

OPERATIONAL GUIDELINES: DAILY EXPECTATIONS OF THE RESIDENTS ON THE 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 trauma service are:

- a. Dr. William Marx

Assistant – 464-4776

- b. Dr. Robert Cooney

Phone – 464-5549

Assistant – 464-5549

- c. Dr. Moustafa Hassan

Phone – 464-4776

Assistant – 464-4776

- d. Dr. Joan Dolinak

Phone – 464-4776

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- e. Dr. Amie Lucia

Phone – 464-4776

Assistant – 464-4776

- h. Dr. Roseanna Guzman-Curtis

Phone – 464-4776

Assistant – 464-4776

2. In the resuscitation bay, the supervision and management of all patients will be a collaborative effort between the Emergency Medicine and Trauma Attendings. The Trauma attendings are ultimately responsible for all actions of the trauma team and must be informed of all major activities occurring on the service. Further information on trauma team response is available in the Trauma System Activation Policy (CM T-28).
3. Attending schedule (see published *AM/ON* schedule):
 - a. 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 0700 to 1700 Monday through Friday.
 - b. Weekend daily rounding coverage will be by the surgeon on-call the night before. The covering surgeon assigned to trauma call will see admissions that occur at night or on weekends when a full-time trauma attending is not on-call.
 - i. On Wednesday during resident education conferences, the Attending trauma surgeon on-call, an Emergency Medicine Attending, and the Trauma Nurse Practitioner or PA will respond to all traumas. Trauma consults will be seen by the Trauma Attending or NP. The Adult and Pediatric Trauma surgeons on-call will provide back-up to each other during this time.
 - ii. At rounds, on the day following admission, the trauma surgeon will assume primary care of patients who were seen by the on-call trauma surgeon (at night or on a weekend day). All patients admitted to the Trauma Service will be the responsibility of the rounding trauma surgeon.
 - iii. Back up trauma attending schedule is published on the *AM/ON* link daily.

Rounds

- c. Rounds will begin at 0800 in CWB floor in 207 with the trauma service resident, NP, trauma program staff and the trauma attending. Review of the EPIC patient list and all new x-rays will occur at this time.
- d. 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 Trauma Attending will then round with the NP after M&M.
- e. Rounds will start at an agreed upon time on weekends.
- f. All patients will have been seen and examined by a physician/physician extender prior to rounds and their "Daily Action Plans" will be established. As well as Sign off list updated.
- g. Complicated or unstable patients should be discussed with the chief resident prior to rounds. The trauma attending will be informed of unstable patients.
- h. All notes will be written in EPIC.
- i. The trauma resident is the facilitator for rounds.
- j. All patients in the ICU who are hemodynamically unstable or are still undergoing resuscitation will be seen by the trauma attending.
- k. 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.
- l. Cutting and pasting is not appropriate and should not be used when writing notes.
- m. 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.
- n. Rounds by the resident staff will be conducted in the late afternoon (weekdays) on all ICU patients. The resident team will make non-holiday weekday pre-sign out afternoon rounds on all patients to review test/study results and the events of the day.
- o. 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".
- p. The trauma attendings will have a person to person sign-out prior to leaving the hospital.

4. 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 ICU 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.
 - c. An iPad will be provided to the trauma residents. Using the sign-out tool in EPIC will be used to communicate the patient's condition, plans, follow-up of necessary studies or consults that need to be completed overnight.
5. Operative cases:
 - a. A resident assigned by the senior resident on the service should cover all cases on the Trauma Service. In general, the Trauma resident will not scrub on non-trauma cases.
 - b. The attending and resident should clarify the responsibilities for dictation before the end of the case.
6. 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.
7. 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 as well as the list given to them by the Trauma Program Manager/Quality Supervisor. This list will be reviewed with the trauma director to make sure that all identified complications are educationally relevant.
 - c. The trauma residents will attend the monthly Trauma Multidisciplinary conference and the monthly Trauma QI conference.

8. Clinics

- a. The trauma clinic will meet at 12:30 PM on specified days (currently meeting on Thursday).
- b. All residents are expected to attend. If you have other responsibilities at the time, please notify the trauma attending. Please be prompt.
- c. Patients will be placed in rooms and the charts will be available at the front desk. If a resident has operated on a patient, then he/she should see the patient in follow-up.
- d. After seeing the patient, the resident/student should discuss the case with the attending and document the visit and plan in the medical record.

9. Documentation

- a. All notes will be documented in EPIC.

10. Quality Improvement

- a. If there is a concern with care of the trauma patient, please bring them to the attention of the Trauma Medical Directors, Trauma PI Coordinator 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.

11. 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.