Welcome! We are glad you are here. Your fellow residents are some of your best resources. You will rotate at up to five hospitals this year. Knowing the administrative staff for each location is quite helpful. Each hospital has different ways of handling parking, meals, medical records and resident education and support. In this document you will find general information for each hospital followed by description of the services at that hospital. Other helpful information about conferences, vacations, evaluations is at the end of the document. We recommend getting ID cards/parking/computer logins prior to the first day of each rotation if possible.
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The Regional Medical Center ("The MED")
The main number is 545-7100. Calls into the MED are 545- # # # # within the MED, 5- # # # #.

The MED garage (corner of Pauline and Jefferson) is the most central spot for parking, and your MED ID will allow you access into this garage. Alternately, some residents park in the garage behind the Doctors Office Building (66 Pauline) which is accessible with the UT ID. There is a shuttle from the MED garage to the MED that some people choose to use. It is probably safer (but slower) than the solo walk in the dark up the hill. The Graduate Medical Education (GME) shuttle runs from 6 p.m. – 6 a.m. and will transport from Methodist, MED, VA, Le Bonheur or Pauline garage, 448-4444. You can also request security pick-up at the Doctors Office Building Garage on Pauline 24 hours/day. It may take them a few minutes to reach you. The GME office in the 910 Madison Building, Suite 1030 is where residents handle other parking issues that arise after orientation.

Residents are issued meal cards to use in the cafeteria. They are generally handed out by your chief a few days into the month (or go to Nancy Stuart’s office, 910 Madison Avenue, Room 220). It is wise to keep a few for the next month you are at the MED since you will likely not get them on the first of any month. The number of cards issued is related to the number of in-house calls taken. You will not be able to have 2-3 meals a day for an entire month on the meal cards.

Surgery resident office – the home base for the Surgery residents is on “Low-C” (5th floor C across from C503). The patient list can be generated from any computer with
MED intranet, and the daily notes are generated from this as well. This room also has a couch that frequently serves as a napping spot for the floor doc who may not see the call room on a busy night.

Call Rooms – The floor doc room is across from the lowest number rooms on 5D all the way around to the left once you are facing the patient rooms.

Your MED ID badge or "*6" on the keypad will get you through most locked doors in the MED except the ambulance bay which is 9111*.

Health Information Management (HIM) (AKA medical records) on the 1st floor. Contact #s 58451, 57585, 58229, and 57549. Most records can be signed electronically from any computer. If you have delinquent paper charts or dictations that you need the chart to complete you should call and ask them to pull the records.

Dictations – The dictations are done under your ID# (you’ll get this at orientation). Discharge summaries and operative reports must be dictated in a timely fashion – op notes same day, D/C summaries within 24 hours. Other items like H&Ps and consults can be dictated but are still mostly hand written. The main number is 515-9673 from outside the hospital or 59673 from inside the hospital, and you will need to know the report type (H&P 0, Op- rep 1, DC 2), attending #, and service # (surgery 1, trauma 13, plastics 3). An orange laminated card with this information and instructions to navigate through the phone system is available in HIM (also given at orientation). Information Technology (IT) – Meditech
support 56483. Reports can be viewed on Laserfiche. You will need a user ID and password for Meditech, Laserfiche and Carestream (see below). At orientation they will tell you where to go for a brief training session and to set your ID. If you are not at the MED for several months you may need to get your password reset when you return.

Imaging can be viewed using a program called Kodak Carestream which is available on many computers in the hospital. From the main MED intranet webpage, there is a Carestream icon on the left side of the screen. It is also saved as favorite on many of the browsers within the hospital. To get a user name and password you should contact the PACS administrator, Erica, at pager 790-1182. She is very helpful and can also load images that have fallen off of the database. The files are automatically purged from the system based on date. “Old” images can be resent if you need to view them. You should know the patient’s name, medical record number, date of study and type of study when you page to ask her to reload the image. Generic username/password is “croce” and “croce1.”

The “Trauma Training Center” is on the Ground Floor of the Chandler Building. This is where turnover rounds are held. There are a number of computers in this area. There is a large screen TV and a refrigerator and shower. There are call rooms in this area.

The MedPlex is where all clinics are held and is situated on Madison Avenue but connected to the MED on the ground and second floors. On the ground floor, you walk
past the burn center or on the second floor past the Critical Care Waiting area. There are signs that you can follow as well. Surgery clinic is on the 4th floor of the MedPlex. The GI lab and non-trauma radiology are also in the Medplex.

**Surgery Teams A/B/C**
The Surgery teams consist of a chief (4th or 5th year), a PGY 3, and a PGY 2 and 2 PGY 1’s – the floor doc and the upstairs ICU doc. The Floor doctor will take care of all floor patients that are assigned to the surgery teams (consults/admissions from the elective surgery and the ER). The SICU doc covers the upstairs ICU patients. The SICU intern will respond to shock traumas and help assess, write the H+P. There are opportunities for lines, blood draws, chest tubes, and anything else that is needed in the Shock Trauma room. If a bunch of trauma’s come in, you may be required to step up your level of involvement. An attending rounds on all patients every day.

There are often cases to be done from the floor and the ICU. Let your chief know you are interested in participating in those cases.

Turnover rounds occur at 7a.m. daily in the Trauma Training Center. Both the day and the night person from the floor and the ICU should attend.

**The Service List**
The service list is accessible on any computer with MED intranet. KEEP THIS LIST UP-TO-DATE. The better you are at doing this the easier rounds are and the easier the rotation is.
Important things to remember:

1. **Update the list** (update it at the end of evening rounds and then quickly review it in the morning before printing).
   - Patient info
   - Treatments received
   - Changes in diet
   - Changes in weight bearing status
   - Antibiotic courses
   - Any services that have signed off
   - Future treatments
   - D/C plans

2. Save it under the new date before making changes to the list.

3. Patients transferred to the floor during your shift are highlighted in yellow. This list is not set in stone - if during rounds you find that your chief or attending consistently wants particular information just add a column.

**Progress Notes**

Progress notes are printed from the computer. They are updated daily. EVERY patient has to have a note by a doctor EVERY DAY.

**Rounds**

Rounds begin with the attending and chief right after turnover conference
- Carry the bag of supplies on rounds
- The person starting their shift should have a clipboard or something to write on. I would recommend either writing the orders
immediately into the chart or using an order sheet and placing that immediately in the chart.

- Have a system for writing notes about what needs to be done on the patient throughout the day. Some people like using the back of the list, but you can develop your own system.
- Determine which patients will/might possibly be discharged that day. Discuss every patient's d/c plan.
- If possible, have the case manager rounding with you in the a.m. to ensure that you can discuss placement/follow-up/social issues. Often these issues are the biggest hurdle to discharge - get started the moment they hit the floor.

**Discharging**

Getting patients out the door is critical to keeping your list manageable. Start planning what you need to discharge them the moment they are transferred to the floor. Here is what you need to do for each discharge.

Forms:

1) Discharge orders sheet (White, pre-printed)
   - Follow-up appts: Check for f/u for each service that has seen the patients. These are typically in the orders or in the services progress note. If you still can’t find it, call the service.
     There is Nurse Practitioner Clinic. Many of the discharged patients will be followed there; check with your chief. Patients who had
a major surgery will need appointments in Monday, Tuesday or Wednesday afternoon clinic.

2) Prescriptions (for any controlled substances (Percocet, Benzos) ask a nurse for a controlled script)

Dictating:
1) You MUST dictate discharge summaries on every patient. Get your dictation number from the medical records people. The instructions are on an orange paper on our wall in our office. Do the dictations as you are filling out the d/c orders, that way you don’t forget to do them.

Dictation instructions:
1. The dictation number is 59673
2. You then enter your dictation number
3. Enter 13# for the trauma service, 1# for general surgery service
4. Enter 2 for discharge summary
5. Enter pts. Record #
6. Begin the discharge summary

Write down the dictation job number on the orange discharge sheet.

Patient management pearls
Be thoughtful about labs. Some patients need them daily; others don’t need them at all. In the beginning, err on the side of ordering more labs. Replace lytes as needed.
Make sure and order PT/OT immediately when a patient comes to the floor unless there is a fairly obvious reason not to. Pts. with Chest tubes need pCXR every morning. Also, mark on the pleurovac the fluid level daily. Ortho patients: Know their weight bearing status (both lower extremities and upper). Fever over 101.5 typically require sepsis workup: CBC w/diff, UA, Blood Cx X2, Urine Cx, pCXR, assess patient for deep lines or other possible sources of infection (sacral decubs, wounds, etc.). As always, if you don’t know, **ASK SOMEONE**!

**SICU**
You cover all patients admitted to trauma in the upstairs ICU and the PCU and Burn ICU if there are trauma patients admitted there. The patient list is available on any MED intranet computer. Have all notes ready by turnover conference because the attending will want to round right after turnover conference. You will do procedures upstairs. Some attendings wish to be present for procedures. Rounds also consist of ingoing and outgoing interns, +/- fellow, and attending. Once rounds are done, the incoming intern starts the day and covers all chores. The outgoing intern goes home. The patients upstairs are the complete responsibility of the upstairs doctor. **IF YOU EVER HAVE CONCERNS, DON’T HESITATE TO ASK.**

**Endoscopy/ Nutrition**
You have 2 different jobs: 1) Endoscopy – take all surgical endoscopy consults, work up patients and perform EGD, PEG, Colonoscopy at the MED and VA on various days. 2) Nutrition – round with the Nutrition support team that does TPN and Tube feeds for TICU and other patients in the hospital. Examine abdomens since frequently you are
the only MD on the team. This team has a Pharm D attending, Pharm D fellow, Pharm D students, a nurse, a dietitian, certain days Dr. Minard or Maish. Even on days when you are scoping all day, you write notes on the nutrition patients you are following before you scope.

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<tr>
<th>SUN</th>
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<td>AM: NSS rounds c attending</td>
<td>AM: Medplex scopes NSS Rounds if done early</td>
<td>AM: Conferences NSS rounds if done early</td>
<td>AM: NSS Rounds c attending PM: VA scopes</td>
<td>AM: Medplex scopes and NSS rounds if done with scopes</td>
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**Plastic Surgery**

Dr Luce is the primary PRS attending with whom you will work at the MED, but you may also work with Drs Hickerson and La Chica. You will sometimes go to MUH to work with the same attendings and with Dr Ver Halen who does major cancer reconstruction surgery. There is clinic on Thursday on the 4th floor of the MEDPlex (same area as Surgery Clinic).
The Veterans Affairs Medical Center (VA)
The main number is 523-8990. To call into the VA (from outside) dial this number, then a 1 at the initial message then enter the extension. Within the hospital you just dial the last 4 digits of the extension.

Dr. Weiman is the chief of surgical services and his office is on the 3rd floor. His assistant has all of the paperwork and important numbers you need to get set up upon arrival. You will get fingerprinted (no joke!) in the security office in the basement. The ORs, ICU and resident office (“lap lab” “honesty room”) are all on the 3rd floor. The code to the resident office is 2&4, 3, ENTER. There are several computers, a couch and many books in this room. There is now a microwave for your use in the lounge. It serves as a general meeting place for the team. Some chiefs will begin rounds here, others like to begin in the ICU.

Parking – You need a hang tag that is available from the GME office. You park in the lot that is entered from Pauline. The resident area is the furthest away from the hospital doors. As you enter the lot from Pauline you head forward and to the left. There are signs to designate the resident parking spaces.

There are drinks, snacks, and frozen meals in “Café241” (door code) on the 1st floor (not ground floor). The selection is generally poor, and there are rarely drinks. Be prepared to supplement with your own food from home or the cafeteria. You must pay for food in the cafeteria which is on the 2nd floor. The call room is in the Surgery ICU on the 3rd floor and it has a bathroom and shower inside the room. There is
also a call room between the E and F wings on the third floor, also complete w/shower and bathroom.

Pagers at the VA are accessed by dialing 577-7288 (7-7288 in the hospital) then using the 3-digit pin number assigned to the pager. Frequently you will get paged to 5238990 ####. If you are in the hospital just dial the 4 digit extension.

Dictations are done for discharges and op reports. They are delinquent if not done the day of the operation or discharge. Within the hospital dial 3600 – the service number (surgery 7), Doctor number (last 4 of SSN), patient SSN, work type (d/c 1, op rep 2, stat 0 can be entered any time during dictation). The number to the transcription office is 7845 and they can help you with questions about dictations.

The charts are all computerized – orders, results, notes, etc. are on computer. ICU flow sheets are still on paper but vitals for floor patients are in the computer. Most notes you author will need a cosigner attending. You will need to know who the staff for the day is so that notes are sent to the correct staff (changes at 5 p.m.). There is usually an attending schedule in the resident office. The only paper document you will routinely use is a consent form. These are even computerized for patients seen in the clinic. Computer support for CPRS (the VA computer system) is done by Doug Joyner for the surgical residents. The help desk can get your password reset or assist with other access issues.

**General Surgery**
Team is multiple residents: PGY 5, PGY 4, PGY 3, PGY 2
and 2 PGY 1s. There are usually two/three students assigned here as well. The ICU patients and consults are generally done by 3\textsuperscript{rd}/2\textsuperscript{nd} year residents. The floor patients are split by the interns who write notes and take care of the day-to-day issues on the patients, round with the chief and team, and execute the plan for the day. Go to the OR as assigned cases by the chief. Go to clinic with the team.

You have surgery clinics on Monday and Friday mornings and Wednesday afternoons. Clinic is on the first (not ground) floor found by making a left at the waiting area for mental health service. It is confusing to find so going with someone who has been before is helpful the first few times. Rachel Bohannan is the nurse for the clinic, and she is excellent. When a patient is discharged and they need follow up, this is arranged by completing a surgery consult in CPRS and directing it to Rachel Bohannan. You will see patients, type a note in CPRS, and then check out to a chief and or Dr. Nash who staffs the clinic. Select him as the cosigner on all clinic notes.

**ICU/Nutrition**
This is a PGY 1 only assignment that has two facets. You see all of the patients admitted to the Surgery ICU who have a surgical (surgery, ENT, Neurosurgery, CT surgery) primary team. Write notes on these people daily and present them on nutrition rounds and to Dr. Minard. You function as the critical care person and help with the management to a greater or less degree depending on the primary team. The nurses should contact the primary team for most issues. Sometimes they will ask you because you are there, but it is fine to direct them to call the primary team if it is an issue that they should be
managing. You also round with the Nutrition team daily on these patients as well as floor patients who need TPN or tube feeds. You write all of the orders for this with the assistance of the team. This nutrition team has several Pharm D attendings, residents and students who are very helpful. They’ll walk you through all of your responsibilities for this. Monday through Thursday you will present a critical care topic to Dr. Minard. Each day you decide on the topic for the following day which you will research and present to her. Common topics include ventilator management, PA catheters, and pressors.

**Methodist University Hospital**
The main number is 516-7000. To dial in from outside the hospital all numbers are 516-##_###, within the hospital 6-##_###. The medical education office is located at 251 S. Claybrook, 2nd Floor and Rhonda Gray (516-8209) can help you get IDs and keys to the call room. This hospital is a series of buildings (Thomas, Sherrad, East, Tower, and Crews) connected on the ground and third floors. You can get a map at the information desk or just look around for signs to navigate this large complex.

Parking is free in a gated and covered lot across from the main hospital entrance and is accessed by your ID card. On the first day you can use the free patient lot also across from the main entrance on Eastmoreland.

You can get breakfast in the OR lounge and lunch in the physician’s dining hall (must be accompanied by Attending) or sandwiches and salads in OR lounge refrigerator.
Surgery lists are on the computer closest to the printer in the computer room in the OR lounge. A copier is available for your use and can be accessed with a code posted on a nearby bookshelf.

Records are electronic, including CPOE and progress notes. All of the labs, reports and films are computerized and accessible from home (http://www.methodistmd.org/). You can even view films from home which is sometimes very helpful. Deborah Larkin is the computer person who will come to you and help you get set up. Her cell # is 229-1773. You can also call the help desk at any time at 516-0000 and enter “##2” to access the “doctor’s line” for help.

Dictations can be done by using a Dictaphone which is available in the OR lounge or most MD work areas. You can also dial 516-7054 from anywhere. Dictaphones are ideal for learning to dictate because you can rewind and rerecord easily. All op reports, d/c summaries, consults and H&Ps are dictated. The dictations are done under your ID number. (H&P 01, Consult 02, Op Rep 03, DC 04) When you sign off on the dictation, you should forward it for signature. This is very important.

The ORs are on the 3rd floor near the Thomas elevators. There is an OR lounge on the third floor with breakfast items, coffee, and fruit. OR front desk# 516-8407, Pre-op 516-8420.

**General Surgery**
Patients are admitted to Drs. Schroeppel and Weinberg. The team consists of a 4th year, 2nd year and an intern. Interns are responsible for the floor patients, rounding.
with the chief +/- attending daily and carrying out the plan. Cases are assigned by the chief. You will also participate in clinic on Tuesdays (with Dr. Weinberg) and Fridays (with Dr. Schroeppe). 

**Surgical Oncology**  
Chief (5th year), a 4th year, and usually 2 interns will be on this team. You will cover Drs. Powell, Pritchard, and Behrman, Mathew, Stoikes and Munene. Interns are responsible for floor patients, and helping with outpatient pre-ops for the day. The chief will assign the cases. If the upper levels are in the OR they may have you see consults while they’re operating.

There will be times that your chief operates on a patient that was on some other service. They will follow that patient post-op and may have you help with their care.

**Cardiothoracic/ Vascular**  
A 4th year resident and an intern will see the patients for the CT attending and evaluate new consults. The attendings for this group are Khandekar, and Yoon. Scrub in on cases as assigned by the upper level. This service has a lot of patients. There are multiple attendings to communicate with daily regarding patients. It is a good idea to always have your list with you (even in the OR) so that you can ask attendings nonemergent questions or check on plans whenever you run into them. Typically, the intern(s) cover floor patients, and the upper level sees the ICU patients. There is a lot of floor work, but good OR opportunities exist if you are efficient at getting your chores tucked away. There are PA’s on the service that are there for help.
**Vascular**

Dr. Rohrer and Dr. Byrne are the attendings. The service has a 3rd year and usually 2 interns. The PGY 1 residents will split day and night duties. Rounds begin in the OR lounge at 6a.m. sharp daily. You will take care of floor patients and operate. Dr. Rohrer dictates all his own operative reports—you will be responsible for dictating H&P and consults that you see. Read about how to perform an ABI prior to the rotation as well as review vascular anatomy. They do a good number of cases in the cath lab in addition to the OR. Dr. Rohrer will go over how he likes his dictations done. Make sure you have your notes for 6 a.m. rounds out of the chart so that he can sign them all together. Also make sure that the bag has kerlex, ACE bandages, BOXES of 4x4 gauze, and tape in it at minimum. Dr. Rohrer has his own handbook for his rotation that you will want to get prior to the first day. Be sure to review this manual and keep it with you throughout this rotation. It gives detailed instructions how he likes his consults/H&Ps dictated... and even provides admission and postop order sets for common vascular cases/problems.

Most of the year there are 2 PGY 1 residents on this service. You will work shifts – day and night – and flip in mid-month (see attached). The day shift person will come in by 6 a.m. for turnover rounds and stay until about 6:30 a.m. The night shift person will come in at 6 p.m. and receive turnover for the day and work until rounds are over the next morning (usually by 7 or 7:30 p.m.). The night shift person will round on the floor patients before rounds with Dr. Rohrer. That person will also carry the “floor pager” and help the resident covering call at night.
Transplant
There are 2 residents, a PGY 2 and a PGY 1. The upper level resident takes care of ICU, and the PGY 1 and a Nurse Practitioner take care of the floor patients. You will complete daily notes, pre-ops and participate in OR cases on the service. The daily notes are preprinted templates, so you fill in the numbers for labs, vitals, I/O, daily weights (very important for txp patients). There is a way to print the list of meds from the computer, rather than having to handwrite all of them. Keep close tabs on which immunosuppressant/antibiotics the patient is taking. You will also take care of inpatient consults for Dr. Nezakatgoo, regardless if they are transplant patients. Dr. Nez has a lot of really good cases and likes to teach. One Txp attending rounds each week and they also do liver txp that week. There is another attending on for kidneys and procurements. It’s a great opportunity to go on procurements. The fellows alternate floor rounding and outpatient. These patients can be tricky so make sure that you call with questions.

Le Bonheur
The main number is 287- KIDS (5437). Phone numbers are 287- # # # # or 7-# # # # from inside the hospital. Much of the information about Methodist University overlaps as these are affiliated hospitals.

Sherry Lorenz is the administrative contact at 287- 6300 or slorenz1@uthsc.edu. She is Dr. Langham’s assistant, and their office is in the Physician Office Building, suite 220. She will get you paperwork for IDs, and direct you through other necessary paperwork. You will have a sit-down orientation with Dr. Langham, and you are given a couple of very useful resources with phone number and
codes. (yellow book)

Parking is in the Lot across Pauline near the VA. Your ID activates the gate to get into and out of the lot. You can park in the MED garage and walk until you get an ID. This is a pretty stout walk and may not be safe in the dark. It is worth a trip if you can get your ID before your first day.

Meals are from the Le Bonheur cafeteria on the first floor. Your ID card will be credited with a meal allowance for the month. There is a nice assortment of options for breakfast, lunch and dinner and decent snacks in between.

Charts are all computerized, including daily notes. This can be accessed from home at the www.methodistmd.org website. J.R. Coulston is the IT person assigned to assist surgery residents and students. Her contact numbers are 901-569-5605 (cell), 901-287-6335 (office), and email is jamey.coulston@mlh.org. She can assist you in getting a password and setting up a Citrix and PACS account. You can also call the Help Desk at any time at 516-0000 and enter “##2” for the “doctor’s help line.” The computer system is the same throughout the Methodist system. Once you are set up at one you can access the system at all Methodist hospitals and from home.

The dictation system is 287-5100 (7-5100), and it is now used for all H&P, Consult, Op reports, D/C, and clinic notes. The reports are done under the attending dictation numbers (Eubanks 10164, Hixson 1707#, Huang 11554, or Langham 12661). Common reports are clinic 02, D/C 03, op rep 04, H&P 05, consult 08. The dictations are transcribed to the computer in 1-2 hours and are fairly
accurate.

IDs are made in the Security office on the 4th floor between 7:30 and 3:00 with the exception of the lunch hour. Make sure you have your license plate number and a form signed by Francie before you get there, or you will make another trip.

Clinic is 12:30 p.m. on Tuesdays and Fridays, and you are expected to be there even if there are cases in the OR. In clinic, you see pre-op patients and present them to a fellow or attending and then dictate a clinic note. The clinic is on the Ground floor as you head toward the ER (Follow the toucan).

**Pediatric Surgery**

Team is one 2nd year and two PGY 1 with the fellows (usually three) and attendings. You also have a student most of the time. The intern is responsible for the floor patients and should have notes written and take care of issues. The upper level has the Special Care Unit, and the fellows cover the ICU. Rounds are twice a day, in the morning at 6:00 a.m. and just before you leave for the day. You should have all the numbers for your patients and be able to present efficiently. The 2nd year fellow is the liaison to the attending and runs rounds and clinic. At 7:30a.m., you are expected to be in the OR to assist with the cases for the day. The cases are either assigned by the fellow or worked out between you and the other resident (i.e. you do the case they don’t want to do). You should make sure the pre-op things are done and see the patient and family post-op in day surgery. You always have a fellow to call with questions, and the ICU should call the fellow directly with those patients. There are 4
different attendings, and they have various things they like. You will get a yellow book at the beginning of the rotation, and it has all the dictation codes for each attending and a lot of other helpful information.

**Baptist**
The main number is 226-5000. Hospital phone number are 226- # # # # or 6- # # # #

OR front desk # is 6-5725, 1st floor OR # is 7-1930, and the CV OR is 7-0092. Gina is in the medical education office, which is on the ground floor in a building directly across from the main entrance. The people at the front desk can direct you there. She will help with computer access, call room info, meal cards and IDs.

Parking is in any of the multiple lots on campus. There are no tags or gate cards for residents.

Meal cards are issued for the month and are used in the main hospital cafeteria on the first floor. It is very good, and you will have more than adequate allowance for meals. (Hang onto it, if you don’t use it all, because it is still good in future years.) There is also a doctors’ dining lounge on the concourse level. The most direct way there is to follow signs to the blood bank as they are directly across from one another. Here, you are asked to sign in a book under “R”, for resident. Staff sign under their last names.

The OR doctors’ lounge has several computers and tends to serve as a general meeting area for the team. It is on the concourse (next to the OR) and has breakfast items,
drinks, and fruit.

The charts are paper but labs and radiology are on the computer. Increasingly H&P and Consults are dictated. DC summaries and Op reports are dictated. The dictation line is 226-3876 and they are done under your number, you should mention in the dictation you are doing it on behalf of a particular staff. Common report number are H&P 0, Op note 1, DC 2, consult 3. For help with dictations or medical record problems call 226-5088. Health information management (HIM or medical records) is on the first floor.

Your computer access will be activated shortly after you meet with Gina and end not long after you leave the rotation. The web address is http://www.baptistmd.org/. From this link you can access a wide variety of hospital sponsored literature via Web MD. From home you can log on and review results, but not always images. The OR schedule is also accessible by attending or day. This is a good way to know what cases are coming up.

There is a library on the concourse level as you head toward one of the garages. Your ID will open the door after hours. There is an excellent selection of surgical texts and atlases. The librarians are pleasant and helpful.

**General surgery**
This team has five residents 5\textsuperscript{th} year, 4\textsuperscript{th} year, 2\textsuperscript{nd} year and intern. There is a second PGY 5 as well. There are multiple attendings to work with at Baptist. You will write daily notes on floor patients, round with the chief and attendings, and take care of orders and discharges. You do the cases as assigned by the chief. Certain days Dr.
Morisy (an attending) goes to the surgery center (on the campus) and does out-patient cases. He’ll usually let you know the day before if he has cases and what they are (you won’t see these on the computer). Dr. Pritchard does some breast cases at the Women’s hospital (same campus), and you can find out about those on the computer. The attendings will see their patients daily, and a good way to know what is going on is to review their notes and orders. You will get called about issues on patients, and except for routine things you should run the plan by a chief or the attending. You will likely get to do a lot of operating, but you are expected to know about the patient and the operation before you walk into the OR.

You may also go to Methodist Germantown Hospital if assigned by your chief. Drs. Pritchard, Mathew, Stoikes and Powell operate there.
Other Information

Conferences
These are held on Wednesday mornings at the Coleman building. They are scheduled to resume July 11th this year. All residents and medical students are expected to attend each week. There is a sign-in sheet, and your UT mail is delivered. Ms. Cynthia Tooley, residency program coordinator, sends an email weekly with the specific schedule and reading assignment.

8:00 a.m. – Basic Science: Dr. Magnotti runs this conference. It is based on the SCORE curriculum. It follows the senior level curriculum.

9:00 a.m. – Morbidity and Mortality (“M&M”) conference is for surgery department faculty and residents only. No students or guests. This is a review of operations performed by each service and discussion of interesting cases and critical learning points. Questions may be asked of residents of any level, not just the person presenting the case for discussion. You will receive a list of “M’s” and interesting cases. It is a good idea to read about it before conference as you may be asked a question on the topic (and it will make you smarter!).

10:30 a.m. – Grand Rounds: Guest speaker, faculty or upper level residents cover a surgically relevant topic. Your only responsibility is to show up and enjoy. Everyone is welcome to attend this conference.

“Intern School” – Mondays at 4pm, beginning July 9. We will cover the “Junior Curriculum” on the SCORE/ACS curriculum, and other topics of importance and relevance
to you as a PGY 1. If you have a topic you wish to be covered, let Dr. Schroeppel (tschroep@uthsc.edu) know.

**Reading material**
There is an American College of Surgeons (ACS) curriculum that is sent via email weekly on Wednesday. You are expected to read the attached article (about 8-15 pages) before Basic Science. There are multiple choice questions at the end of each assignment. The answers to these questions are available on the ACS site. Being a member of ACS is free for the intern year and a nominal fee ($20) as a resident. Other textbooks that are traditionally well liked by residents in this program are Sabiston, Schwartz, Greenfield, Cameron, and Mastery of Surgery. The Michigan State ABSITE review manuals and Rush Review are also heavily used.

In later years, as you have a good foundation, then transition to Cameron and *Mastery of Surgery*. Getting the Selected Reading (a.k.a “the Parkland Papers,” but is now published by ACS) is also a great resource.

**SCORE**
All categorical and preliminary residents are enrolled in the SCORE website. To access this site, go to https://portal.surgicalcore.org. You will be asked to log in. You will be given a username and password. This site has A LOT of resources. It has topics, modules, atlases, multiple choice questions, etc. It is the basis for Basic Science conference. There are also entire textbooks available on the SCORE site.
**Pagers**
The pagers are specific to position and location. When you get check-out for a new rotation, you (generally) get the pager that goes with that site and role. You will come to know the pager numbers for each position. The monthly schedule list with resident locations and pager number is available in two places: outside the surgery office (Second floor, 910 Madison building) and on the UT surgery webpage under the schedule tab on the left. It is also sent out monthly by Ms. Tooley.

**Evaluations**
Periodically, you will get an email from Ms. Tooley which has a link to the evaluation software, and you will get feedback from a rotation. It is not uncommon to go several months without getting one and then get several at a time. Twice a year you will get a summary document that compiles the input from these evaluations and a meeting of the faculty who discuss each resident. You will also periodically receive emails asking you to evaluate a rotation of a rotation using the same on-line service. At the end of the year (in May or so), you will be asked to evaluate the “Program as a whole,” each faculty member, and each rotation.

**Case Logs**
If you do a procedure or operation make sure you get a sticker, note the date, attending and your role. Roles are: Surgeon chief (SC), Surgeon junior (SJ), First assistant (FA), Teaching Assistant (TA). If you are unclear if you can/should log a case, ask one of the other residents or the attending. The person doing the operation typically dictates the operative report as well. Some private attendings will dictate no matter what. Make sure you are
clear about who will dictate if you do the case. You will likely scrub many cases that you will not log because you are not the one operating or first assisting. It is very hard to reconstruct this retrospectively...get a sticker, put it in a safe place and keep a log of cases. You also have to enter these on-line so that the program can track who has how many cases and adjust schedules accordingly. You will get a username and password for this. The computer system is not very intuitive. It takes a little getting used to the best way to search for procedure codes. This is ultimately very important because you must have a specified number of cases and particular types of cases logged on this site to complete training.

**In-Training Exam**

American Board of Surgery In-Service Training Exam (ABSITE) is the big test you will take at the end of January every year that you are a surgery resident (categorical only). There are all kinds of study materials available, and the focus of most of our lectures is to prepare for this and Boards. There are as many study strategies as people taking the test. One interesting thing is that it is scored as a percentile compared with the other residents of your level throughout the country. So getting 80% of the questions may land you on the 68th percentile compared to your peers or the 85th percentile depending on how everyone else does. It is recommended that you get study material of some kind and use it for several months in your “free time”. Some people will study year round, and some people will only study the week before---somewhere in the middle is probably reasonable. This is the universal thing used to compare people for fellowships along with board scores.
Mock Orals
These are held in early spring to simulate the Mock Oral Boards Exam. It generally consists of 3 half-hour sessions with attendings presenting 2-4 cases to a resident and then asking questions related to the case. Cases and questions are level-appropriate.

Communication Technology
There is interface software that can be loaded to complete both operative logs and work hours. All incoming residents will be given a one-time communication technology stipend of $300 less taxes to purchase technology device of their choice.

Vacation
Vacation weeks will extend from Monday to Sunday. Each resident has 3 one week vacations. Before making your requests, you should ask some other residents about the pros and cons of taking vacation on certain rotations. With rare exception (weddings, births), weeks are not generally granted back to back. Any scheduling concern (deaths, weddings, family reunions, etc.) should be addressed with the chief at that location. All vacation and other leave must be approved by Dr. Pritchard.

Duty Hours
Duty Hours regulations **MUST** be followed.
- A PGY 1 resident must work no more than 16 hours straight.
- Maximum of 80 hours per week, averaged over 4 weeks.
- At least one 24 hour period of time off per week, averaged over 4 weeks.
- Recorded each quarter on NI for GME.
Dictation
Always
“This is Dr. X dictating for Dr. Attending for patient Y,”
MRN
Date of Birth

H&P – required elements
   Chief complaint
   History present illness
   Review of systems
   PMH, PSH
   Allergies
   Meds
   Social History
   Family History
   Physical Exam

Discharge Summary – include what you would want to know if you were seeing this patient later. Do these as you go – don’t let them pile up.
   Date of admission
   Date of discharge
   Discharge diagnoses – include all pertinent diagnoses
   Operations and procedures performed
   Condition on discharge
   Brief history and physical
   Hospital course – again, include things that would be important to you if you were seeing this patient after discharge
Discharge instructions
   Diet - required
   Follow up - required
   Medications - required
   Other

**Operative Note** – do this right after you finish the case. Again, dictate the things you need to know if you see this patient later

- Date of operation and dictation – should be the same
- Pre op diagnosis
- Post op diagnosis
- Procedure
- Attending surgeon – “who was present for the key portions,” or who was “available for the key portions.”
- Resident surgeon (s)
- Anesthesia – general, local, local with monitored anesthesia care
- Indication for procedure
- Procedure in detail
- Counts – “were recorded as correct”

**Questions:** Again, your fellow residents are probably your best resources for information and help. Dr. Fabian and Dr. Pritchard are also always happy to meet with residents. Because they have many clinical and administrative responsibilities it is probably best to schedule an appointment to make sure that you can catch them in their offices. The best way to contact Dr. Pritchard (non-emergent) is email fpritchard@uthsc.edu. Her cell number is 901-355-5983. Finally, you will come
to know and love the following women, who can be of great assistance to you throughout the program:

**Cynthia Tooley**  
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