



DAILY EXPECTATIONS OF THE RESIDENTS ON THE PEDIATRIC TRAUMA SERVICE

OBJECTIVES:

1. Define the expectations of the residents assigned to the trauma team.
2. Define the daily “routine” of the trauma service.
3. Provide information to promote effective communications among the trauma team members.

GUIDELINES:

1. The responsible attendings on the pediatric trauma are:
 - a. Dr. Tamer Ahmed
 - b. Dr. Andreas Meier
 - c. Dr. Jennifer Stanger
 - d. Dr. Kim Wallenstein

Telephone numbers for all pediatric surgery attendings:

Office: 315-464-2878

Assistant: Dorena Clifton - 315-464-2869

2. In the resuscitation bay, the supervision and management of all patients will be a collaborative effort between the Emergency Medicine and Pediatric Trauma Attendings. The Pediatric Trauma Attendings are ultimately responsible for all actions of the trauma team and must be informed of all major activities occurring on the service. It is expected that the trauma attending will be present within 15 minutes of patient arrival for Level I alerts. A fourth year or higher resident, or an attending, is required to respond to Level II alerts within 15 minutes, and the attending should see the patient within 8 hours. A trauma consult requires communication between the chief resident and the trauma attending, and the consult patient should be seen by the attending within 12 hours of admission.
3. Attending schedule (see published *AMION* schedule):

- e. A full-time attending will be assigned to conduct daily rounds Monday through Friday. This attending will cover all trauma resuscitations during the hours of 0800 to 1700 Monday through Friday.
 - f. Weekend daily rounding coverage will be by the pediatric surgeon who is listed as on-call Friday evening until Monday morning.
 - i. On Wednesday during resident education conferences, the attending pediatric surgeon on-call, an Emergency Medicine Attending, and the Trauma Nurse Practitioner will respond to all traumas. Trauma consults will be seen by the Pediatric Trauma Attending or NP. The Adult and Pediatric Trauma surgeons on-call will provide back-up to each other during this time.
 - ii. The back-up trauma attending schedule is published on the *AMION* link daily.
4. Rounds
- a. Rounds will be conducted by the Pediatric Surgery Attending who is on rounder call for the week (0800-1700). The timing of rounds may be variable depending on the operating room schedule, and is at the discretion of the attending. The rounds should include the attending, the residents, the nurse practitioner and the pediatric trauma program manager.
 - b. On Wednesdays, the residents are expected to pre-round on all patients. They then are expected to report to the educational program of the Department of Surgery by 0700. The Pediatric Trauma Attending will then either round with the NP after M&M/grand rounds or with the residents after conference.
 - c. Rounds will start at an agreed upon time on weekends per the Pediatric Surgery Attending.
 - d. All patients will have been seen and examined by a physician or NP prior to rounds and their "Daily Action Plans" will be established.
 - e. Complicated or unstable patients should be discussed with the chief resident prior to rounds. The trauma attending will be informed of unstable patients.
 - f. All notes will be written in EPIC in a timely fashion after the patient is seen.
 - g. The pediatric surgery chief resident is the facilitator for rounds.
 - h. All patients in the PICU who are hemodynamically unstable or are still undergoing resuscitation will be seen by the Pediatric Trauma Attending.
 - i. PICU patients on the pediatric trauma service are primarily managed by the pediatric surgery team and all major clinical decisions will be made by the Pediatric Surgery Attending in combination with the PICU attending. The PICU team will co-manage clinical issues such as ventilation and nutrition. All significant clinical changes should be communicated between the PICU and surgery teams in a timely manner.
 - j. Presentations will consist of the following:
 - i. Review of injuries and significant surgical and medical interventions since admission
 - ii. Review of any changes in medical conditions or therapeutic interventions over the past 24 hours
 - iii. Any changes in the ROS in the past 24 hours

- iv. Vital signs including measurements from invasive monitoring, ventilator settings, blood gases
 - v. Physical exam
 - vi. Current medications
 - vii. Laboratory and x-ray data
 - viii. Assessment and plan for each relevant body system.
5. Cutting and pasting is not appropriate and should not be used when writing notes.
6. Family members will be provided the names of the trauma team, with a summary of the patient's condition and plans at the end of rounds.
7. Tertiary Exam forms should be completed 24 hours after admission when all initial diagnostic studies are finalized. The senior trauma resident should ensure this is completed and categorized in EPIC as a "completion note".
8. The Pediatric Trauma Attendings will have a sign-out prior to leaving the hospital.
9. Sign-out
 - a. Appropriate information should be conveyed to the on-call covering team every evening, including:
 - i. Ongoing resuscitations in the trauma room.
 - ii. The condition and clinical plan for all PICU patients.
 - iii. Any studies or patients that require review while the on-call team is covering.
 - b. On-call teams should convey the same information to the trauma team in the morning for all trauma activities that have occurred during the night.
10. Operative cases:
 - a. A resident assigned by the senior resident on the service should cover all cases.
 - b. The attending and resident should clarify the responsibilities for dictation before the end of the case.
11. Students
 - a. Students are assigned to the trauma services.
 - b. Students should be assigned specific patients to follow. They will have a history and physical exam supervised by the resident staff and documented.
 - c. Students should be assigned to all operative procedures.
12. Conferences
 - a. The residents are expected to attend all required educational conferences.
 - b. The senior resident will develop a list of M&M's based on their observations. Due to the combined general surgery and trauma patient mix on pediatric surgery, the trauma cases will be listed along with the general surgery M&M cases.
13. Documentation
 - a. All notes will be documented in EPIC.
14. Quality Improvement

- a. If there is a concern with care of the trauma patient, please bring them to the attention of the Trauma Medical Director or Trauma Program Manager as quickly as possible. If there is a concern with anonymity, use the PI reporting box outside of the Department offices, in the SICU or ED.
- b. Please cooperate in all quality improvement initiatives as they are developed.

15. Professional Behavior

- a. You represent SUNY Upstate, the Department of Surgery, the Division of Acute Care Surgery, and the Trauma Program.
- b. Responsibility, capacity for self improvement, relationship with patients and relationships with other members of the trauma team define your bedside manners and professionalism.
- c. The care of your patients is your first concern. Respect the patient's privacy and dignity. Introduce yourself to the patient and their family. Do not ignore the family. Patients have a right to choose the course of their medical care. It is our responsibility to provide information so that the patient or surrogate can make an informed decision.
- d. We care for patients from all walks of life. Bedside manners require you to treat the patient with compassion, dignity and consideration.
- e. Interactions with other services must be collegial. Do not get into conflict with them. Contact the trauma attending when there is conflict so that s/he can contact the responsible attending from another service. Please provide the attending with the name and contact number of the other attending.
- f. The Emergency Medicine service is integral to the care of the injured patient. Be respectful. If there are conflicts, contact the trauma attending or the Trauma Medical Director.