Expectations for residents and medical students on the Colorectal Service

Clinical:

1. Assume a sense of ownership for the patients, feel as though you are in practice and these are your patients and they are your responsibility. Know their history, pre-operative work-up, special needs, and what they will require after discharge from the hospital.

2. Prepare for the operating room. This means;
   a. Reading an atlas or textbook about the step by step aspects of the procedure
   b. Anticipating how to provide prophylaxis for venous thromboembolism
   c. Knowing who will be requiring a stoma and seeing to it that the patient gets marked pre-operatively by the enterostomal therapy nurse
   d. Deciding who will require ureteral catheters and making the necessary calls to urology
   e. Making sure that there is enough manpower to cover the cases, for example, laparoscopic cases require 3 people, the attending, the resident, and a camera person. If necessary recruit manpower from another service.
   f. Making sure that there is appropriate manpower, i.e. complex cases require senior level coverage
   g. Providing appropriate antibiotic coverage
   h. Take necessary steps to enhance recovery of GI function such as seeing to it that patients get Entereg
   i. Position patients properly and safely on the operating room table. This requires discussion with the attending ahead of time

3. Utilize the post-operative order sets. Pain control is a priority, but be aware that narcotics slow down recovery of gut function and alternatives are frequently used such as torradol and IV Tylenol. Check with the attending regarding use of these drugs.

4. Be cognizant of what prospective studies are being done in the Division of Colon and Rectal Surgeons and consent patients for possible enrollment. Discuss this with the attending

5. Communicate daily with the attending according to their individual preferences. This may involve a phone call or simply a text message. Discuss the preferred method with each attending. When the chief resident is out of town, the second year resident assumes command of the service and is the person who will communicate daily with each attending if time permits.

6. Proper communication also entails discussing cases with your consultants with a phone call or face to face encounter. Do not rely simply on what is recorded in the electronic record. When the colorectal service is consulted, proper communication with the primary service is essential in order to convey our opinion and to promote a team concept. Providing good service is essential. Do not assume that just because we leave a note in EPIC, that it will be read in a timely fashion or that our recommendations will be followed.

7. When an imaging study is ordered, review the films in person with the attending radiologist. Do not simply rely on the written report.

8. Understand that there is no substitute for evaluating the patient at the bedside when there is a clinical problem. This cannot be overemphasized. While valuable information can be obtained
from reviewing electronic records and reviewing imaging studies, it is the bedside assessment that ultimately determines the course of action.

9. Always document each patient encounter, whether it be a phone call or an emergency room evaluation. This holds true for everybody on the service, from the medical student to the chief resident, and there should be no task which you should consider beneath you. Remember, we are a team and everyone is responsible for getting our work done.

10. Complete your documentation. This is especially important in the clinics. If a student or resident does not finish his/her note, the attending cannot close the encounter and will be assessed accordingly.

11. In the post-operative period:
   a. Maintain proper glucose control, this has a direct bearing on the incidence of surgical site infections
   b. Provide adequate pain control (see above)
   c. Get the stoma nurses involved early during the post-operative period for patient teaching
   d. Do not discharge patients if their ileostomy output exceeds 1500 cc in a 24 hour period. A protocol is in place for reducing high ileostomy outputs and should be referred to in the appropriate setting.
   e. Do not remove Foley catheters in the early post-operative period when there has been a pelvic dissection. Discuss this with your attending.
   f. Generally follow a fast track approach, most attendings will begin a diet on the first day but discuss each case with the attending

Teaching:

1. It is incumbent on the senior residents to teach the junior residents and students proper conduct, ranging from collegial interactions with nurses, to compassionate and respectful care of patients especially during early morning rounds, to completion of electronic medical records. It should be stressed that the bedside evaluation of patients is of paramount importance.

2. It is incumbent on fourth year students to teach the third year students how to navigate the hospital, the operating room, and the service. The fourth year students should teach appropriate level procedures to the junior students such as sterile technique, wound care, insertion of Foley catheters.

3. Chief residents should see to it that the junior residents get into the operating room as much as possible to either watch, assist, or perform appropriate-level cases. This will foster learning, preparation for the future for when they are chiefs, and a team approach.

4. Chief residents will need to plan ahead, see what cases have been scheduled in the future, and then make assignments for which juniors will be present in the operating room. This will allow sufficient time for the junior resident to read and prepare for the case.

5. Rounds should be conducted in a manner that should be non-threatening, respectful for the patient, and respectful for the junior residents and students. There should be an atmosphere
that fosters questions and teaching while at the same time seeing to it that the work gets done and all patients are seen prior to going to the operating room.

6. Attendance at service conferences is mandatory as well as at departmental conferences such as Morbidity and Mortality conference and Grand Rounds. For a schedule of service conferences, see the attendings.

Professional:

1. Be punctual
2. Be polite and courteous. Every encounter, whether it be with a nurse or patient, is an opportunity to create a positive working environment that is a reflection on you and the field of surgery.