weekly Schedule:

OR days: M, Tu, F, Sa, Su attire: VA scrubs

Clinic days: W, Th, attire: professional

Lecture days: Monday – conference @ 8am (VA)

Thursday morning at Parnassus @ 7am

Wed AM Protocol: Go directly to grand rounds and report back to VA after lecture/surgical skills lab. Dr. Valera, a hospitalist on the service, will get sign-out from night float in the morning and holds pager.

Morning Signout: 6am, ICU, at the computer back area with 2 computers (across from Bed 4). This is always your meeting spot (to meet night float, attendings, etc).

Rounding: Pre-round on patients after sign-out.

Things to prepare:

1. gather all EKGs (all ICU patients should have daily AM one), take them to Monday conference, keep them on you for rounding with attending.
2. Pull up all AM CXRs on the computer
3. Make at least 3-4 copies (CT attendings, Cardiology attending and make extras (at least 6) on Monday mornings to take to conference at 8am

Daily responsibilities:

1. Rounds (usually start at 7 or 730 and finish about 9 or 10) – present patient, gather I/O and EKG for floor patients during rounds (they are usually done by 7-730am)
2. Daily duties
 - a. Pull all chest tubes, pacing wires in AM
 - b. Daily notes
 - c. Pre-op pts admitted the day b/f surgery
 - d. Mark patients the day of surgery in preop before 6:45am

- e. On Wednesday, get the clinic patient list for Thursday and split up patients with fellow and medical student
- 3. Orders
 - a. Daily orders (including daily AM labs, EKG, Xray)
 - b. Post-op admission orders - need to be in by late morning so pharmacy has time to make gtt's before patient arrives from OR
- 4. Dispo:
 - a. discuss dispo with Lauren (SW) daily in the morning
 - b. For patients going to facilities, have dictation summaries ready and travel consults ordered the day before
 - c. Discharge summaries are typed up

Evening Signout: 6pm, ICU, bank of 2 computers across from bed 4

Rotation-specific Conferences (when, your responsibility):

Monday – preop conference at 8am, bring EKG and lists for everyone (at least 6)

Scrub Machine: On 3rd floor of Building 200 in hallway behind OR in front of elevators, or in locker rooms. Also one on the 2nd floor in the hallway bridge connecting Buildings 203 and 200.

Rotation: VA General Surgery

Service Pager/Chief Pagers: Service Pager: 708-9440

Chief pager: R5 personal pager (ask chief for time off requests)

Call Room: when entering ICU, hallway on left (3A-111), code (54)-2

Important Codes:

Chief office: 2B-5, code (53)-4

Resident/med student workroom (w/ fridge) aka Valentine room: 2B-40, code 2-(14)

OR front code: 4150*

OR back code: (35)

Parking Options:

In neighborhood around hospital (watch out for street cleaning), or employee parking can usually park there for free because they never check

Team composition: R5 chief, R2 (usually operates in junior cases and in charge of consults, R1

Weekly Schedule:

OR most days. Clinic all day on Tuesday (Kim, Gibbs, Duh, Shen in AM, Corvera & Stewart in PM) with conference at 11:30 to noon in Surgery Education Office on 3rd floor in Building 200 behind OR. Make sure to see at least a few patients in Dr. Stewart's clinic.

Wed AM Protocol:

Round, then head to Grand Rounds (Shuttle comes at 6:35am, then hourly so don't miss it), you will carry pager. Shuttle leaves for VA from UC at the 5th minute of every hour (9:05, etc) and loads in the ambulance parking area. Once a month, will need to stay at hospital because someone has to stay to carry code pager (alternate between all juniors on vascular & gen surg)

Morning Signout:

Building 203, 3rd floor ICU, in front of either bed 8 or 9 at the computers (only the 2 computers in front of beds 8 and 9 have Filemaker Pro which contain the patient list). Get signout from moonlighter around 5:45 to 6am.

Rounding:

Based on chief's preference but usually at 6am. Intern presents all patients, unless you have med students. Have wound bag at hand (found in Valentine room 2B-40 above computer).

Daily responsibilities:

You are in charge of orders, writing daily notes, calling consults, checking results, and the R2 sometimes helps. If R2 is busy in the OR, may have to see new consults. Everything at the VA is computer-system based which is nice but does take some time to get used to. The chief sometimes divides up the junior cases between the R2 and R1. The R2 will hold the service pager if you go to the OR. You are also in charge of updating the list, which is found on Filemaker Pro located on only 2 computers, one in front of Bed 8 and one in front of bed 9 in the ICU. Get to know Isagani, the NP, Mike, the scheduler, and Elizabeth, the SW, you will be in contact with them on a daily basis about patient care, home needs (Elizabeth), follow up scheduling (Mike), and outpatient needs (Isagani). Thursdays at 11am are multidisciplinary rounds with SW, PT, nutrition and pharmacy. You will also be called by Isagani about IR embolization patients that will need post-op orders.

Evening Signout: At 6pm in the same place as morning signout.

Rotation-specific Conferences:

- M&M usually on the last Tuesday of the month, you are not responsible for presenting anything.
- New resident orientation the first Tuesday of the month, MANDATORY even if you've gone before
- General Surgery Weekly conference every Tuesday at noon between clinics. Med student usually presents a patient, R2 usually presents imaging and R5 usually presents A/P and small topic. If Dr. Stewart is there, you will be pimped.

Scrub Machine: On 3rd floor of Building 200 in hallway behind OR in front of elevators, and in locker rooms. Also one on the 2nd floor in the hallway bridge connecting Buildings 203 and 200.

Additional Need to Know:

- Dress up on Tuesdays for clinic
- Leslie Zimmerman, the ICU attending, is in charge of Filemaker Pro and is the person to contact should the list ever go down. Recommend secure e-mailing yourself a hard copy every once in a while in case the list breaks down.
- There is a packet behind the list computers with step-by-step instructions on how to access the lists through Filemaker Pro (remote access).
- You will get a limited number of free cafeteria vouchers and nearby restaurant vouchers.

Rotation: VA Vascular Surgery

Service Pager/Chief Pagers:

Service pager: 708-9439

Chief: personal pager

Call Room: 3A-111, code (54)-2 (after ICU entrance, hallway on left)

Important Codes:

Chief office: 2B-5, code (53)-4

Resident/med student workroom (w/ fridge) aka Valentine room: 2B-40, code 2-(14)

OR front code: 4150*

OR back code: (35)

Parking Options:

In neighborhood around hospital (watch out for street cleaning), or employee parking pass \$12(?)/month, or can usually park there for free (unofficially, officially \$1/day) because they rarely ever check

Team composition: R5, R2, R1

Weekly Schedule: OR M, Th, F. Clinic Tu (professional attire). Wed-random

Wed AM Protocol: Round, then go to Grand Rounds with service pager. Once a month, will have to stay at VA to hold code pager (usually alternate between all junior residents on vascular & gen surg)

Morning Signout: 6am, ICU (by computer in front of either bed 8 or 9)

Rounding:

Nightfloat will get vitals (depending on chief, you may have to grab I&O at each patient's room prior to rounds). Interns/med students present on rounds. Make sure to carry wound bag/Doppler on rounds (found in Valentine room 2B-40).

Daily responsibilities:

All progress notes, orders, d/c summaries, will sometimes see consults if R2 busy in OR. You are also in charge of updating the list, which is found on Filemaker Pro located on only 2 computers, one in front of Bed 8 and one in front of bed 9 in the ICU. Get to know Rog, the scheduler, and Elizabeth, the SW, you will be in contact with them on a daily basis about patient care, home needs (Elizabeth), follow up scheduling and outpatient imaging (Rog). Thursdays at 11am are multidisciplinary rounds with SW, PT, nutrition and pharmacy. You will also be called by Rog about preop orders or by IR about IR patients that will need post-op orders.

Evening Signout: 6pm, ICU (same as morning signout)

Rotation-specific Conferences: Tues 3:30 pm after clinic in General Surgery Offices, 3rd floor of Building 200 behind OR. You will be assigned by Dr. Rapp to present on a 5-minute topic every week.

Scrub Machine: On 3rd floor of Building 200 in hallway behind OR in front of elevators, or in locker rooms. Also one on the 2nd floor in the hallway bridge connecting Buildings 203 and 200.

Additional Need to Know:

- Leslie Zimmerman, the ICU attending, is in charge of Filemaker Pro and is the person to contact should the list ever go down. Recommend secure e-mailing yourself a hard copy every once in a while in case the list breaks down.
- There is a packet behind the list computers with step-by-step instructions on how to access the lists through Filemaker Pro (remote access).
- Karen Barnett will give you a limited number of free cafeteria vouchers and nearby restaurant vouchers.

Rotation: Kaiser General/Vascular/Pediatric Surgery

Service Pager/Chief Pagers:

Service pager: 807-7970

Contact the R4 or R4 (service chief) for time off. If you are still having issues talk to Dr. Constant, the department chair.

Call Room: First floor. Make a right from the main elevators. It is down the hall from the cafeteria, the main door is across from the hemodialysis center (it is an unmarked door that is unlocked), go past the first two call rooms on the right and turn the corner. You will see five other call rooms. The surgery one is the last one on the left side. The door code is 3034*.

Important Codes: Women's locker room is 4201* (it's the room number)

Parking Options: Free parking at the Kaiser employee lot on O'Farrell at Divisadero. Best way to get into the hospital is to walk up the street to the parking lot behind the main entrance. The entrance is a badge swipe. Walk up one flight of stairs and you will be on the other end of the hallway from the call room.

Team composition: R4/5 (chief), Two R3s, Two interns, 2 PAs (Kathy and Brett)

Weekly Schedule: The chief will make the OR schedule and usually email it out the weekend before. OR intern usually gets about 4-6 cases per week. You will be pimped so read up. There are no clinic days. Usually the chief tries to have one resident out of the OR at all times to help the PAs with floorwork and take consults. Hours can be tough on this service so try to leave early on days when there is nothing going on.

Wed AM Protocol: It depends who your chief is, but some will have rounds start at 5:30am and try to get to Grand Rounds by 7:30am in order to sign in. The PAs carry the pager during this time. Other chiefs have one resident stay behind to help with the floorwork and consults.

Morning Signout: 4Center computer station at 5:40am (Sun nights are nightfloat, Mon-Fri interns, Sat is an R3)

Rounding: Whoever was on overnight needs to get the vitals and I&O on all the patients (and put the ICU patients in ICU format). If a nightfloat was on then one of the interns will present on rounds. If a team member was on then they will present on rounds. Rounds go much smoother if two people grab computers and one person writes notes and one person does orders/gets lab values (they typically start coming back around 6:20am).

Daily responsibilities: Notes typically get done on rounds by the R3s. If not then they typically get divided between the interns (the PAs don't write notes when they aren't there for rounds) Most of the orders also get done on rounds. Whatever is left should be completed by whoever is out on the floor for the morning. The PA typically does all the discharges. The free resident on the floor sees consults but the PA will see consults if no one is out of the OR or if it is a teaching day.

Evening Signout: The nightfloat gets there at 5:30 pm. There is typically some sort of impromptu running of the list after the OR finishes, usually around signout.

Rotation-specific Conferences: Conference every Thursday morning at 8am. It alternates between vascular conference and general surgery conference. Typically a topic is selected and everyone on the team is responsible for preparing a paper to speak about. Every other Friday there is Bolinger conference where again a topic will be selected and everyone will prepare something relevant to speak about.

Scrub Machine: 4th floor next to OR

Additional Need to Know: The walls have ears at this place so do not criticize the attendings in any way, shape or form. Multiple teams have gotten in trouble with this. So keep your mouth shut and a smile on your face.

Checkout these handbooks:

<http://residentportal.surgery.ucsf.edu/media/6550024/KAISER%20RESIDENT%20ORIENTATION%20MANUAL.pdf>