

Bronx VA Intern/Resident Guidelines:

Daily Routine:

- 6:30am: Shuttle departs from 99th and Madison.
- Pre-Rounds are always done by intern on call from the night before.
- Notes are written by the intern on call from the night before as well, must be cosigned by an attending.
- At approximately 7:00am you will round with the Chief.
- 8:00am: day starts.
- Intern on call: sees all consults (NOTE: if senior or Chief is out of the OR, they may see the consult directly, otherwise, they must eyeball them later and cosign w/addendum all consults. All consults should be cosigned by Dr. Kurtz. (i.e. when you write your note, Kurtz should come up as a cosigner as well as the senior/chief).
- Intern on call: sees all patients on surgery service on afternoon rounds when there are clinics, and may need to see some "outside" patients.
- Senior Resident: sees unit every morning, books cases (see senior resident handout).
- Afternoon rounds: variable times in order to make the afternoon buses. The only other means to getting to/from the VA is by taking the subway 4 train at Kingsbridge Road. This is also the only way to/from the VA on weekends, unless senior/chief has car.
- Keep "the Patient List" updated at all times: we all depend on the list. It is your responsibility to keep it updated. NEVER change the file name, or "save as".
- Labs: Nurses draw at 5am usually. In the afternoon, only if they're one of the nice ones, intern is phlebotomist.
- STAT Labs and all blood cultures: must be drawn by the intern.
- Daily morning labs should be checked by noon.
 - Abnormal labs must be dealt with immediately (i.e. abnormal K, low Hct, ect).
- **Xrays:** Must routinely follow-up with Xray Department after ordered from radiology in order to make sure the study request was received and scheduled.
 - Stat Radiology: call to make sure it's getting done, need approval for CT from radiologist (Dr. Rogers, Dr. Denenburg, etc.).
 - Stat Radiology after 5pm goes to the NYU attending radiologist for approval and reading. Page through the operator. All final readings are faxed to the ER after hours.
 - CTs: make sure consent for CT with Contrast is done, must be scanned in. CT angio, need large bore IV, at least 20gauge. TLC will not suffice.
 - CT escort at night: if IV contrast is pushed, the MD (aka intern) must be there.
 - Always pick up films for team room when on call at night. Go to second floor and ask tech for films. During the day, sign out films from film library. May have PACS by the time you read this.

- **Preops and Postops:** There is no excuse when these are not done!!
 - Preops: make sure there is consent, and it is scanned in, write preop note, and "risk assessment note" as well. Think about medical/cardiac clearance at least one day before, preferably in clinic if outpatient. May need to refer them to another clinic for clearance first.
 - Consents – print and use the forms from CPRS that have all the risks/benefits already filled out. If necessary, modify something similar.

- **Admits:**
 - Usually the ER just sends up without telling you when, so check frequently.
 - The ER will do/say anything to make their life easier.
 - They can, however, direct admit for a variety of complaints, i.e. Vascular, r/o Obstruction, r/o Cholecystitis, pancreatitis (if MR ends in even). Full list is located in the call room.
 - Admit Orders: usually have to tell nurses all labs/orders verbally, if important.
 - From ER, Outside:
 - Intern/Resident Admit H&P – cosign Kurtz
 - From any other service or SICU:
 - Inter-facility Transfer Acceptance Note – cosign Kurtz

- **Discharges:**
 - Social Worker: get involved early for any expected placement issues, home health aids, home physical therapy (most vascular cases), home wound care.
 - To Montrose or Castle Point:
 - Direct MD to MD: call the MD from where the patient came from and get them to accept. Get their name, ward, and telephone number.
 - Transfers must be arranged by 2pm the day before, in order to catch the 10am ambulette.
 - To Home:
 - Discharge Order
 - Discharge Summary
 - Intern Discharge Note
 - Discharge Instructions
 - Order all outpatient meds necessary for pharmacy window pickup (all in the computer). Narcotics other than T3 need a paper Rx as well.
 - Arrange SW, transportation if needed

Schedule by Days:

	AM	PM
Monday	2 OR's (Eisen + GS)	2 OR's
Tuesday	1 OR / CLINIC (GS new consult 9AM)	CLINIC (VASCULAR 1PM)
Wednesday	2 OR's (Eisen + GS)+	CLINIC (GS postops)
Thursday	Conferences 1 OR (ONLY if booked w/Tessie in advance)	FREED OR TIME CLINIC (Rectal every other week at 1PM)
Friday	2 OR's Schanzer AVF + GS Note: call Schanzer in advance, needs U/S vein mapping usually	CLINIC (GS postops)
Saturday/Sunday	8AM Rounds	

Clinics:

- All at Suite F on the second floor x3600 (they will usually page you and hound you to come).
- Send the intern not on call, one senior/chief, more if possible, ideally keep on-call intern out.
- **When booking cases in the clinic, the intern runs it by senior, selects the best way to contact the patient, and puts it in the Outlook calendar (everyone has available on their personal "VA desktop" that you see when you sign in to a computer). Send the patient with the pre-op form to OCC for pre-op lab tests after checkout.
- Must cosign all notes with attending in the clinic – respond to the consult if there is one.
- Send the patient out with their sign-in sheet to check out, where they will get any future appointments you order.

Conferences:

All on Thursdays:

- 7:00am: Basic Science takes place on the 5th floor
- 8-8:45am: ward rounds
- 8:45-9:45am: GI/Surgery conference takes place on the 4th floor (alternates who presents GI fellow or Surgery senior/chief)
- 9:45-10:45am: M&M or Journal Club (same room as GI/Surgery Conference)
- 1:30pm: Tumor Board (Chief and Senior go and take notes on which patients need to be booked for surgery). This takes place on the 5th floor near where the Basic Science lecture is located.

In the OR:

- Be at the Pre-op area (Ambulatory area, OCC) at least 15 minutes before the case begins:
 - Patients will not be released to the surgery holding area unless their paperwork is complete.
 - Make sure all paperwork is in order including: H&P, labs, medical clearance, "risk assessment note", and consent (must be in the proper order).
- If the case is not the first case of the day, be sure to keep on top of the schedule; lots of times cases go earlier or later.
- Must write a Preop Note in the chart (essentially a brief repeat H&P): "Preop for Ambulatory Note and Risk Assessment".
- Transport your patient to the recovery room and make sure the following are done:
 - Written Brief Op Note
 - Orders (Admission or discharge)
 - Prescription for pain meds, usually T#3 (if going home)
 - Discharge Instructions – wound care, follow-up (if going home)
 - Patients usually f/u within a 1 week of operation
 - Add them to patient list with full history and meds if admitted.
- After the case, dictation of operative note MUST be done within 24 hours (Attendings are BIG Sticklers on this!!). See dictation phone number and keys on team list.

On Call:

- The intern sees the consults, calls the on-call senior or chief, depending on who is on call at night, during the day let either one know.
- Chief/senior calls Attending on call that day, or Eisen who covers most of vascular patients.
- Schedule is on average q3 with occasional q2's.

Miscellaneous:

- All notes get co-signed by Kurtz unless it's a new consult that you discussed with someone else, or it's a clinic note.
- The chief or senior must see all consults that the intern has seen and they have to list you as a co-signer.
- Have the intern on call get the films of the patient they called you about the night before if there are any night consults and put it in the team room so you can see it when you get in.
- The renal fellow will hound you for access: stand strong and tell them you work within the best of your limits because it will be hard. Schanzer will really only do fistulas/grafts; maybe a permcath if you ask. Leon will only do permcaths if they come with a fistula.
- Call patients a day or two ahead to see if they are still coming for surgery, check in the notes on the computer if they went to OCC for pre testing.

NOTE: MOST OF THE ITEMS BELOW PERTAIN TO SENIORS, E.G. Booking cases, etc.

Important People:

- Dr. Reiter: he is the only interventional radiologist: does draining, angios, etc. He is very nice and very helpful. If you want to go over an angio with him, be prepared to spend 30 minutes there.
- Drs. Denenberg/ Rogers: they read CTs. Very helpful. They approve studies too so be nice.
- Kristin Kohler: wound care nurse. She is very helpful if you stay on her good side. Don't argue with her, don't let her know if you put a vac on someone and hooked it up to wall suction.
- Dr. Kurtz: functions as a hospitalist for surgical patients, cosigns all your notes, runs the list with the chief every day, fixes computer problems or other logistical/administrative issues that come up. If you keep him happy, he will help you out quiet a bit.
- Tessie: in charge of OR scheduling most of the time. She will help you out if you work with her. Let her know if you need extra time to book cases, or if you need OR time when you don't usually have it.

Who do you book cases with?

- Lap cases, anything complicated, pretty much anything if he's already at the VA that day- Reis
- Colorectal open cases, anything complicated- Heimann
- Lumps/ bumps/ hernias/ cysts/ portacaths/ debridements/ minor amputations (eg: toe)- Bakare
- Vascular access- Schanzer or Eisen, also Charoenkul (semiretired but does permcaths)
- Schanzer requires that all pts get vein mapping the day before the AVF. Eisen doesn't want it.
- Bypasses/ Carotids/ major vascular- Eisen – will operate on aspirin or plavix if it's a distal bypass – just check with him about stopping anything but usually you don't need to.
- Thoracic- Loh if the patient is from tumor board, or Camunas (who also gets cases from pulmonary conference which is during vascular clinic)
- Trachs- Camunas
- Permcaths- that's a hard one...Dietrick, you can try Eisen or Schanzer, Camunas has done some, Reis (he does all sorts of things but you have to ask him).
- Deitrick sort of does everything but he mainly runs the spinal cord unit...you can ask him to staff smaller things though and he is great about it if he is able to help. Also, if you need a VAC for a patient, he is the guy to talk to as he orders them.
- NO big abdominal cases on call with Deitrick or Bakare. If they are on call, you can call Heiman and ask him who you should get to do the case.

To Do List/Miscellaneous:

1. Try to book cases 2 days ahead so you are not rushing with a deadline. If it's a problem, call Tessie and let her know, she can usually hold the schedule until you get everything in if she knows about it.
2. Stay on top of the "outpatient issues" list – check the charts frequently, call people and make appointments for them, etc. If you don't do it, no one else will either and the patients will miss their surgeries. This place is ENTIRELY resident run.
3. Let the attendings know if you booked them for cases, otherwise you may not have an attending.
4. Keep the on-call intern out of the OR so they can do stuff and see consults. If the senior is out, they should see consults during the day.
5. Try to have at least 2 people in clinic at all times, preferably one senior/chief and one intern.
6. If you need to see films, get down to radiology before the film library closes, which is around 5pm.
7. Make sure the interns are on top of social work items, otherwise you will NEVER send anyone out. Most of these patients need to go to rehab or a nursing home. Very few actually go home.
8. All vascular cases, Heiman abdominal cases, and anyone that should be in stepdown goes to the SICU. List patients with the SICU before the case and make sure they have beds available, otherwise cancel the case (never had this be a problem).

How to Page:

1. For **# pagers: just dial **# and then wait for the prompt to put in the number and # sign.
2. For 7+# pagers: dial 7, then wait until after the prompt, then dial the 3 digit number and wait for the next prompt before typing the number and # sign. If you type before the prompts finish it won't work.
3. For outside lines: if it's local, dial 8 followed by the number (no 1 before 718). If it's local but not 718, dial 9 followed by 1-212, etc. Otherwise, just get the operator to connect you. After some random time in the afternoon you have to go through the operator for ANY outside call.